



# New Milford Youth Agency Employment Application

Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Are you 16 years of age or older? Y \_\_\_ N \_\_\_ Current Grade level: \_\_\_

School attending, if applicable: \_\_\_\_\_

Future educational or career goals: \_\_\_\_\_

Special skills, certifications: \_\_\_\_\_

\_\_\_\_\_

Employment/Volunteer History (you may use the other side):

\_\_\_\_\_

List 2 references that have known you for at least one year and are not related to you:

Name/Contact Information: \_\_\_\_\_

Name/Contact Information: \_\_\_\_\_

Position Applying for:

Latchkey Childcare: AM \_\_\_ PM \_\_\_ Summer \_\_\_

The Maxx: Weekends \_\_\_ Catering \_\_\_ Other \_\_\_

Summer Work Crew \_\_\_ After School Work Crew \_\_\_ Other \_\_\_\_\_

Video Program staff \_\_\_\_\_ Video Program supervisor \_\_\_\_\_

Applicant's Statement: I certify that statements given are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be required in arriving at an employment decision.

Nothing contained in this application shall be deemed to create an employment contract between the Town of New Milford and myself for either employment or the providing of any benefits.



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

**NMYA \* 2 Pickett Dist. Rd. \* New Milford CT 06776 \* (860) 210-2030 \* www.youthagency.org**

Date received by Youth Agency: \_\_\_\_\_ Staff Member: \_\_\_\_\_

Action taken: \_\_\_\_\_