

APPLICATION FOR EMPLOYMENT

Milford Senior Center
111 Park Avenue, Milford, Delaware 19963

PLEASE PRINT

Position(s) applied for _____ Date of Application _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone () _____ Social Security Number - - _____

Are you legally eligible for employment in this country? _____ YES _____ NO

Date available for work: _____ Type: _____ Full-time _____ Part-time _____ Temporary

Are you able to meet the attendance requirements of this position? _____ YES _____ NO

Have you ever been convicted of a felony? _____ YES _____ NO

Have you ever been involved in an incident of child/senior abuse? _____ YES _____ NO

If yes, please explain. _____

Custodial applicants only: Are you able to lift heavy objects, climb ladders and mop large floor areas? _____

Business office applicants only: Please list office equipment that you can operate. _____

EMPLOYMENT HISTORY

List your last three(3) employers, assignments or volunteer activities, starting with the most recent.

From	to	Employer	Telephone
Job Title	Address		
Supervisor	Nature of work		
Reason for leaving	Hourly rate		
From	to	Employer	Telephone
Job Title	Address		
Supervisor	Nature of work		
Reason for leaving	Hourly rate		

From _____ to _____ Employer _____ Telephone _____
Job Title _____ Address _____
Supervisor _____ Nature of Work _____
Reason for leaving _____ Hourly rate _____

Summarize any training, skills, licenses, certificates and/or characteristics of yours that may qualify you as being able to perform job-related functions of the position for which you are applying. _____

EDUCATIONAL BACKGROUND (if job related)

Name and Location	Yrs Completed	Graduate?	Course of Study
High:			
College:			
Other:			

REFERENCES

Name	Telephone	Years Known

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job related. I thereby release from liability the employer and its representatives for seeking such information, and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Signature of Applicant _____ Date _____