

ASSOCIATION FOR THE RELIEF OF AGED WOMEN (ARAW) 174 UNION STREET | 4W | NEW BEDFORD, MA | 02740 | (508) 717-0400 | ADMIN@ARAWOFNB.ORG EMPLOYMENT APPLICATION

Personal Information			
Full Name:			
Address:			
City/Town			
Home phone: Cel	Phone:	Email:	
Hours Sought: 🗆 FT 🗆 PT Positio	n Sought:	Date Available:	
U.S. Citizen?	rime? 🗆 Yes 🗆 No		
Education			
Name & City/State of High School:			

Post High School, List Name, City/State, Degree or Certificate Obtained, Date:

Prior Employment Experience

On back of this page or attach a separate document, please list name, address, phone, supervisor name, position title, briefly describe responsibilities, and dates of employment.

By signing below, I do hereby acknowledge all statements are complete and accurate. Furthermore, I do hereby release information for reference check. Finally, I do hereby acknowledge that any offer of employment does not represent a contract, I recognize employment-at-will status.