

The House of the Seven Gables Application for Employment



Date of Application _____

Name _____

Address _____

Telephone (____) _____ Other Telephone (____) _____

Position Applied For _____

Salary Desired _____

Referral Source: Advertisement Employee Relative Walk-in Other _____

Are you under 16 years old? Yes No

If employed and under 18, can you furnish a work permit? Yes No

Have you ever filed an application here before? Yes No If Yes, give date: _____

Have you ever been employed here before? Yes No If Yes, give date: _____

Are you a U.S. citizen? Yes No If No, do you possess a valid work permit? Yes No

Proof of citizenship or immigration status is required upon employment.

On what date would you be available for work? _____

Are you Available to work: Full-Time Part-Time Seasonal

Days Available: Sun Mon Tue Wed Thr Fri Sat

Hours Available: Days Evenings Other _____

AN EQUAL OPORTUNITY EMPLOYER

Applicants for employment are considered without regard to race, color, religion, sex, marital status, national origin, or handicap.

The House of the Seven Gables is a Smoke-free work environment.

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex, or national origin.

Employer: _____ Dates Employed: From _____ To _____

Address: _____ Telephone: (____) _____

Job Title: _____ Work Performed: _____

Supervisor: _____ Hourly Rate/Salary: Starting _____ Final _____

Reason for Leaving: _____ May we Contact? Yes No

Employer: _____ Dates Employed: From _____ To _____

Address: _____ Telephone: (____) _____

Job Title: _____ Work Performed: _____

Supervisor: _____ Hourly Rate/Salary: Starting _____ Final _____

Reason for Leaving: _____ May we Contact? Yes No

Employer: _____ Dates Employed: From _____ To _____

Address: _____ Telephone: (____) _____

Job Title: _____ Work Performed: _____

Supervisor: _____ Hourly Rate/Salary: Starting _____ Final _____

Reason for Leaving: _____ May we Contact? Yes No

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience.

Education

	High School	College/University	Graduate/Professional
Name of School	_____	_____	_____
Years Completed (circle)	9 10 11 12	1 2 3 4	1 2 3 4

Describe Course of Study _____

Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities

Honors Received _____

Are you a Veteran of the U.S. Military Service? Yes No

Please describe any skills or training acquired while in the service: _____

Why do you want to work at The House of the Seven Gables? _____

Indicate what foreign languages you speak, read, and/ or write:

Language:		Level of Proficiency: Fair					Fluent				
_____	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	1	2	3	4	5	1	2	3	4	5
_____	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	1	2	3	4	5	1	2	3	4	5
_____	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	1	2	3	4	5	1	2	3	4	5

References

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Agreement

I certify that the information on this application is true, complete, and correct. I authorize The House of the Seven Gables Association to investigate my past employment, education, and activities and I release from all liability all persons, companies and corporations supplying such information. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge. It is also my understanding that this application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by The House of the Seven Gables Settlement Association.

Signature of Applicant: _____ Date: _____

The House of the Seven Gables Settlement Association
115 Derby Street
Salem, Massachusetts 01970
(978) 744-0991 www.7gables.org

For Office Use Only

Arrange Interview: Yes No

Remarks _____

Employed: Yes No Date of Employment: _____

Job Title: _____ Hourly Rate/Salary _____ Dept: _____

Employment Status: _____ Completed By: _____ Date: _____