



DATE: \_\_\_\_\_

## APPLICATION OF EMPLOYMENT

1 Commercial St., Provincetown, MA 02657

*Prospective employees will receive consideration without discrimination.*

Full Name: \_\_\_\_\_

Local Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Local Tel #: \_\_\_\_\_

Have you ever applied for employment with us? Yes \_\_\_ No \_\_\_ If yes: Month/Yr: \_\_\_\_\_

Position desired: \_\_\_\_\_ Pay desired: \_\_\_\_\_

Can you work a full season (April - October)? Yes \_\_\_ No \_\_\_

If not, what period of time? From \_\_\_\_\_ to \_\_\_\_\_ When can you start? \_\_\_\_\_

Will you work overtime if asked? \_\_\_\_\_

Are you legally eligible for employment in the United States? \_\_\_\_\_

### PERMANENT HOME:

Address: \_\_\_\_\_ Tel #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_

### EDUCATIONAL BACKGROUND:

SCHOOL	NAME/CITY/STATE	Dates Attended	Course/Major
Grade school	_____	_____	_____
High School	_____	_____	_____
College	_____	_____	_____
Business or Trade	_____	_____	_____

### REFERENCES:

Please write below the names of three persons not related to you with whom you have known at least on year:

	NAME	ADDRESS/PHONE	BUSINESS	YEARS ACQUAINTED
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

I hereby declare the information provided by me in this Application for employment is true, correct, and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of facts on this application shall be considered cause for dismissal.

I authorize you to obtain an investigative consumer report containing information as to my character, general reputation, personal characteristics and mode of living. I understand I have the right to make a written request within a reasonable period to receive additional detailed information about the nature and scope of any such investigation.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**PRIOR WORK HISTORY:** (list in order, latest or present employer first)

NAME OF COMPANY: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 SUPERVISOR'S NAME: \_\_\_\_\_ TEL#: \_\_\_\_\_  
 WORK DATES: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
 RATE OF PAY: START: \_\_\_\_\_ FINISH: \_\_\_\_\_  
 REASON FOR LEAVING: \_\_\_\_\_  
 DESCRIBE IN DETAIL THE TYPE OF WORK YOU DID: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 NAME OF COMPANY: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 SUPERVISOR'S NAME: \_\_\_\_\_ TEL#: \_\_\_\_\_  
 WORK DATES: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
 RATE OF PAY: START: \_\_\_\_\_ FINISH: \_\_\_\_\_  
 REASON FOR LEAVING: \_\_\_\_\_  
 DESCRIBE IN DETAIL THE TYPE OF WORK YOU DID: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 NAME OF COMPANY: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 SUPERVISOR'S NAME: \_\_\_\_\_ TEL#: \_\_\_\_\_  
 WORK DATES: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
 RATE OF PAY: START: \_\_\_\_\_ FINISH: \_\_\_\_\_  
 REASON FOR LEAVING: \_\_\_\_\_  
 DESCRIBE IN DETAIL THE TYPE OF WORK YOU DID: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

May we contact the employers listed above? \_\_\_\_\_  
 If not, indicate below which one (s) you do not wish us to contact. \_\_\_\_\_

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**FOR EMPLOYER USE ONLY**

REFERENCE CHECK:	EMPLOYER	PERSONS CONTACTED	RESULTS
#1	_____	_____	_____
	_____	_____	_____
#2	_____	_____	_____
	_____	_____	_____
#3	_____	_____	_____
	_____	_____	_____

NEATNESS: \_\_\_\_\_  
 CHARACTER: \_\_\_\_\_  
 PERSONALITY: \_\_\_\_\_  
 ABILITY: \_\_\_\_\_

Hired: \_\_\_\_\_ Department: \_\_\_\_\_ Position: \_\_\_\_\_ Will Report: \_\_\_\_\_ Wage: \_\_\_\_\_