



Date: \_\_\_\_\_

Newburyport, MA 01950  
 978-462-7785 Fax: 978-465-9981

**EMPLOYMENT APPLICATION**

Desired Position \_\_\_\_\_ Experience? Yes / No

Name: \_\_\_\_\_ D.O.B: (if under 21) \_\_\_\_\_  
(First) (MI) (Last)

Address: \_\_\_\_\_  
(Street) (Town/City) (State) (Zip)

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ email address: \_\_\_\_\_ Highest grade completed? \_\_\_\_\_

<b>EDUCATION</b>	Name & Location of School	No. of years attended	Did you Graduate
High School	_____		
College	_____		

What skills do you possess that you feel would be an asset to Michaels Harborside?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is there anything else about yourself you would like us to know?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you applying for **summer** or **Year round** employment?  
 Start Date \_\_\_\_\_ End Date \_\_\_\_\_ **Full-time** or **Part-time**  
 Have you applied here before? Y / N

**Please circle availability**

AM	MON	TUE	WED	THU	FRI	SAT	SUN
PM	MON	TUE	WED	THU	FRI	SAT	SUN

How did you find out about this position? \_\_\_\_\_

Do you have any scheduling restrictions? \_\_\_\_\_

**Former Employers**

Please list previous employment starting with the most recent, including address & phone number.

Employer		
Address		
Start date	Leaving date	Job Title
Salary	Reason for leaving	May we contact them Yes / No
Name of supervisor		Phone #
Reason for leaving		

Employer		
Address		
Start date	Leaving date	Job Title
Salary	Reason for leaving	May we contact them Yes / No
Name of supervisor		Phone #
Reason for leaving		

Employer		
Address		
Start date	Leaving date	Job Title
Salary	Reason for leaving	May we contact them Yes / No
Name of supervisor		Phone #
Reason for leaving		

Personal References (Please provide three business refencce, Including phone no.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Are you legally authorized to work in the US? Yes / No

**Authorization**

" I certify that the facts contained in this application are true an complete to the best of my knowledge and understand that, if employed, falsified statements on this Application shall be grounds for dismissal."

Signature \_\_\_\_\_ Date of Application: \_\_\_/ \_\_\_/ \_\_\_