

APPLICATION FOR EMPLOYMENT

New England Homes for the Deaf

New England Homes for the Deaf does not discriminate on the basis of race, creed, color, Sex, age, national original or disability

PERSONAL:

LAST NAME	FIRST NAME	MIDDLE	DATE
STREET ADDRESS		()	
		HOME TELEPHONE	
CITY, STATE, ZIP		()	
		BUSINESS TELEPHONE	
MAIDEN NAME		Social Security Number	

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US?
 Yes No If Yes: Month and Year _____ Location _____

POSITION DESIRED	PAY EXPECTED
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ARE YOU AVAILABLE FOR FULL-TIME WORK
 Yes No If not, what hours can you work? _____

WILL YOU WORK OVERTIME IF ASKED?
 Yes No

Are you legally eligible for employment in the United States?
 Yes No

When will you be available to begin work? _____

Other special training or skills (language, machine operation, etc.)

EDUCATION:

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
GRADUATE				<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE				<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS/TRADE TECHNICAL				<input type="checkbox"/> YES <input type="checkbox"/> NO	
HIGH SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO	

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS
(Exclude those which may disclose your race, color, religion or national origin)

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EMPLOYMENT: Start with your present or most recent employment and work back within 10 years back.

E	COMPANY NAME	() TELEPHONE
M	ADDRESS	EMPLOYED – (STATE MONTH AND YEAR)
P		FROM TO
L	NAME OF SUPERVISOR	WEEKLY PAY
O	STATE JOB TITLE AND DESCRIBE YOUR WORK	START LAST
Y		REASON FOR LEAVING
E		
R		

E	COMPANY NAME	() TELEPHONE
M	ADDRESS	EMPLOYED – (STATE MONTH AND YEAR)
P		FROM TO
L	NAME OF SUPERVISOR	WEEKLY PAY
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Y		REASON FOR LEAVING
E		
R		

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer Number(s) _____ Reason _____

MILITARY	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If “Yes,” in what Branch?
Describe any training received relevant to the position for which you are applying.		

SIGNATURE:

THE INFORMATION PROVIDED IN THE APPLICATION FOR EMPLOYMENT IS TRUE, CORRECT AND COMPLETE. IF YOU EMPLOY ME, ANY MISSTATEMENT OR OMISSION OF FACT ON THIS APPLICATION MAY RESULT IM MY DISMISSAL.

I UNDERSTAND THAT ACCEPTANCE OF AN OFFER OF EMPLOYMENT CREATES NO OBLIGATION UPON YOU, THE EMPLOYER, TO CONTINUE TO EMPLOY ME IN THE FUTURE.

_____ Date

_____ Signature

REFERENCE CHECK:

EMPLOYER	PERSON CONTACTED	RESULTS
1.		
2.		
3.		
4.		

INTERVIEWERS COMMENTS:

INTERVIEWER'S NAME AND COMMENTS