

# **Quaboag Valley**

**Community Development Corporation** 23 West Main Street, Suite #1, Ware, MA 01082 413-967-3001 www.qvcdc.com

## **Employment Application**

1. Position Applied For:					
3. Full legal Name:					
	Last Name		First		Middle
4. Home Phone:	( )	Business	Phone (	)	
5. Cell Phone:	Cell phone: ( )	E	mail Address:		
6. Street Address:					
					P.O. Box:
	City	State	Zip		
7. Education:					
7a. Highest school grade c	ompleted:	□8 □9 □10 □1	1 🗌 12	Is this	a GED? 🗌 Yes 🗌 No
7b. Number of years of pos	t high school education	: 🛛 1 🗖 2 🗔 3	□4 □5 □	6 🗌 7	□8 □9 □10
8. Name and Location of E beginning with highest levels		Degree Received	Major / Spe	cialty	Dates Attended
8a.					
8b.					
8c.					
	an educational progra	am in the future, th	indicate t	he deg	gree or program and the date.
9a. Completion Date:					
10. Work Experience: Sta experience.	rt with the most recent v	work experience. In	clude relevant	t emplo	oyment, military or volunteer
10a. Job Title					
Employer Name					
Employer Address					
			Job Duties:		
	Phone				
Supervisor / Manager					
Title					
Final Salary					
Dates (Month/ Year)	То		Reason for le	aving	
Hours/week					

10b. Job Title		_
Employer Name		
Employer Address	Phone	Job Duties:
Supervisor / Manager		
Title		-
Final Salary		
Dates (Mo/ Year) Hours / Week	То	Reason for leaving

11. **Job Skills:** Use the following space to provide any additional information that you think would be helpful in our evaluation of your job application. This can include specialized training, seminars, workshops, accreditations, special achievements or valuable skills:

### 12. Licenses Held: (including drivers) or certifications to practice a trade or profession.

	Type	,	Granted by (licensing board)
_			

#### 13. References:

List the full name, address, phone number of three persons (not relatives) that you'd like to use as a reference:

Full Name	Address	Phone Number	Email

#### 14. Miscellaneous Information:

14a.	What times	of the day are	e you available (c	heck all the	at apply):	🗌 8-12 am	🗌 12 –	5 PM 🗌	] Evenings	Weekend	s
Pleas	se specify ar	ny limitations (	days, hours, etc.	) to your av	ailability:						

15. Are you legally eligible for employment in the United States?

16. Start Date: When will you be available to begin your assignment?

#### 17. Application Certification:

I hereby certify that all entries on this application and any attachments are true and complete. I understand that all information on this application is subject to verification. I agree that you may contact references and educational institutions listed on this application.

Dated

**Applicant Signature** 

☐ Yes ☐ No.