

# Milford Community School Use Program

## APPLICATION FOR EMPLOYMENT

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number and Street Town, State and Zip

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Are you at least 16 years old?      Yes      No      Date of Birth: \_\_\_\_\_

Please CIRCLE the season(s) you are NOT available due to sports/other activities.

Fall      Winter      Spring      Summer

### Employment Desired:

Position: \_\_\_\_\_

Are you currently employed by the Town of Milford or Milford Public Schools?      Yes\*      No

\*Position: \_\_\_\_\_

### Educational Background/Current School Status and Qualifications:

	<u>High School</u>	<u>College</u>	<u>Trade School/Other</u>
Name/Location			
Years Completed	9   10   11   12	1   2   3   4	1   2   3   4
Diploma/Degree			

Current Students, please confirm your year of graduation: \_\_\_\_\_

Certifications: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Licenses: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Languages spoken: \_\_\_\_\_

Any other special training or skills you have obtained: \_\_\_\_\_

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**Employment History:** Please begin with most recent.

For students with no work experience please list Extracurricular Activities and Clubs .

<u>Month/Year</u>	<u>Name &amp; Address of Employer or Club</u>	<u>Position</u>	<u>Reason for Leaving</u>
<b>From:</b>			
<b>To:</b>			
<b>From:</b>			
<b>To:</b>			
<b>From:</b>			
<b>To:</b>			
<b>From:</b>			
<b>To:</b>			
<b>From:</b>			
<b>To:</b>			
<b>From:</b>			
<b>To:</b>			
<b>From:</b>			
<b>To:</b>			

**References:** Three people NOT related to you who you know personally.

Students must include a teacher, guidance counselor or administrator.

**For office use only**

<u>Name</u>	<u>Email Address</u>	<u>Telephone #</u>	Date Contacted	Recommends Y/N

To determine my qualifications, I authorize the Town of Milford/Milford Community Program 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. All applicants may be required to complete a CORI form.

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