



**TOWN OF TOWNSEND  
EMPLOYMENT APPLICATION**



PLEASE READ BEFORE FILLING OUT THIS APPLICATION

The TOWN OF TOWNSEND does not discriminate in hiring or employment of the basis of race, color, religious creed, national origin, disability, veteran status, ethnicity 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, please attach a separate sheet. Please print and use ink.

**PERSONAL**

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

Name: \_\_\_\_\_  
Last First Middle

Residential Address:

Number Street City State Zip Code

Mailing Address (if different):

Number Street City State Zip Code

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Position(s) desired: \_\_\_\_\_

Salary desired: \_\_\_\_\_ Date available: \_\_\_\_\_

**GENERAL INFORMATION**

By whom were you referred to us? Self Other: \_\_\_\_\_

( ) Newspaper or other publication Name of: \_\_\_\_\_

( ) Employee referral Name of: \_\_\_\_\_

( ) School/College Name of: \_\_\_\_\_

Have you filed an application here before? Yes, date of: \_\_\_\_\_ No

Have you ever been employed here before? Yes, date of: \_\_\_\_\_ No

If you are under 18, can you furnish a work permit? Yes No

Are you employed now? Yes No

## EMPLOYMENT EXPERIENCE

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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.

<b>Employer:</b>	<b>Dates Employed:</b>	<b>Work Performed:</b>
	<u>From</u> <u>To</u>	
<b>Address:</b>		
<b>Job Title:</b>		<b>Supervisor Name / Phone #:</b>
<b>Reason for Leaving:</b>		

<b>Employer:</b>	<b>Dates Employed:</b>	<b>Work Performed:</b>
	<u>From</u> <u>To</u>	
<b>Address:</b>		
<b>Job Title:</b>		<b>Supervisor Name / Phone #:</b>
<b>Reason for Leaving:</b>		

<b>Employer:</b>	<b>Dates Employed:</b>	<b>Work Performed:</b>
	<u>From</u> <u>To</u>	
<b>Address:</b>		
<b>Job Title:</b>		<b>Supervisor Name / Phone #:</b>
<b>Reason for Leaving:</b>		

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

May we contact your present employer?

( ) Immediately ( ) After 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

<b>High School</b>			Select last completed year 1      2      3      4			
Address						
Dates attended	From	To	Graduated? ( ) Yes ( ) No		Area of interest:	
<b>College</b>			Select last completed year 1      2      3      4			
Complete address			Major course of study:			
Dates attended	From	To	Graduated? ( ) Yes ( ) No		Degree or Certificate received:	
<b>Other Schools or Specialized Training</b>			Select last completed year 1      2      3      4			
Complete address			Major course of study:			
Dates attended	From	To	Graduated? ( ) Yes ( ) No		Degree or Certificate received:	

Scholastic honors, scholarships, etc.

Do you intend to continue your education? If yes, specify below:

## REFERENCES:

Please supply three professional or work-related references below:

Name	Company	Title	Years 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.



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: \_\_\_\_\_

*It is unlawful in 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.*