

# Town of Grafton Summer Youth Program Employment Application

Director: Laura Bassallo  
 Cell: 518.407.9549  
 youthdirector@townofgraftonny.org

Date: \_\_\_\_\_

Job Title: \_\_\_\_\_

PERSONAL INFORMATION					
Last Name	First Name	Middle	Date of Birth		
Address	City	State	Zip	Social Security Number	
E-mail	Phone	Driver's License #	Licensing State	Male <input type="checkbox"/>	Female <input type="checkbox"/>

EDUCATION				
Name of School	Class	Did you Graduate?	Degree/Certification	Credits Earned
High School				
College/University				

WORK EXPERIENCE			
Employer Name	Job Title	Date Employed	Supervisor's Name & Phone Number
Duties:			Reason for Leaving
Employer Name	Job Title	Date Employed	Supervisor's Name & Phone Number
Duties:			Reason for Leaving

REFERENCES (WORK / PERSONAL)			
Full Name	Work Reference <input type="checkbox"/>	Relationship	Phone
	Personal Reference <input type="checkbox"/>		
Company	Address		Email
Full Name	Work Reference <input type="checkbox"/>	Relationship	Phone
	Personal Reference <input type="checkbox"/>		
Company	Address		Email