**REHOBOTH ANTIQUARIAN SOCIETY**

**Application for Employment**

The Rehoboth Antiquarian Society is an Equal Opportunity Employer. We consider applicants for all positions without regard to age, race, color, religious creed, national origin, gender, sexual orientation, handicap/disability, genetic information, status as a veteran, or any other legally protected status pursuant to Massachusetts Fair Employment Practices Act, and other relevant federal, state and local laws.

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| --- | --- |
| Position Applied for:  | Date: |
| Last Name: | First Name:  | Middle Name: |
| Address:  *Number Street* | *City* | *State Zip Code* |
| Home Phone: | Cell Phone: |
| Email Address: |  |  |
| **Please Answer the Following Questions:** |
| Have you ever filed an application with us before? ☐ Yes ☐ No |
| If yes, give date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Have you ever been employed with us before? ☐ Yes ☐ No |
| If yes, give dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| May we contact your present employer? ☐ Yes ☐ No |
| Are you prevented from lawfully becoming employed in this country ☐ Yes ☐ Nobecause of Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment.* |
| Do you have a reliable method of transportation to multiple work locations? ☐ Yes ☐ No |
| On what date would you be available for work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Are you available to work: ☐Full Time ☐Part Time ☐Shift Work ☐Temporary |
| Are you currently on “layoff” status and subject to recall? ☐ Yes ☐ No |
| Can you travel if a job requires it? ☐ Yes ☐ No |
| **Education:** |
| Name and Address of School | Course of Study |  Number of Years Completed | Diploma/Degree |
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| **Describe relevant specialized training, apprenticeships, skills:** |
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| **Employment Experience:** |
| **Start with your present or last job. Include any job-related military service assignments and volunteer activities.** *You may exclude organizations which indicate race, color, religion, gender national origin, disabilities or other protected status.* |
| Employer: | Dates Employed: | Duties Performed: |
| Address: | From: To: |  |
| Telephone Number: |  |
| Job Title: |
| Supervisor: |
| Reason for Leaving: |
|  |  |  |  |
| Employer: | Dates Employed: | Duties Performed: |
| Address: | From: To: |  |
| Telephone Number: |  |
| Job Title: |
| Supervisor: |
| Reason for Leaving: |
|  |  |  |  |
| **If you need additional space, please continue on a separate sheet of paper.** |
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| **List professional, trade, business or civic activities and offices held:** *You may exclude organizations which indicate race, color, religion, gender national origin, disabilities or other protected status.* |
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| **Additional Information:** |
| **Other Qualifications:***Summarize special job-related skills and qualifications including office software, machinery or other equipment operated:* |
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| **State any additional information you feel may be helpful to us in considering your application:** |
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| **References:** |
| Name: | Phone: |
| Address: |
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| Name: | Phone: |
| Address: |
|  |  |  |  |
| Name: |  | Phone: |  |
| Address: |
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| **Applicant’s Statement:** |
| I certify that answers given herein are true and complete to the best of my knowledge. I understand that ifemployed, any misrepresentation or false or misleading statements given in this application, resume, or inpersonal interviews may be sufficient grounds for discharge. |
| I authorize investigation of all statements contained in the application for employment as may be necessary inarriving at an employment decision. |
| I understand that all appointments are probationary and that I must demonstrate my fitness for continuedemployment. I also understand and acknowledge that, unless otherwise defined by applicable law, anyemployment relationship with this organization is of an “at will” nature, which means that I may resign at anytime for any reason and that the Rehoboth Antiquarian Society reserves the right to terminate my employment at any time with or without cause. I understand, also, that I am required to abide by all rules and regulations of the Employer. |
| **Signature of Applicant:** |
| Signature: | Date: |
| Printed Name: | Date: |