



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:

Childcare: AM ___ PM ___ Summer ___

The Maxx: ___

Video Program staff _____

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: _____