

Marion Gerrish Community Center

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) applied for & HOURS OF POSITION YOU ARE APPLYING FOR Date of Application

How Did You Learn About Us?

☐ Advertisement

☐ Friend

☐ Walk-In

☐ Employment Agency

☐ Relative

☐ Other _____

Last Name

First Name

Middle Name

Address

Number

Street

City

State

Zip Code

Email

Telephone Number(s)

Social Security Number

_____/_____/_____

____-____-____

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever been employed with us before? ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Can you provide proof of citizenship, green card and/or work visa upon employment? ☐ Yes ☐ No

On what date would you be available for work? ____/____/____

Are you available to work: Full Time Part Time

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Do you have a current, valid driver's license? ☐ Yes ☐ No

Number of moving violations in the last two years. _____

Can you perform the necessary job functions of this position with or without accommodation? ☐ Yes ☐ No

YOUR NAME POSITION APPLYING FOR SIGNATURE DATE

PREVIOUS EMPLOYMENT:

1 CURRENT (OR MOST RECENT) EMPLOYER OR COMPANY POSITION HELD DEPARTMENT IN WHICH YOU WORKED
STREET SUPERVISOR PHONE
CITY/STATE/ZIP ANOTHER SUPERVISOR OR CO-WORKER PHONE
PHONE (WITH AREA CODE) EMPLOYED FROM (DATE TO DATE) REASON FOR LEAVING

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2 PREVIOUS EMPLOYER OR COMPANY DEPARTMENT IN WHICH YOU WORKED POSITION HELD
STREET SUPERVISOR PHONE
CITY/STATE/ZIP ANOTHER SUPERVISOR OR CO-WORKER PHONE
PHONE (WITH AREA CODE) EMPLOYED FROM (DATE TO DATE) REASON FOR LEAVING

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3 PREVIOUS EMPLOYER OR COMPANY DEPARTMENT IN WHICH YOU WORKED POSITION HELD
STREET SUPERVISOR PHONE
CITY/STATE/ZIP ANOTHER SUPERVISOR OR CO-WORKER PHONE
PHONE (WITH AREA CODE) EMPLOYED FROM (DATE TO DATE) REASON FOR LEAVING

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES () NO () If no, please include, in your list of references, a current or former co-worker who may be contacted to verify your current employment.

A resume may be attached to this application, however this application must be completed and signed to be considered for a position with this company.

The MGCC requires a criminal background check as a condition of employment.

YOUR NAME POSITION APPLYING FOR SIGNATURE DATE

EDUCATION HISTORY:

HIGHSCHOOL:

NAME CITY STATE
Did you Graduate? Yes _____ No _____
Name Used During Attendance

COLLEGE OR OTHER EDUCATIONAL EXPERIENCE:

NAME OF INSTITUTION CITY STATE
Degree Major
From ____/____ To ____/____ Yes ____ No ____
Attendance Dates Did you Graduate? Name Used During Attendance

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REQUIRED = REFERENCES:

PEOPLE WHOM YOU HAVE WORKED WITH ARE PREFERABLE. PLEASE **DO NOT USE RELATIVES.**

1 NAME STREET CITY/STATE/ZIP PHONE

2 NAME STREET CITY/STATE/ZIP PHONE

3 NAME STREET CITY/STATE/ZIP PHONE

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YOUR NAME

POSITION APPLYING FOR

SIGNATURE

DATE

I understand that the Marion Gerrish Community Center will rely, in part, on the information that I provide in this application in considering whether to hire me. I understand that it is important that I provide complete and accurate information and certify, by signing below, that I have done so. If the Marion Gerrish Community Center discovers, at any time, that I failed to completely and honestly provide information requested of me in this application and/or during the interview process, my application will not be considered or, if I am working for the Marion Gerrish Community Center, that I will be subject to disciplinary action, up to and including termination of employment.

I understand that this application is not intended to be a contract of employment, nor does this application obligate Marion Gerrish Community Center in any way if I am employed. Marion Gerrish Community Center is authorized to make an investigation of my personal history and financial and criminal and credit record through any investigative or credit agencies or bureaus of its choice.

The Marion Gerrish Community Center is committed to compliance with the provisions of this nation's immigrations laws regarding verification of employment eligibility. Any offer of employment will be contingent upon your ability to provide sufficient legal documentation showing your eligibility to be employed by this organization. Applicants and/or employees that present fraudulent documents for employment verification purposes will be terminated.

I further understand that the Marion Gerrish Community Center **may** require a good driving record with completion of NH Release of Motor Vehicle Records, as a condition of employment, if driving is necessary component of the job description.

I understand that the Marion Gerrish Community Center **will** require a criminal background check with required completion of NH Criminal Records Release as a condition of employment.

Signature of Applicant & Date

WE ARE AN EQUAL OPPORTUNITY EMPLOYER