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**Application for New Bedford Farmers Market Outreach Staff/SNAP Educator**

**Instructions:** In order to apply for the Market Assistant Position please **fill out this application** and **email to Julia.Kantner**[**@newbedford-ma.gov**](mailto:name@newbedford-ma.gov)or **mail to *Mass in Motion, 608 Pleasant Street, 2nd Floor, New Bedford, MA, 02740*.** Please email us with any questions.

**Application Priority Deadline:** June 1st

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**Personal Information**  **Date of Application**:

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| --- |
| **Name**: |
| **Address**: |
| **Primary Phone**: |
| **Secondary Phone**: |
| **Email**: |

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Please answer **Yes** or **No** to the Following Questions:

1. Do you Speak Spanish? : YES / NO /Some

If Some Explain:

2. Do you have access to a car for reliable transportation/valid driver’s license? : YES / NO

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**Education**: Please fill out the appropriate boxes below

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| --- | --- | --- | --- |
|  | **Name & Location** | **Graduation Year & Degree** | **Major/Subject of Study** |
| **High School** |  |  |  |
| **College** |  |  |  |
| **Other Education** |  |  |  |

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**Please share your areas of interest, skills, or experiences that may contribute to being a Farmer’s Market/SNAP outreach educator:**

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**Previous Experience**: Please list your volunteer/intern/job experience beginning with the most recent

**1. Dates Employed Company Name Location Role/Job Title**

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| --- | --- | --- | --- |
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**Job notes, tasks/duties**:

**2. Dates Employed Company Name Location Role/Job Title**

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| --- | --- | --- | --- |
|  |  |  |  |

**Job notes, tasks/duties:**

**3. Dates Employed Company Name Location Role/Job Title**

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| --- | --- | --- | --- |
|  |  |  |  |

**Job notes, tasks/duties:**

**References**: Please provide the names of two responsible persons whom you know well. For example a teacher, supervisor/boss, or pastor. Do not submit the names of relatives.

**1.**

|  |  |
| --- | --- |
| Name: | Years/Months Known: |
| Cell Phone #: | Home/Business Phone #: |
| Occupation/Job: | |
| Business/Organization Name: | |
| How do you know this person? : | |

**2.**

|  |  |
| --- | --- |
| Name: | Years/Months Known: |
| Cell Phone #: | Home/Business Phone #: |
| Occupation/Job: | |
| Business/Organization Name: | |
| How do you know this person? : | |

I certify that all the information provided in this application is true and complete. Conditional offers of employment subject to passing mandatory CORI background check. I understand that all appointments are probationary and that I must demonstrate my fitness for continued employment during the probationary period. I understand that any employment offer is conditional upon my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_**

**Mass in Motion New Bedford is an Equal Opportunity Employer**

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