

MEDFIELD AFTERSCHOOL PROGRAM, INC

P.O. Box 18 Medfield, MA 02052 www.medfieldafterschoolprogram.com

Application for Employment

Please email your completed application to: annette.map@comcast.net

APPLICANT INFORMATION										
Last Name			First				M.I.	Date		
Street Address	'					Apartment/Unit #				
City			State				ZIP			
Phone			E-mail Address							
Date Available										
Position Applied for										
Are you a citizen of the United States? YES NO If no					, are you authorized to work in the U.S.? YES \(\square\) NO \(\square\)					
Have you ever worked for this co	NO 🗌	If so, when?								
Have you ever been convicted of a felony? YES N			If yes, explain							
EDUCATION										
High School		Address								
From To	Did you graduate?	YES	NO 🗆	De	gree					
College Address										
From To	Did you graduate?	YES 🗌	NO 🗆		gree					
Other Address										
From To	Did you graduate?	YES 🗌	NO 🗆	De	gree					
REFERENCES										
Please list two professional references and one personal.										
Full Name					Relationship					
Company				Phone ()						
Address										
Full Name				Relationship						
Company				Phone ()						
Address										
Full Name				Relationship						
Company				Phone ()						
Address										

PREVIOUS EMPLOYMENT									
Company		Phone ()							
Address		Supervisor							
Job Title	Starting Salary	\$	Ending Salary \$						
Responsibilities									
From To F	Reason for Leaving								
May we contact your previous supervise	sor for a reference?	NO 🗆							
Company		Phone ()							
Address		Supervisor							
Job Title		Starting Salary	\$	Ending Salary \$					
Responsibilities									
From To F	Reason for Leaving								
May we contact your previous supervisor for a reference? YES NO									
Company		Phone ()							
Address		Supervisor							
Job Title	Starting Salary	\$	Ending Salary \$						
Responsibilities									
From To F	Reason for Leaving								
May we contact your previous supervisor for a reference? YES NO									
PLEASE TELL US WHAT BROUG	GHT YOU TO AP	PLY FOR THE	POSITION & WH	Y YOU WOULD LIKE TO WORK AT					
MAP: (ATTACH A COVER LETTE	R OR ANOTHE	R SHEET OF PA	APER IF NECESSA	ARY)					
DISCLAIMER AND SIGNATURE									
I certify that my answers are true and complete to the best of my knowledge.									
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.									
Signature	Date								