

NASHOBA VALLEY "THE CAMP"

P.O. BOX 309 · POWERS ROAD · WESTFORD, MA 01886 · (978) 692-3033

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE - EQUAL OPPORTUNITY EMPLOYER
 PROOF OF CITIZENSHIP OR IMMIGRATION IS REQUIRED UPON EMPLOYMENT

DATE OF APPLICATION: _____

NAME (LAST, FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER/EMAIL	REFERRED BY	EMAIL ADDRESS	

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? YES _____ NO _____
 IF YES, GIVE DATES _____ POSITION _____

ARE YOU: UNDER 18 _____ 18 OR OLDER _____
 IF UNDER 18, CAN YOU PROVIDE A WORK PERMIT? YES _____ NO _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES _____ NO _____
 IF YES, GIVE DETAILS ON A SEPARATE PIECE OF PAPER.

PUT AN "X" IN FRONT OF EACH POSITION THAT YOU WISH TO BE CONSIDERED FOR:

- | | | |
|------------------------|------------------------|-----------------------|
| _____ NATURE | _____ FISHING | _____ ARCHERY |
| _____ CAMP COUNSELOR | _____ WATER SAFETY | _____ ARTS AND CRAFTS |
| _____ CAMP MAINTENANCE | _____ LAND SPORTS ACT. | _____ WOODWORKING |
| _____ DRAMA | _____ MOUNTAIN BIKING | _____ OTHER |

PLEASE ATTACH A COPY OF THE APPROPRIATE CERTIFICATES ALONG WITH ANY OTHER PERTINENT INFORMATION.

IN THE TABLE BELOW, INDICATE ALL TIMES THAT YOU COULD BE AVAILABLE TO WORK

	MON	TUE	WED	HUR	FRI
TIME YOU COULD START WORK					
TIME YOU MUST LEAVE WORK					

PROVIDE THREE PERSONAL REFERENCES

NAME	PHONE	ADDRESS	BUSINESS

PROVIDE A BRIEF DESCRIPTION OF YOUR EDUCATION

NAME AND LOCATION OF SCHOOL	DATES ATTENDED	DID YOU GRADUATE?	COURSE OF STUDIES
HIGH SCHOOL			
COLLEGE/TRADE			
GRADUATE/TRADE			

PROVIDE A BRIEF EMPLOYMENT HISTORY

EMPLOYER	DATES	SALARY	POSITION	REASON FOR LEAVING
COMPANY				
SUPERVISOR				
PHONE				
COMPANY				
SUPERVISOR				
PHONE				

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES ____ NO ____

I HAVE RECEIVED, UNDERSTAND, AND ACCEPT THE CONDITIONS OF NASHOBA VALLEY'S SEXUAL HARASSMENT POLICY.

SIGNATURE: _____ DATE: _____

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGES THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION. I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE. I UNDERSTAND AND AGREE THAT IF HIRED, MY EMPLOYMENT WILL BE AT WILL IN NATURE AND MAY BE TERMINATED, WITH OR WITHOUT CAUSE, AT ANY TIME, BY EITHER MYSELF OR MY EMPLOYER.

SIGNATURE: _____ DATE: _____