

# TOWN OF TOWNSEND EMPLOYMENT APPLICATION



#### PLEASE READ BEFORE COMPLETING THIS APPLICATION:

The TOWN OF TOWNSEND does not discriminate in the selection, hiring, appointment or employment of any individual on the basis of race, color, religious creed, national origin, disability, gender identification, veteran status, ethnicity, appearance, or age. No question on this application is intended to secure information to be used for such discrimination.

To be sure that your application is properly evaluated, all questions should be answered clearly, completely and accurately. If you need more space, feel free to attach a separate sheet, labeled with your name on top. Thank you.

# **PERSONAL INFORMATION:**

| Date of This Application:       | Date of Birth: |       |                                      |        |          |
|---------------------------------|----------------|-------|--------------------------------------|--------|----------|
| Name: Last                      |                | First |                                      |        |          |
| Telephone: ( )                  | Personal E     | mail: |                                      |        |          |
| Residential Address:            |                |       |                                      |        |          |
| No. # Street                    | Unit #         | City  | St                                   | tate   | Zip Code |
| Mailing Address (if different): |                |       |                                      |        |          |
| No. # Street                    | Unit #         | City  | S                                    | tate   | Zip Code |
| Social Security Number:         |                |       | I prefer to provide this information | tion l | ater     |
| Position(s) desired:            |                |       |                                      |        |          |
| Hours/salary desired:           |                |       | Date available:                      |        |          |

### **GENERAL INFORMATION:**

| How were you referred to us (please select all that ap | oply)?                               |
|--|--------------------------------------|
| ( ) Newspaper(s) / Other Print Publication(s):         |                                      |
| ( ) Website(s) / Online Job Bank(s) / Social Media     | Site(s):                             |
| ( ) Employee Referral:                                 | Other:                               |
| ( ) School/College:                                    | Special Work Program:                |
| Have you filed an application here before? No          | Yes - date(s)/position(s):           |
| Have you ever been employed here before? No            | Yes - start/end date(s):             |
| Do you have any relatives who work here? No            | Yes - name(s):                       |
| If you are under 18, can you furnish a work permit?    | N/A No Yes Not yet, but I'll get one |
| Are you employed now? No Yes                           |                                      |

# **EMPLOYMENT EXPERIENCE:**

Start with your present or most recent job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

| Name of Employer:    | Dates Employed:<br>From:<br>To: | Job Title and Work Performed: |
|----------------------|---------------------------------|-------------------------------|
| Address of Employer: |                                 |                               |
| Phone #:             |                                 |                               |
| Reason for Leaving:  |                                 |                               |

| Name of Employer:    | Dates Employed:<br>From:<br>To: | Job Title and Work Performed: |
|----------------------|---------------------------------|-------------------------------|
| Address of Employer: |                                 |                               |
|                      |                                 |                               |
| Phone #:             |                                 |                               |
| Reason for Leaving:  |                                 |                               |

If you need additional space, please continue on a separate sheet of paper.

May we contact your present employer?

| ( Immediately | ( Af | er Acceptance of Employment | No |
|---------------|------|-----------------------------|----|
|---------------|------|-----------------------------|----|

If no, specify reason:

Describe other training, certifications, licenses (CDL, etc.) or experience applicable to the job you are seeking:

### **EDUCATION:**

| Name of High School |                         | Number of years completed                      |                               |   |
|---------------------|-------------------------|--|-------------------------------|---|
|                     |                         |  |                               | 1 2 3 4   |
| Complete address    |                         |  |                               | Area(s) of interest:                            |
| Dates attended      | From:<br>To:            | Graduat<br>Yes                                 | ed<br>No                      | Designated club(s)/team(s), etc:                |
| Name of College     |                         |  | Number of years completed1234 |   |
| Complete address    |                         | Major course(s) of study:                      |                               |   |
| Dates attended      | From:<br>To:            | Graduat<br>Yes                                 | ed<br>No                      | Degree(s) and/or Certificate(s) earned:         |
| Name of Other T     | Fraining Program/Instit | tute   |                               | Number of courses/programs/units/etc. completed |
| Complete address    |                         | Description of course(s)/program(s) completed: |                               |   |
| Dates attended      | From:<br>To:            | Graduat<br>Yes                                 | ed<br>No                      | Degree(s) and/or Certificate(s) received:       |
| OTHER (and/or a     | dditional comments rega | arding educati                                 | on/train                      | ing):   |

Awards, honors, scholarships, etc.:

Do you intend to continue your education? If yes, please elaborate:

# **REFERENCES:**

Please supply three professional or work-related references for the Town to contact.

| Name of Reference | Company | Their Title | Years<br>Acquainted |
|-------------------|---------|-------------|---------------------|
| 1                 |         |             |                     |
| 2                 |         |             |                     |
| 3                 |         |             |                     |

#### **AGREEMENT** - Please Read Before Signing

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#### NOTE:

If you have any questions regarding the following statement, please ask a Personnel Representative before signing.

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I understand that receipt of this application and the granting of an interview does not imply that I will be employed.

I hereby affirm that the information provided by me on this application (and accompanying resume, if any) is true and complete and I understand that any false information or material omission of fact may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I understand that any offer of employment is conditioned upon satisfactory replies from my references and that employment is for no stated term and may be terminated by me or the Town at any time.

I authorize persons, schools, current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide the Town with any relevant information which may be required to arrive at an employment decision and I voluntarily release such persons, schools, employers and organizations from all liability for providing such information. I release the Town against any liability which might result from requesting such information.

Signature:

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

An original wet signature is required by the Town of Townsend to apply for employment.

Completing this Employment Application does not constitute an offer of employment agreement between the employer and the employee. It is unlawful in the State of Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

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