



EMPLOYMENT APPLICATION

NORTHBORO YOUTH HOCKEY PROGRAM, INC.

15 BRIDLE LANE

WESTBOROUGH, MA 01581

508-366-1562

www.northstaricesports.com

TODAY'S DATE: _____

PLEASE CHECK:

NEW APPLICATION: _____ RENEWAL APPLICATION: _____

PERSONAL INFORMATION

NAME	(LAST)	(FIRST)	(MAIDEN)	(M)
ADDRESS (STREET)			TELEPHONE NUMBER ()	
(CITY)	(STATE)	(ZIP CODE)	CELL PHONE NUMBER ()	
EMAIL ADDRESS				
Are you legally authorized to work in the United States? () Yes () No <small>(Proof of U.S. citizenship or legal authorization to work in the United States will be required upon hiring, pursuant to applicable federal law.)</small>				

EMPLOYMENT DESIRED

Position:	Salary Expectation:	Date available to start:
Are you willing to work overtime (evenings or weekends) if required?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with us before?		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give date(s)
Have you ever been employed by us before?		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give date(s)

EMPLOYMENT EXPERIENCE

Please list prior employment experience beginning with most recent.

Include summer and part-time work, and any periods of unemployment. You may include in your work history verified work performed on a volunteer basis.

Employed From / To	Name and Location of Employer	Position	Total Years	Hourly or Weekly Salary
Employed From / To	Name and Location of Employer	Position	Total Years	Hourly or Weekly Salary

Were you ever dismissed from a job? YES NO

If yes, explain:

ORGANIZATIONS AND ACTIVITIES

(List job-related professional, trade, business or civic activities and offices held. Please exclude those memberships which may reveal gender, race, religion, national origin, age, ancestry, sexual orientation, disability or other protected status)

EDUCATION

(Do not answer if not relevant to the requirements of the position for which you are applying)

SCHOOL / UNIVERSITY	NATURE OF STUDIES			
HIGH SCHOOL/GED Name: Town / State:				Graduation Date
VOCATIONAL OR TRADE SCHOOL Name: Town / State:	Major	Minor	No. of Credits	Graduation Date
				Degree/Certificate Earned
COLLEGE Name: Town / State:	Major	Minor	No. of Credits	Graduation Date
				Degree Earned

OTHER TRAINING, COURSES, OR RELEVANT SKILLS:

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REFERENCES:

Name	Address	Phone Number	Relationship to the Applicant

APPLICANT'S ACKNOWLEDGMENT
PLEASE READ CAREFULLY BEFORE SIGNING.

If you have any questions regarding this statement, please ask them before signing.

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 liabilities.

In the event of employment to a position with Northborough Youth Hockey Program, Inc. (the "Organization"), I will comply with all the rules and regulations as set forth by Organization policy, procedure or other communications distributed to employees, which I understand may be changed without notice at the discretion of the Organization.

I hereby authorize my present and/or former employers, educational institutions and references to disclose to the Organization any and all information concerning my previous employment and any other pertinent information they may have, and I release all parties from any liability whatsoever resulting from such disclosure.

I understand and agree that if I am offered employment, it will be as an employee-at-will and that no employment contract rights have been created. I also understand and agree that my employment may be terminated at any time with or without cause, and with or without advance notice at the option of either the Organization or myself. Any agreement contrary to the above must be in writing, must expressly state that it is an employment contract and must be signed by the Board of Directors of the Organization.

I agree that except at the request and for the benefit of the Organization, I will not disclose to anyone or use for my own purposes any of the Organization's confidential or proprietary information, either during or after my employment.

If applicable to the position, I understand that I may be required to provide proof of having a driving record acceptable to the Organization and/or to the Organization's insurance carrier, and, if employed, I understand that I will be required to maintain a valid driver's license and continue to provide proof of having an acceptable driving record.

I also understand that an offer of employment may be contingent on the results of a physical examination by a designated physician relative to the essential functions of the job.

I understand that if I am selected for a position, my consideration for employment may be subject to the successful completion of a Criminal Offender Record Information ("CORI") check.

I CERTIFY THAT ALL RESPONSES GIVEN BY ME IN THIS APPLICATION ARE TRUE, ACCURATE, AND COMPLETE, AND I UNDERSTAND THAT MY RESPONSES MAY BE RELIED UPON IN CONSIDERING MY APPLICATION. I UNDERSTAND THAT ANY OMISSION OR FALSE STATEMENT MADE BY ME ON THIS APPLICATION, OR ANY SUPPLEMENT TO IT, WILL BE SUFFICIENT GROUNDS FOR FAILURE TO EMPLOY OR FOR MY DISCHARGE SHOULD I BECOME EMPLOYED BY THE ORGANIZATION.

Date:

Applicant's Signature:

The Northborough Youth Hockey Program, Inc. is an Equal Opportunity Employer and does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex, ancestry, sexual orientation as defined by law, or on the basis of age as defined by law, disability, military status or genetic information. No question on this Employment Application is intended to secure information to be used for such purpose. This Employment Application will be given appropriate consideration, but its receipt does not imply that the applicant will be employed.