



United Way
of Tri-County



TOWN OF MILFORD, MASSACHUSETTS
MILFORD YOUTH CENTER
MILFORD YOUTH COMMISSION
24 Pearl St., Milford, MA 01757
(508) 473-1756 Phone
(508) 473-4388 FAX
milfordyouthcenter@comcast.net



MILFORD YOUTH CENTER Application for Employment

Name _____
Last First Middle

Address _____
Number and Street Town, State and Zip

Home Telephone _____ Other Phone _____

Email: _____

Date of Birth: _____ Age: _____

Position(s) Requested _____

Current Year (please circle): High School College
Freshman Sophomore Junior Senior

During which season(s) are you unavailable due to sports/other activities?

High School: _____
Name & Location Years Attended Year of Grad.

College: _____

Other: _____

Major Area of Study at College: _____

Special Training/Skills/Licenses: _____



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Work Experience (Begin with most recent)

MONTH / YEAR	NAME & ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING
From: To:			
From: To:			
From: To:			

References

(Three persons NOT related to you who you know personally)

NAME	ADDRESS	TELEPHONE #	

Please list any accommodations required:

Please indicate emergency contact information below:

NAME	ADDRESS	TELEPHONE #	RELATION

To determine my qualifications, I authorize the Milford Youth Center to conduct any investigation of my application. I understand that any false or misleading information furnished by me on this application, or in conjunction with my application for employment, may result in rejection of the application or, if employed by this organization, in the termination of my employment.

Signature _____ **Date** _____