

gladys allen
BRIGHAM
COMMUNITY CENTER



165 East Street
Pittsfield, MA 01201
(413) 442-5174
Fax (413) 442-4048
Email: brighamcenter.org

NAME (Last, First, Middle)

ADDRESS (Number and Street, City, State, Zip Code)

PHONE NO.

() _____

Drivers License number _____

Best time to call work or home _____

POSITION DESIRED

Full-time

Part-time

HAVE YOU FILED AN APPLICATION HERE BEFORE?

DATE _____

Yes ___

No ___

HAVE YOU WORKED FOR THIS COMPANY BEFORE?

DATE _____

Yes ___

No ___

IF YOU ARE A MINOR UNDER AGE 18, DO YOU HAVE A
WORK PERMIT?

Yes ___

No ___

ARE YOU ON LAYOFF AND SUBJECT TO RECALL?

Yes ___

No ___

2. Company Name _____ Address _____

Company Phone Number _____

Job Title _____

Supervisor _____

Employment Dates: _____

Salary; first _____ last _____

May we contact this employer? _____ yes _____ no

3. Company Name _____ Address _____

Company Phone Number _____

Job Title _____

Supervisor _____

Employment Dates: _____

Salary; first _____ last _____

May we contact this employer? _____ yes _____ no

REFERENCES: (EXCLUDE RELATIVES)

Name/Title	Address and Phone No.	Relationship
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1. _____

2. _____

3. _____

Signature _____

Signature indicates permission to contact references.

EDUCATION

	NAME AND ADDRESS OF SCHOOL	MAJOR	DEGREE/ DIPLOMA
High School	_____	_____	_____
	_____	_____	_____
College	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Trade, business, other	_____	_____	_____
	_____	_____	_____

SPECIAL SKILLS AND QUALIFICATIONS: List job-related licenses, skills, training, honors, awards, and special accomplishments

EMPLOYMENT HISTORY: (START WITH PRESENT OR LAST POSITION)

1. Company Name _____ Address _____

Company Phone Number _____

Job Title _____

Supervisor _____

Employment Dates: _____

Salary; first _____ last _____

May we contact this employer? _____ yes _____ no

