

Employment Application

WHITE MEMORIAL FOUNDATION WHITE MEMORIAL CONSERVATION CENTER

PO Box 368, 71 Whitehall Road, Litchfield, CT 06759
Ph- 860-567-0857 Fax- 860-567-2611 E-Mail- info@whitememorialcc.org

White Memorial is an Equal Opportunity Employer and considers applicants for all positions without regard to race, religion, gender, national origin, age, ancestry, sexual orientation, marital or veteran status, disability or any other legally protected status. It is company policy to provide a non-smoking work environment for all employees. Smoking is not permitted in company offices or common areas of the buildings.

A resume and cover letter must be submitted along with this application. For those fields where there is overlap, feel free to type "see resume."

APPLICANT INFORMATION				
Last Name	First	M.I.	Date	
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone Home-Work-	Cell-	E-mail Address		
Date Available	Social Security No. (optional)	Desired Salary		
Position Applied for		How did you find out about this position?		
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you 18 years old or older?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Do you have a driver's license?		State-	License No.-	Expiration date-

EDUCATION		
High School	Address	
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Degree		
College	Address	
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Degree		
Other	Address	
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Degree		

REFERENCES	
<i>Please list three references.</i>	
Full Name	Relationship
Company	Ph ()
Address	
Full Name	Relationship
Company	Ph ()
Address	
Full Name	Relationship
Company	Ph ()
Address	

PREVIOUS EMPLOYMENT

Company		Phone ()
Address		
Job Title		Supervisor
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone ()
Address		
Job Title		Supervisor
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone ()
Address		
Job Title		Supervisor
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**SPECIAL SKILLS, INTERESTS
OR QUALIFICATIONS-**

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. Employment will be subject to satisfactory reference checks and may require a pre-employment examination that will include a drug and alcohol screening in accordance with state and federal law.

I understand that the employer follows an "employment at will" policy, in that I or the employer, in the event that I am hired, may terminate my employment at any time or for no reason consistent with applicable state or federal law. I understand that this application is not a contract of employment.

Signature	Date
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