

BRETTON WOODS RECREATION CENTER, INC. EMPLOYMENT APPLICATION

(please print)

PERSONAL INFORMATION

Name _____
Last
First
Middle Initial

Address _____
Street

City
State
Zip
Telephone

EMPLOYMENT DATA

Position applied for: _____ Desired Wage _____
\$ _____ per hour or week

Social Security Number _____ Will you be required to obtain a work permit in this state?
Yes
No

Are you a citizen of the United States? Yes No If not, do you have work papers? Yes No

Are you a veteran? Yes No If yes, Branch of Service _____

Have you ever worked at BWRC? Yes No

Have you ever applied for work at BWRC? Yes No (If yes, please give specifics) _____

Are you eligible to serve alcoholic beverages in this state? Yes No

EDUCATION AND TRAINING

School Type	Name and Address	Dates Attended	Graduated?	Type of Degree or Certificate	Major/Minor
High School					
College or University					
Other Education or Training					

TYPE OF EMPLOYMENT DESIRED: Full Time Part Time Seasonal

When could you begin work? _____ Can you work weekends? Yes No

Can you work holidays? Yes No Can you work overtime? Yes No

LANGUAGES

Language	Read	Write	Speak

Previous Employment: (begin with most recent position)

Firm Name, Address and Telephone	Dates Employed	Position Held And Brief description of duties	Salary Information	Reason for Leaving and Supervisors Name
	From To		Begin End	
	From To		Begin End	
	From To		Begin End	

Who referred you to us? (person or agency) _____

Summarize your special skills or qualifications that may enhance your ability to perform the position you are applying for (examples: CPR Certification, speak a foreign language, etc.)

Have you been convicted of a felony within the past five years?

I certify that my answers are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

 Signature of Applicant

 Date

For Department Use Only

Action: _____