

Personal Information

Date of Application:

Last Name: Middle Initial: First Name:
 Address: City:
 State: Postal Code: Home Phone #:
 Alternate Telephone #: E-mail:
 Have you worked at Roanoke Moose Family Center 284 before: No Yes If yes, note dates:

Position

Position applying for: Seasonal /Temporary
 Are you interested in: Full Time (Min. of 28 hrs per week) Peak Time (Less than 28 hrs per week)
 How did you learn about this opportunity?

Availability

Date available to start (dd/mm/yyyy):

Indicate when you are available to be scheduled (specify a.m. or p.m.). Due to the nature of our business, the more available you are, the more opportunities we can consider you for.

	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
From							
To							

Education

Tell us the highest or equivalent level completed

Institution Type	Completion	Type of Certification/Diploma/Degree Received
High School Year Completed	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Post Secondary	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

Reference Check Consent

Please provide at least 2 work or school-related references we may contact in the spaces below.

Name: Position Title: Name of Company:
 Can we contact them: Phone Number:

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Former Employers

	Name & Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				

I certify that the information on this application is correct and I understand that any misrepresentation or omission of any information will result in my disqualification from consideration for employment or if employed my dismissal for just cause. Roanoke Moose Family Center 284 may verify the information set forth on this application and obtain additional background information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus, law enforcement agencies and doctors to supply all information concerning my background.

Applicant name (Please print):

Applicant Signature: Date: