



Destination Salem Employment Application

PERSONAL INFORMATION

Name: _____
Last
First
Middle Initial

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Preferred Pronouns: _____

Position Applied For: _____

Days available to work: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Do you prefer mornings, afternoons or either? _____

Referral Source (Where did you learn about this position?) _____

If hired, can you provide written evidence you are authorized to work in the U.S.? YES NO

EMPLOYMENT HISTORY

START WITH MOST RECENT EMPLOYER. PLEASE INCLUDE EMPLOYMENT AND VERIFIABLE VOLUNTEER WORK.

COMPANY NAME, ADDRESS, TELEPHONE	DATES WORKED (MONTH/YEAR)	JOB TITLE	SUPERVISOR	REASON FOR LEAVING?	MAY WE CONTACT?

EDUCATION

SCHOOL & LOCATION	YEARS ATTENDED	GRADUATED?	DEGREE / MAJOR

(Continued)

PROFESSIONAL REFERENCES *(Please do not give names of relatives or personal friends)*

NAME, PHONE NUMBER, EMAIL ADDRESS	COMPANY	YEARS KNOWN	PROFESSIONAL RELATIONSHIP

COMMENTS

(Please note any details which should be considered in reviewing your application; exclude those that would disclose our race, color, religion, or national origin):

I authorize Destination Salem to conduct a background review of my employment. I certify that the answers provided are accurate to the best of my knowledge and belief. I am aware that failure to complete this application, intentional omissions, or misstatements may result in refusal of employment or termination.
I acknowledge that I have read the above statement and understand it.

Applicant Signature: _____ Date: _____

Please submit application to:
Destination Salem
Attention: Kate Fox, Executive Director
P.O. Box 630, Salem, MA 01970
kfox@salem.org