



Employment Application

Position(s) Applied For:

Where did you hear about this position?

Name and Address

Name (First, MI, Last)	Social Security Number
Mailing Address	
City, State, and Zip Code	
Home Phone	Cell Phone
E-mail Address	May we use e-mail to contact you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth (required to perform background check)	

Additional Information

Have you been an employee of this organization in the past? Yes No

I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States ** Yes No

Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony** Yes No
If yes, please explain:

Cambridge Community Activities Program reserves the right to conduct a criminal background check prior to offering a position to an individual

** These questions must be answered in order to be considered for employment

Education

School	From	To	Did you graduate?
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Location	Type of degree or diploma
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School	From	To	Did you graduate?
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Location	Type of degree or diploma
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School	From	To	Did you graduate?
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Location	Type of degree or diploma
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Current Certification(s)

Certifying Agency	Title of Certification	Date of Certification
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Certifying Agency	Title of Certification	Date of Certification
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Certifying Agency	Title of Certification	Date of Certification
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Work History

Job Title	From	To	Hours Per Week
Employer		Wage	
Address	Phone	Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving?			

Job Title	From	To	Hours Per Week
Employer		Wage	
Address	Phone	Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving?			

Job Title	From	To	Hours Per Week
Employer		Wage	
Address	Phone	Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving?			

My signature attests to the completeness and accuracy of the information herein, and also constitutes authority to verify any and all information submitted on this application. I also understand that any false statements or omissions may lead to my not being considered for employment, or if offered employment, my dismissal.

Signature: _____ Date: _____

Cambridge Community Activities Program is an equal opportunity employer.