

MILFORD COMMUNITY SCHOOL USE PROGRAM

Application for Employment

*Please complete in black or blue ink.

Name: _____
Last First Middle

Address: _____
Number and Street Town, State and Zip

Date of Birth: _____

Home Telephone: _____ Cell Phone: _____

Email Address: _____ @ _____

Position(s) Requested: _____

Current School Status (if applicable). Please circle:

High School College Freshman Sophomore Junior Senior

Name of school currently attending: _____

Year of Graduation: _____

Major Area of Study at College _____

Special Training/Skills/Licenses _____

During which season(s) are you NOT available due to sports/other activities? Please circle:

Fall Winter Spring Summer

Work Experience (Begin with most recent)

Month/Year	Name & Address of Employer	Position	Reason for Leaving
From: To:			
From: To:			
From: To:			

References

(Three persons NOT related to you who you know personally)

Name	Address	Telephone Number

Please list any accommodations required:

Please indicate emergency contact information below:

Name	Address	Telephone Number

To determine my qualifications, I authorize this organization to conduct any investigation of my application. I understand that any false or misleading information furnished by me on this application, or in conjunction with my application for employment, may result in rejection of the application or, if employed by this organization, in the termination of my employment.

Signature _____ **Date** _____