



The Hudson Valley Renegades

Application for Summer Employment
Please Mail or Fax the Completed Application to:

P.O. Box 661
Fishkill, NY 12542
Fax: 845-838-0014

Applicant's Name: (Last, First, Middle Initial)				
Current Address:		E-mail Address:		Phone Number:
Position Applying For:			Available Entire Season:	
Are You Currently Employed:			If so, Can We Contact Your Current Employer?	
Highest Level of Education:				
School Attended:	Years Attended:	Focus of Studies:	Did you Graduate?	
Former Employers (List your last three employers, ending with the most recent one.)				
Date of employment	Name and Address of Employer	Salary	Position	Reason for leaving
Start:				
End:				
Start:				
End:				
Start:				
End:				
Start:				
End:				
References: (Provide at least two, must not be relatives)				
Name	Address/Phone Number	Relationship	Years Known	
1.				
2.				
<p>Authorization: "I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have personal or otherwise and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing unless it is in writing and signed by an authorized company representative."</p>				

Date: _____

Signature: _____