

# 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.

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