

## Application

Name:	Today's Date:
Address:	
Phone (home):	Phone (work):
Cell Phone (optional):	Fax:
E-mail Address:	Date of Birth: _____

May we call you at work? \_\_\_\_ Yes      \_\_\_\_ No

Name of Employer:

\_\_\_\_\_

Employment: Full Time \_\_\_\_ Part Time \_\_\_\_ Student: Full Time \_\_\_\_ Part Time \_\_\_\_

Occupation/Field of Study:

\_\_\_\_\_

Education (or attach resume):

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about this position?

\_\_\_\_\_  
\_\_\_\_\_

Please list relevant education, training, work experience, volunteer work, or any special skills related to the position:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate your time availability (days and hours):

\_\_\_\_\_  
\_\_\_\_\_

Please list any languages you can speak other than English:

\_\_\_\_\_

Do you know anyone affiliated with the Community House? Yes: \_\_\_\_ No: \_\_\_\_

Name of person:

\_\_\_\_\_

Please provide two references (one personal and one professional, if possible).

Name	Phone #	Relationship to you
1.		
2.		

CERTIFICATION: I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that falsified statements made on this application shall be grounds for disqualification.

I authorize Community Service of Hamilton and Wenham, Inc. to investigate all statements contained on this application. I authorize the people I've listed as references to provide CSHW with any and all pertinent information concerning my professional conduct and/or abilities to serve as an employee, and I release all parties from all liability regarding the release of previous employment/professional conduct information to CSHW.

I hereby understand and acknowledge that unless otherwise defined by applicable law, employment with CSHW will be on an "at will" nature, which means that I may resign at any time and that CSHW may discharge me at any time for any reason.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_