



Employment Application

Position(s) Applied For:

Where did you hear about this position?

Name and Address

Name (First, MI, Last)	
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States **	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony** If yes, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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?
Location		Type of degree or diploma	
School	From	To	Did you graduate?
Location		Type of degree or diploma	
School	From	To	Did you graduate?
Location		Type of degree or diploma	

Current Certification(s)

Certifying Agency	Title of Certification	Date of Certification
Certifying Agency	Title of Certification	Date of Certification
Certifying Agency	Title of Certification	Date of Certification

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?			

References

Name	Title/Company
Relationship	Address
Phone Number	E-mail
Name	Title/Company
Relationship	Address
Phone Number	E-mail
Name	Title/Company
Relationship	Address
Phone Number	E-mail

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.