



240 Main Street, Indian Orchard, MA 01151  
413-543-3930 survivalcenterIO@gmail.com  
www.communitysurvivalcenter.org

## Community Survival Center Job Application

Application Date \_\_\_\_\_  
Position Sought \_\_\_\_\_  
Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

### **EDUCATION**

Highest Level of Education \_\_\_\_\_

### **EMPLOYMENT**

Current/Most Recent Employer:  
Position/Title \_\_\_\_\_  
Dates of Employment (starting, ending) \_\_\_\_\_  
Company/Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_

### **SKILLS & EXPERIENCE**

Special training, skills, hobbies \_\_\_\_\_

Please describe your prior experience (include dates of service)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What experiences have you had that may prepare you to work in the field of donations and retail?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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How did you hear about opportunities at the Center?

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Have you ever been convicted of a crime? [If yes, please explain the nature of the crime and the date of the conviction and disposition.] Conviction of a crime is not an automatic disqualification for work.

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**PROFESSIONAL REFERENCES**

Please list three people who know you well and can attest to your character, skills, and dependability. Include your current or last employer. Do not include relatives.

Name/Organization	Relationship to you	Length of relationship	Phone number

**All staff and volunteers must show proof of vaccination.**

***Please read the following carefully before signing this application:***

I certify that I have and will provide information throughout the selection process, including on this application for a position and in interviews with the Center that is true, correct, and complete to the best of my knowledge. I certify that I have answered and will answer all questions to the best of my ability, and that I have not and will not withhold any information that would unfavorably affect my application for a position. I understand that information contained on my application will be verified by the Center. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a position with the Center or termination as an employee.

Signature \_\_\_\_\_ Date \_\_\_\_\_