455 Pleasant Street, Worcester, MA 01609 508.757.7713

Hours: Monday-Saturday: 10:00-6:00 Sunday: closed

Please Print Neatly

Personal Information:

Name: First _____ Middle Initial _____ Last _____

Address: Street _____ State _____ Zip _____

Home Phone # : _____ Cell Phone #: _____

Email: _____

Date of Birth: _____/_____/_____ Preferred Pronouns:_____

Position applied for: _____

Employment: Full Time _____ Part Time _____ Rate of Pay Expected _____

Days/Hours available to work:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____

Friday _____ Saturday _____ Sunday_____

Have you worked with us before? _____ How did you hear about the position? _____

List any friends/relatives working with us now? _____

List any special skills you have for the position and comments on why you wish to be employed at C.C. Lowell:

_____

_____

_____

Education:

High School _____ # of Years Completed _____

College _____ Area of Study _____ # of years ____

Have you ever been convicted of a crime? _____ If yes, explain: _____

Employment History:

Employer: _____ Address: _____ Phone #: _____

Supervisor: _____ Position: _____ Duties: _____

Employment Dates: From _____ to _____

Salary: Start _____ Ending _____

Reason for Leaving: _____

Employer: _____ Address: _____ Phone #: _____

Supervisor: _____ Position: _____ Duties: _____

Employment Dates: From _____ to _____

Salary: Start _____ Ending _____

Reason for Leaving: _____

Employer: _____ Address: _____ Phone #: _____

Supervisor: _____ Position: _____ Duties: _____

Employment Dates: From _____ to _____

Salary: Start _____ Ending _____

Reason for Leaving: _____

References (other than relatives):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

The information provided by me in this application for employment is true and complete
to the best of my knowledge. I understand that if I am employed,
any false statements will be considered as cause for possible dismissal.

Signature _____ Date _____

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FOR OFFICE USE ONLY

Social Security #: _____-_____-_____ HIRE DATE: _____