



Greater Fall River RE-CREATION

EMPLOYMENT APPLICATION

Several questions on this Employment Application are not related to the requirements for the positions for which you are applying and, as such, are optional. However they are essential to the effective implementation of the Affirmative Action Plan, which gives hiring preference for minorities, women, and lower-income applicants. As such it is to the advantage to applicants to answer all questions.

Racial Data- Please check one:

African American _____

Hispanic _____

Asian _____

American Indian _____

Caucasian _____

Other _____

PERSONAL:

NAME: _____

#: _____

TELEPHONE

ADDRESS: _____

#: _____

SOCIAL SECURITY

CITY: _____

BIRTH: _____

DATE OF

STATE: _____

STATUS: _____

MARTIAL

ZIP CODE: _____

FEMALE

(Please circle) MALE /

MILITARY STATUS: _____

EMAIL: _____

HEALTH CONDITION: _____ RESCTRCTIONS IF

ANY?: _____

EDUCATION:

| NAME AND LOCATION OF SCHOOL | YEARS ATTENDED | DATE GRADUATED | SUBJECTS COURSES |
|---|---------------------|-------------------|------------------|
| | "U"6,7,8,9,10,11,12 | | |
| COLLEGE: | 1,2,3,4 | | |
| OTHER(INCLUDED SKILLS, I.E. TYPING (WPM), BOOK KEEPING, ETC. IF RELATED RO POSITION APPLYING FOR | | | |

If no total family income is provided, it will be assumed that you are **NOT** low income.

EMPLOYMENT DESIRED:

FULL TIME _____ **DATE YOU CAN START** _____ **SALARY DESIRED** _____

PART TIME _____ **TOTAL FAMILY INCOME** _____

POSITION APPLYING FOR _____ **NUMBER IN FAMILY** _____

NUMBER OF DEPENDENTS _____ (Including self)

FORMER EMPLOYEES: List below the last four positions, starting with your most recent employment first

| Employer's Name and Address | Kind of Work | Wages Per Hour | Date Started | Date Left | Reasons for Leaving |
|-----------------------------|--------------|----------------|--------------|-----------|---------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

PERSONAL REFERENCE: (Not Relatives)

Name: _____ **Phone/Email:** _____/_____

Name: _____ **Phone/Email:** _____/_____

Name: _____ **Phone/Email:** _____/_____

Indicate Source of Referral (check)

Organization _____ **Newspaper Adv.** _____ **Radio** _____ **Employee** _____ **Other** _____

Name Referral: _____

Should I be employed, I understand that any misrepresentation in this application is sufficient cause for dismissal and that such will be made a permanent part of my file in the files of Greater Fall River RE-Creation. I hereby authorize RE-CREATION to investigate the foregoing statements. It is understood that in accepting this application for work, Greater Fall River RE-CREATION does not promise employment.

Dated _____ Signed _____

No applicant will be discriminated against because of race, color, religion, sex, age, handicap or national origin.

Return Application to:
Greater Fall River RE-CREATION
72 Bank Street
Fall River, MA 02720

Visit: www.gfrrec.org
Email: gfrrec@gfrrec.org