

Community Teamwork, Employment Application

"A community of opportunity"



Instructions: You can type directly on the form, or print clearly.
Be sure to **SAVE** your work before closing or printing.

155 Merrimack Street, Lowell, MA 01852 978-459-0551

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ E-mail Address: _____

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you authorized to work in the U.S.? YES ☐ NO ☐ Have you ever worked for this company? YES ☐ NO ☐

Education

High School: _____ Address: _____
Did you graduate? YES ☐ NO ☐ Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

References

Please list three professional references.

Full Name _____ Relationship _____

Company _____ Phone _____

Address _____

Full Name _____ Relationship _____

Company _____ Phone _____

Address _____

Full Name _____ Relationship _____

Company _____ Phone _____

Address _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Special Skills

Military Service

Duties Performed: _____ From: _____ To: _____

Rank at Discharge: _____

Training Received: _____

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.**If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: _____ Date: _____