



DATE: _____

APPLICATION OF EMPLOYMENT

1 Commercial St., Provincetown, MA 02657

Prospective employees will receive consideration without discrimination.

Full Name: _____

Local Address: _____

City/State/Zip: _____

Social Security #: _____ Local Tel #: _____

Have you ever applied for employment with us? Yes ___ No ___ If yes: Month/Yr: _____

Position desired: _____ Pay desired: _____

Can you work a full season (April - October)? Yes ___ No ___

If not, what period of time? From _____ to _____ When can you start? _____

Will you work overtime if asked? _____

Are you legally eligible for employment in the United States? _____

PERMANENT HOME:

Address: _____ Tel #: _____

City/State/Zip: _____

In case of emergency notify: _____

EDUCATIONAL BACKGROUND:

SCHOOL	NAME/CITY/STATE	Dates Attended	Course/Major
Grade school	_____	_____	_____
High School	_____	_____	_____
College	_____	_____	_____
Business or Trade	_____	_____	_____

REFERENCES:

Please write below the names of three persons not related to you with whom you have known at least on year:

	NAME	ADDRESS/PHONE	BUSINESS	YEARS ACQUAINTED
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

I hereby declare the information provided by me in this Application for employment is true, correct, and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of facts on this application shall be considered cause for dismissal.

I authorize you to obtain an investigative consumer report containing information as to my character, general reputation, personal characteristics and mode of living. I understand I have the right to make a written request within a reasonable period to receive additional detailed information about the nature and scope of any such investigation.

Date: _____ Signature: _____

PRIOR WORK HISTORY: (list in order, latest or present employer first)

NAME OF COMPANY: _____
ADDRESS: _____
SUPERVISOR'S NAME: _____ TEL#: _____
WORK DATES: FROM: _____ TO: _____
RATE OF PAY: START: _____ FINISH: _____
REASON FOR LEAVING: _____
DESCRIBE IN DETAIL THE TYPE OF WORK YOU DID: _____

NAME OF COMPANY: _____
ADDRESS: _____
SUPERVISOR'S NAME: _____ TEL#: _____
WORK DATES: FROM: _____ TO: _____
RATE OF PAY: START: _____ FINISH: _____
REASON FOR LEAVING: _____
DESCRIBE IN DETAIL THE TYPE OF WORK YOU DID: _____

NAME OF COMPANY: _____
ADDRESS: _____
SUPERVISOR'S NAME: _____ TEL#: _____
WORK DATES: FROM: _____ TO: _____
RATE OF PAY: START: _____ FINISH: _____
REASON FOR LEAVING: _____
DESCRIBE IN DETAIL THE TYPE OF WORK YOU DID: _____

May we contact the employers listed above? _____
If not, indicate below which one (s) you do not wish us to contact. _____

FOR EMPLOYER USE ONLY

REFERENCE CHECK:			
	EMPLOYER	PERSONS CONTACTED	RESULTS
#1	_____	_____	_____
	_____	_____	_____
#2	_____	_____	_____
	_____	_____	_____
#3	_____	_____	_____
	_____	_____	_____

NEATNESS: _____
CHARACTER: _____
PERSONALITY: _____
ABILITY: _____

Hired: _____ Department: _____ Position: _____ Will Report: _____ Wage: _____