APPLICATION FOR EMPLOYMENT
COMMONWEALTH OF MASSACHUSETTS

Town of Easton

ALL APPLICATIONS TO BE RETURNED TO THE TOWN ADMINISTRATOR'S OFFICE

Applicants are considered for all positions without regard to political affiliation, race, creed, color, religion, sexual orientation, gender, national origin, age, genetic information, disability or other legally protected classification.

(PLEASE PRINT)

Date of Application_____

Position(s) Applied For:_____

Referral Sources: ☐ **Advertisement** ☐ **Friend** ☐ **Website Walk-In** ☐ ☐ **Employment Agency** ☐ **Other:**

Name:_____
Last **First** **Middle**

Address:_____
Number **Street** **City** **State** **Zip Code**

Telephone:(_____)_____ **Email :**_____
Area Code

If employed and you are under 18, can you furnish a work permit? ☐ **Yes** ☐ **No**

Have you filed an application here before? ☐ **Yes** ☐ **No** **If yes give date:**_____

Have you ever been employed here before? ☐ **Yes** ☐ **No** **If yes give date:**_____

Are you employed now? ☐ **Yes** ☐ **No** **May we contact your present employer?** ☐ **Yes** ☐ **No**

Are you legally authorized to work in the United States? ☐ **Yes** ☐ **No**

On what date would you be available for work?_____

Are you available to work ☐ **Full Time** ☐ **Part Time** ☐ **Shift Work** ☐ **Temporary**

Are you on a lay-off and subject to recall? ☐ **Yes** ☐ **No**

Can you travel if job requires it? ☐ **Yes** ☐ **No**

Revised November 2016

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names that indicate any legally protected classification.

1. Employer:_____Address:_____

City:_____State:_____Zip:_____Phone:_____

Supervisor:_____ Reason for Leaving:_____

Dates Employed: from:_____ to:_____

Job Title/Work Performed :_____

_____

_____

_____

2. Employer:_____Address:_____

City:_____State:_____Zip:_____Phone:_____

Supervisor:_____ Reason for Leaving:_____

Dates Employed: from:_____ to:_____

Job Title/Work Performed:_____

_____

_____

3. Employer:_____Address:_____

City:_____State:_____Zip:_____Phone:_____

Supervisor:_____ Reason for Leaving:_____

Dates Employed: from:_____ to:_____

Job Title/Work Performed:_____

_____

_____

4. Employer:_____Address:_____

City:_____State:_____Zip:_____Phone:_____

Supervisor:_____ Reason for Leaving:_____

Dates Employed: from:_____ to:_____

Job Title/Work Performed:_____

_____

_____

_____

5. Employer:_____Address:_____

City:_____State:_____Zip:_____Phone:_____

Supervisor:_____ Reason for Leaving:_____

Dates Employed: from:_____ to:_____

Job Title/Work Performed:_____

_____

_____

_____

Special Skills and Qualifications: Summarize special skills and qualifications acquired from employment or other experience:

_____

_____

_____

_____

EDUCATION:

	High School	College/University	Graduate/Professional
School Name			
Years Completed			
Diploma/Degree			
Describe Course of Study			
Describe Specialized Training, Apprenticeship, Skills and/or Extracurricular Activities			
Honors Received			

State any additional information you feel may be helpful to us in considering your application:_____

_____

_____

List professional, trade, business or civic activities and offices held: (you may exclude the names of those that indicate any legally protected classification:_____

_____

_____

Give name, address, and telephone number of three (3) references (who are not related to you)

1._____ _____ _____

2._____ _____ _____

3._____ _____ _____

APPLICANT'S STATEMENT

The information provided in this application for employment is true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I authorize investigation of all statements contained in this application and the release of any pertinent information regarding my education, past employment history and background. I authorize the Town of Easton to obtain any information from schools, employers, government agencies, or individuals relating to my activities. This information may include, but is not limited to: academics, achievement, performance, attendance, personal history, criminal history, and discipline and my prior academic and/or personnel records. Further, I hereby authorize all references, persons, schools, my current employer (if applicable) and previous employers and organizations named in this application, unless otherwise stated, to provide the Town of Easton any relevant information that may be required to arrive at an employment decision. I understand that the information released is for the Town of Easton's use only.

I hereby voluntarily release, discharge and exonerate the Town of Easton, its agents and representatives, and any person so furnishing information from any and all liabilities of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of the Town of Easton.

I understand that all appointments are made under the terms of the Town Charter, the Town's Personnel By-laws, and/or, as applicable, the relevant collective bargaining agreement as said documents may be amended from time-to-time.

If required for the position I am seeking, I agree to take a physical examination, which may include testing for drugs or a psychological examination, as required, and recognize that any offer of employment may be contingent upon the results of such an examination.

I understand that any employment offer by the Town is conditional upon my ability to establish employment under the Immigration Reform and Control Act of 1986 within three (3) days of the date of hire.

It is unlawful in Massachusetts to require a lie detector test as a condition of employment or continued employment. An employer who violates that law shall be subject to criminal penalties and civil liabilities.

I represent that I have read and fully understand the foregoing and seek employment under these conditions.

Signature_____ Date:_____