SCHOHARIE COUNTY HISTORICAL SOCIETY

The Old Stone Fort Museum Complex • 145 Fort Road, Schoharie, NY 12157
518-295-7192 • 518-295-7187 fax • www.schohariehistory.net

EMPLOYMENT APPLICATION

Name: _____ Date: _____

Address: _____

_____

Home Phone: _____ Best time to call: _____

Work Phone: _____ Best time to call _____

e-mail: _____

Position applied for: _____

Present situation:

_____Employed full-time _____Employed part-time

_____Student _____Retired

_____Unemployed _____Other_____

Employers, most recent first.	Dates employed	Position(s)	Reason for leaving

Education

School .	Major Study	Diploma/Degree	Date

Certificates, licenses, other training: _____

_____

Please fill out both sides. You may attach additional sheets, if necessary.

Relevant Experience

Other Interests, Hobbies

Availability

Weekdays:

Weekends:

Evenings:

References

Name, address, phone

Do not write below this line.

Starting date:

Social Security #:

Schedule:

Driver License #:

Notes: