



**THE WHITNEY ACADEMY, INC.**  
**P.O. Box 619, 85 Dr. Braley Road, E. Freetown, MA**  
**APPLICATION FOR EMPLOYMENT**

Please print or type all information except signature.

**Non-Discrimination Policy:** The Whitney Academy, Inc. is committed to the principle of equal opportunity in education and employment. The Whitney Academy does not discriminate on the basis of sex, race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability in admission to, access to, treatment in, or employment in its programs and activities.

Position(s) applied for: \_\_\_\_\_ Date of application: \_\_\_/\_\_\_/\_\_\_

Referral Source:  Advertisement  Employee  Relative  Government Employment Agency  
 Walk-In  Internet Search  Other: \_\_\_\_\_  
Name of source (if applicable): \_\_\_\_\_

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Address: \_\_\_\_\_ SS #: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Cell #: (\_\_\_\_) \_\_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

If necessary, best time to call you is: \_\_\_\_\_

May we contact you at work?  Yes  No

If yes, work number and best time to call: (\_\_\_\_) \_\_\_\_\_, \_\_\_\_\_

Have you submitted an application here before?  Yes  No

If yes, give date(s) and position(s): \_\_\_\_\_

Have you ever been employed here before?  Yes  No

If yes, give dates: \_\_\_\_\_ From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Date available for work: \_\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Employment desired: Full-time  Part-time  Internship

Are you a United States citizen?  Yes  No If no, do you have a valid work permit?  Yes  No

(Proof of citizenship or immigration status may be required upon employment)

Will you work overtime if required? \_\_\_\_\_  Yes  No

If no, please explain: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Exp. Date: \_\_\_/\_\_\_/\_\_\_ State: \_\_\_\_\_

Have you had any moving violations &/or accidents in the past 3 years?  Yes  No

If yes, how many? Please explain: \_\_\_\_\_

\_\_\_\_\_

## Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). You must complete this section even if attaching a resume.

Name of Employer	( )	Telephone Number
Your Position	Your Supervisors Name	
Address & Street	City	State Zip
Dates of Employment: _____ From To		
Duties		
Reason for Leaving	May we contact this employer for a reference? ___ Yes ___ No ___ Later	

Name of Employer	( )	Telephone Number
Your Position	Your Supervisors Name	
Address & Street	City	State Zip
Dates of Employment: _____ From To		
Duties		
Reason for Leaving	May we contact this employer for a reference? ___ Yes ___ No ___ Later	

Name of Employer	( )	Telephone Number
Your Position	Your Supervisors Name	
Address & Street	City	State Zip
Dates of Employment: _____ From To		
Duties		
Reason for Leaving	May we contact this employer for a reference? ___ Yes ___ No ___ Later	

**Comments:** (INCLUDE AN EXPLANATION OF ANY GAPS IN EMPLOYMENT) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education**

As per regulation and accreditation, all professional licenses and latest educational degree applicable to the position, must be verified. Please provide as much information as possible to expedite verification. **PLEASE INCLUDE YEAR OF GRADUATION. IF GED WAS OBTAINED, PLEASE INDICATE.**

TYPE OF SCHOOL	SCHOOL NAME	SCHOOL MAILING ADDRESS	DATES ATTENDED	YEAR GRADUATED
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
BUSINESS or TRADE SCHOOL				

**References**

List name and telephone number of three professional references who are **NOT** related to you.

REFERENCE NAME	TELEPHONE	NUMBER OF YEARS KNOWN

**Skills and Qualifications/Additional Information**

Please list other special skills you may have, e.g., fluency in other languages, computer skills, licenses, special training required for the position for which you are applying, etc. Whitney Academy, Inc. does not discriminate on the basis of gender, age, color, creed, ethnicity, religion, national origin, sexual orientation, gender identify, disability, military status or homelessness.


**Military (Please Complete if Applicable)**

Are you a member of the United States Military Services:  Yes  No If yes, what branch? \_\_\_\_\_

Are you a veteran of the United States Military Services:  Yes  No If yes, what branch? \_\_\_\_\_

If yes, Date Entered: \_\_\_\_\_ Date Discharged: \_\_\_\_\_

If yes, please describe any special skills or training acquired while in the service.
