



Dedham Health & Athletic Complex

200 Providence Highway, Dedham, Ma 02026

Tel.: (781) 326-2900 Fax: (781) 329-1629

APPLICATION FOR EMPLOYMENT

DATE _____

NAME _____ SS# _____

PRESENT ADDRESS _____

PERMANENT ADDRESS _____

PHONE # _____ ARE YOU 18 YEARS OR OLDER? YES NO

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

HAVE YOU EVER BEEN CONVICTED FOR A FELONY? YES NO

EMPLOYMENT DESIRED

- POSITION: Manager
- Front Desk
- Kids Staff
- Other _____

DATE YOU CAN START _____ SALARY _____

ARE YOU EMPLOYED NOW? _____ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

REFERRED BY _____

EDUCATION NAME AND LOCATION OF SCHOOL # OF YEARS ATTENDED GRADUATE? SUBJECTS STUDIED

GRAMMAR SCHOOL

HIGH SCHOOL

COLLEGE

TRADE, BUSINESS OR
CORRESPONDENCE
SCHOOL

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL SKILLS _____

ACTIVITIES:(CIVIC, ATHLETIC, ETC.) _____

U.S. MILITARY OR NAVAL SERVICE _____ RANK _____ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES _____

FORMER EMPLOYEES (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE (MONTH AND YEAR) NAME AND ADDRESS OF EMPLOYER SALARY POSITION REASON FOR LEAVING

FROM: _____

TO: _____

FROM: _____

TO: _____

FROM: _____

TO: _____

FROM: _____

TO: _____

WHICH OF THESE JOBS DID YOU LIKE THE BEST? _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB? _____

REFERENCES (GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME ADDRESS BUSINESS YEARS

AQUATINTED

1. _____

2. _____

3. _____

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS. (Fill in name of state)

IT IS UNLAWFUL IN THE STATE OF _____ TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT; AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY. (SIG. OF APPLICANT) _____

IN CASE OF EMERGENCY NOTIFY _____ PHONE # _____

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GAVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THAT MAY HAVE. AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE"

DATE _____ SIGNATURE _____