

**Edwin C. Remick Foundation dba Remick Country Doctor Museum and Farm**

**Application for Employment**

Return to P.O. Box 250, Tamworth, NH 03886 Phone: 323-7591

**Name:**

**Social Security Number:**

**Position(s) Applying For:**

**Mailing Address:**

**Physical Address:**

**Phone:**

**Cell Phone:**

**E-Mail:**

**Are you legally entitled to work in the United States?**

**Have you ever been convicted of a felony?**

**If hired, when can you begin?**

**References (please list three)**

**Name:**

**Address and phone:**

**Relationship:**

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**Name:**

**Address and phone:**

**Relationship:**

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**Name:**

**Address and Phone:**

**Relationship:**

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**Experience (please list in reverse chronological order)**

**Dates employed:**

**Position:**

**Company:**

**Supervisor:**

**Edwin C. Remick Foundation dba Remick Country Doctor Museum and Farm**

**Application for Employment**

Return to P.O. Box 250, Tamworth, NH 03886 Phone: 323-7591

**Company Address and phone:**

**Reason for leaving:**

**Dates employed:**

**Position:**

**Company:**

**Supervisor:**

**Company address and phone:**

**Reason for leaving:**

---

**Dates employed:**

**Position:**

**Company:**

**Supervisor:**

**Company address and phone:**

**Reason for leaving:**

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**Education (please list in reverse chronological order)**

<b>Years</b>	<b>School</b>	<b>School Address and Phone</b>	<b>Degree\Major</b>
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**Please list any relevant special skills or abilities, specific courses taken, past achievements, etc. Use additional pages as desired. You may attach vitae or resume if desired.**

The statements made on this application by me are truthful. I authorize release of information regarding my education and past work experience, and any other background information relevant to the position for which I am applying. Falsification of any data by me may lead to immediate termination if hired. I realize that employment resulting from this application is "at will," and that the employer has the right to dismiss without notice or cause.

**Signature of Applicant:**

**Date Submitted:**