



Are you available to work :      ( ) Full time   ( ) Part time   ( ) Shift work   ( ) Temporary   ( ) Over time

Are you on a lay-off and subject to recall?      ( ) yes      ( ) no

Can you travel if the job requires it?      ( ) yes      ( ) no

**Certifications/Certificates**

Please list any certifications you may hold:

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**Professional References**

Please list the name, telephone number, relationship and organization of three professional references:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Special Skills and Qualifications**

Summarize special skills and qualifications acquired from employment or other experience:

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**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include military service assignments and any verified work performed on a volunteer basis. You may exclude organization names which indicate race, creed, color, religion, sex, sexual orientation, marital status, status as a veteran, Vietnam Era Veteran, or being a member of the Reserves or National Guard.

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Work Performed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Dates Employed - Starting \_\_\_\_\_ Final \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Work Performed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Dates Employed - Starting \_\_\_\_\_ Final \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Work Performed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Dates Employed - Starting \_\_\_\_\_ Final \_\_\_\_\_

If you need additional space, please continue on a separate piece of paper.

**EDUCATION**

	High School	College/University	Graduate/Professional
Name of School			
Years Completed <i>please circle</i>	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Course of Study			

Honors received:

Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities:

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It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this company/organization. I understand and agree that if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this company/organization.

AGREEMENT: I Certify that the information on this application is true, complete and correct. I hereby authorize the investigation of my past employment, education and activities and I release from all liability all persons, companies and corporations supplying such information. I understand that false answers, statements or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

For Human Resource Department Only

Arrange Interview ( ) yes ( ) no

Interviewer \_\_\_\_\_

date \_\_\_\_\_

Employed ( ) yes ( ) no

Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_

Hourly Rate/Salary \_\_\_\_\_

Department \_\_\_\_\_



## **Applicant Data Record**

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Applicants are considered for all positions and employees are treated during employment without regard to race, color, gender, sexual orientation, religion, marital status, national origin, political or union affiliation, disability, or veteran status.

As employers/government contractors, we comply with government regulations, required government record keeping, reporting, and other legal requirements and affirmative action responsibilities.

We appreciate your cooperation in completing this form. Data collected is **CONFIDENTIAL** and filed separately from the Application for Employment.

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**POSTED POSITION:** \_\_\_\_\_

**REFERRAL SOURCE:**  Online (i.e. Indeed, BerkshireJobs)  Print Advertisement  Relative/ Friend  
 Internal/Previously Employed/ Program Parent  Other \_\_\_\_\_

### **Affirmative Action Survey:**

*Government agencies require periodic reports on the sex, ethnicity, disability, and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.*

**GENDER IDENTITY:**  Male  Female  X/Non-binary  Decline to Answer

**SEX ASSIGNED AT BIRTH:**  Male  Female  Decline to Answer

**DO YOU IDENTIFY AS LGBTQIAP+:**  Yes  No  Decline to Answer

**AGE:**  Under 20  20-30  30-40  40-50  50+  Decline to Answer

**DO YOU IDENTIFY AS DISABLED:**  Yes  No  Decline to Answer

**ETHNIC/ RACIAL IDENTITY: (select all that apply)**  Decline to Answer  American Indian or Alaskan Native

Hispanic or Latino  Asian  Native Hawaiian or Pacific Islander  Black or African American

White or Caucasian  Multi-Racial

**MILITARY STATUS:**  N/A  Decline to Answer  Active Military  Military Spouse/ Domestic Partner

Eligible Veteran  Vietnam-era Veteran  Disabled Veteran  Non-Protected Veteran