

PLEASE RETURN TO:
Nantucket Dreamland Foundation
P.O. Box 989
Nantucket, MA 02554

APPLICATION FOR EMPLOYMENT

(Please print clearly and sign where indicated.)

CHECK ONE:

FULL TIME **PART TIME** **TEMPORARY**

POSITION DESIRED

Salary Desired	Date Available

Nantucket Dreamland Foundation (the "Foundation") is an Equal Opportunity Employer. The Foundation offers equal employment opportunity to all applicants for employment and all employees regardless of race, color, religion, sex, national origin, age, disability, genetic information, veteran status, ancestry, sexual orientation, gender identity, military service, receipt of free medical care, or any other characteristic protected by applicable law. An applicant who does not meet the minimum qualifications of the position(s) for which the applicant applies will not be considered for employment.

PLEASE PRINT

LAST NAME	FIRST	MIDDLE		
ADDRESS	CITY	STATE	ZIP	HOME TELEPHONE
Are you legally authorized to work in the United States?			<input type="checkbox"/> Yes <input type="checkbox"/> No	MOBILE TELEPHONE
If you are hired, will you be able to submit proof of the above?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you now or will you at any time be seeking visa sponsorship?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you under eighteen years of age?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you become aware of the position(s) for which you are applying? (Please identify individual or source.) _____				
Person to contact in an emergency:				
Name:		Relationship to You:		Telephone Number:
Please list any relatives employed by the Foundation:				
Name:		Location and Position:		Relationship to You:
What days are you available to work? <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun.				
What is the total number of hours you are available to work per week? _____				
What hours are you available to work? _____				
Are you on layoff or subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you able to work overtime, if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No				

EMPLOYMENT HISTORY

Have you previously been employed by the Foundation? Yes No

If yes, give position, dates of employment and reason(s) for leaving: _____

Have you ever previously applied for a position with the Foundation? Yes No

Are you presently employed? Yes No

Have you ever been terminated or discharged from a position? Yes No

If yes, please provide details (when and reason(s) for discharge or termination): _____

List all of your places of employment, beginning with the most recent. You may include work performed on a volunteer basis. Please account for any time period between positions when you were not working. The Foundation may contact any of these persons or entities to obtain an employment reference.

Name and Address of Employer:	Telephone: () _____ - _____	
_____	Type of Business: _____	
Employed (Month and Year): From _____ / _____ To _____ / _____	Reason for Leaving: _____	
Name and Title of Immediate Supervisor:	Telephone: _____	Hourly Pay/Salary Starting _____ Ending _____
Describe Your Job Duties and Responsibilities: _____ _____		

Name and Address of Employer:	Telephone: () _____ - _____	
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Name and Title of Immediate Supervisor: _____ Telephone: _____ Hourly Pay/Salary
 _____ Starting _____ Ending _____

Describe Your Job Duties and Responsibilities:

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Describe Your Job Duties and Responsibilities:

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 _____ Type of Business: _____

Employed (Month and Year):
 From _____ / _____ / _____ To _____ / _____ / _____ Reason for Leaving: _____

Name and Title of Immediate Supervisor: _____ Telephone: _____ Hourly Pay/Salary
 _____ Starting _____ Ending _____

Describe Your Job Duties and Responsibilities:

Please use additional pages, if necessary.

EDUCATION AND TRAINING

Please list the relevant information for any high school, vocational school, college or professional school you attended.

Name of School and Address	Number of Years Attended	Course of Study or Major	Did You Graduate?	Diploma/Degree and Grade Point Average
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

SPECIAL SKILLS AND QUALIFICATIONS

Please summarize any special job-related skills and qualifications you have, including professional licenses and/or certifications (please indicate the applicable organization, state issued, date issued and number), and any job-related academic or professional honors.

May we contact your present employer? Yes No

PLEASE DO NOT RESPOND TO THE FOLLOWING QUESTION UNTIL AFTER YOU HAVE READ AND/OR DISCUSSED THE JOB DESCRIPTION OF THE POSITION(S) FOR WHICH YOU ARE APPLYING.

Are you able to perform the essential functions of the position(s) for which you are applying, with or without a reasonable accommodation?

Yes No

Certification

I certify and affirm that the information provided in connection with the application process, including the information provided on this application for employment (“application”) and any résumé submitted, is true, accurate, and complete and that I have not withheld any information that would, if disclosed, affect this application unfavorably. I understand that any omission, misrepresentation or falsification in connection with this application process may be grounds for denial of employment or, if I am hired, immediate termination of my employment, regardless of how or when discovered.

I authorize the Foundation to investigate all information related to my application in order to determine my qualifications for employment and I understand that such investigation may include contacting any of my former and/or current employers or any person or entity listed on this application. I authorize all persons and entities having information relevant to my application to provide that information to the Foundation upon request. I expressly release and agree to hold harmless the Foundation, its employees and agents, and all the persons and entities with whom the Foundation may discuss such reference information, from any potential claims or liabilities arising out of or as a result of the request for, provision of, or use of such information. I understand that any offer of employment may be rescinded or my employment terminated if my references are inadequate or unacceptable to the Foundation or if I violate any of the provisions of this Certification.

I understand that completion of this application does not assure me of a position with the Foundation. I also understand that neither this application nor any other document constitutes a contract of employment for a specific term and that any employment relationship that may be established will be “at-will.” As such, any employment relationship I may have with the Foundation may be terminated at any time, with or without notice, for any reason or no reason, by me or the Foundation. I understand that no representative of the Foundation, other than the Executive Director, has the authority to enter into any agreement for employment with me contrary to the foregoing. I further understand that if I am hired by the Foundation, I must abide by all rules and policies of the Foundation which, other than the “at-will” employment policy, may be changed without notice at the sole discretion of the Foundation.

I understand that I will be required to disclose certain criminal convictions later in the hiring process. I also understand that any offer of employment, and continued employment, are conditioned upon the satisfactory completion of a background check, including but not limited to a sex offender registry check and criminal records check, as determined in the sole discretion of the Foundation.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

PLEASE DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE CERTIFICATION.

Signature: _____

Date: _____