

CEREBRAL PALSY ASSOCIATION OF EASTERN MASSACHUSETTS, INC.
103 JOHNSON STREET
LYNN, MA. 01902
(781) 593-2727

EMPLOYMENT APPLICATION

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non job-related medical condition or disability. Please do not include any information that would reveal race, religion, disability, marital status or ancestry.

Today's Date _____

Name _____ Tel. # _____

Address _____ Alternate # _____

City _____ State _____ Zip _____

Position Desired _____

EDUCATION

List all school attended:

1. Name _____ Location _____

Major _____

Degree _____ License _____

2. Name _____ Location _____

Major _____

Degree _____ License _____

3. Name _____ Location _____

Major _____

License _____

4. Name _____ Location _____

Major _____

Degree _____ License _____

List each position that you have held. Start with your present or last position. Include military service assignments and volunteer activities. (Exclude experiences which may indicate race, color, religion, sex, national origin, age, marital status or disability).

EMPLOYMENT AND/OR FIELD PLACEMENT HISTORY:

1. Employer _____ Tel # _____
Address _____ Job Title _____
Dates of Employment _____ Salary _____
Duties and Responsibilities _____

Reason for Leaving _____
Immediate Supervisor _____ Title _____

2. Employer _____ Tel # _____
Address _____ Job Title _____
Dates of Employment _____ Salary _____
Duties and Responsibilities _____

Reason for Leaving _____
Immediate Supervisor _____ Title _____

3. Employer _____ Tel # _____
Address _____ Job Title _____
Dates of Employment _____ Salary _____
Duties and Responsibilities _____

Reason for Leaving _____
Immediate Supervisor _____ Title _____

4. Employer _____ Tel # _____
Address _____ Job Title _____
Dates of Employment _____ Salary _____
Duties and Responsibilities _____

Reason for Leaving _____
Immediate Supervisor _____ Title _____

