

Application for Employment

Equal access to programs, services and employment is available to all persons.

Name _____ Social Security # _____
First Last Middle

Address _____
Street City State Zip Code

Telephone _____ Mobile/Beeper/Other _____ E-mail Address _____

Position(s) applied for _____ Date of application _____

Referral Source (Please check the appropriate category and name the source.)

- | | |
|--|--|
| <input type="checkbox"/> Walk-in _____ | <input type="checkbox"/> School _____ |
| <input type="checkbox"/> Employee _____ | <input type="checkbox"/> Job Fair _____ |
| <input type="checkbox"/> Advertisement _____ | <input type="checkbox"/> Staffing Agency _____ |
| <input type="checkbox"/> Company's Website _____ | <input type="checkbox"/> Government _____ |
| <input type="checkbox"/> Other Internet _____ | Employment Agency _____ |
| | <input type="checkbox"/> Other _____ |

If necessary, best time to call you at is _____

How may we contact you at work? Yes No

If yes, work number and best time to call, _____

If you are under 18, and it is required, can you furnish a work permit? Yes No

If no, please explain _____

Have you submitted an application here before? Yes No

If yes, give date(s) and position(s) _____

Have you ever been employed here before? Yes No

If yes, give dates From _____ To _____

Are you legally eligible for employment in this country? Yes No

When are you available for work _____

What is your desired salary range or hourly rate of pay? _____

Per _____

Type of employment desired Full-Time Part-Time

Educational Co-Op Seasonal Temporary

Will you relocate if the job requires it? Yes No

Will you travel if the job requires it? Yes No

If they have been explained to you, are you able to meet the attendance requirements of the position? N/A Yes No

Will you work overtime if the job requires it? Yes No

If no, please explain _____

Driver's license number if driving may be required in position for which you are applying: _____

State _____

Have you ever been bonded? Yes No

THE TOWN OF DRACUT IS AN EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF DISABILITY IN ITS HIRING PRACTICE. THOSE APPLICANTS REQUIRING REASONABLE ACCOMMODATION TO THE APPLICATION AND/OR INTERVIEW PROCESS SHOULD NOTIFY A REPRESENTATIVE OF HUMAN RESOURCES. ADA/HUMAN RESOURCES COORDINATOR - WILLIAM ZOUNES (978) 453-9492

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone #	Dates employed	to
Street Address	City	Compensation (Starting)	
Starting job title/final job title	State	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per	
Immediate supervisor and title (for most recent position held)		Commission/Bonus/Other Compensation \$	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Compensation (Final)	
Why did you leave?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per	
Summarize the type of work performed and job responsibilities		Commission/Bonus/Other Compensation	
What did you like the most about your position?			
What were the things you liked least about the position?			

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Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability

If not addressed on previous page, have you ever been fired or asked to resign from a job?

Yes No

If yes, please explain

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills (check appropriate boxes. Include software titles and years of experience)

- | | | | |
|--|-------|-----------------------------------|-------|
| <input type="checkbox"/> Word Processing | Years | <input type="checkbox"/> Internet | Years |
| <input type="checkbox"/> Spreadsheet | Years | <input type="checkbox"/> Other | Years |
| <input type="checkbox"/> Presentation | Years | <input type="checkbox"/> Other | Years |
| <input type="checkbox"/> E-mail | Years | <input type="checkbox"/> Other | Years |

Educational Background

Starting with your most recent school attended, provide the following information.

	<input type="checkbox"/> Diploma	<input type="checkbox"/> GED
	<input type="checkbox"/> Degree	
	<input type="checkbox"/> Certificate	
	<input type="checkbox"/> Other	
	<input type="checkbox"/> Diploma	<input type="checkbox"/> GED
	<input type="checkbox"/> Degree	
	<input type="checkbox"/> Certificate	
	<input type="checkbox"/> Other	
	<input type="checkbox"/> Diploma	<input type="checkbox"/> GED
	<input type="checkbox"/> Degree	
	<input type="checkbox"/> Certificate	
	<input type="checkbox"/> Other	
	<input type="checkbox"/> Diploma	<input type="checkbox"/> GED
	<input type="checkbox"/> Degree	
	<input type="checkbox"/> Certificate	
	<input type="checkbox"/> Other	

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

List special accomplishments, publications, awards, etc.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes No Not Applicable

If yes, please explain:

Is there any other job-related information you want us to know about you?

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information in a lawful manner in the employment process and all other persons, corporations, organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for sixty (60) days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the sumright to terminate my employment at any time with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no superviser or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

In a contract in Massachusetts to require or administer a pre-employment test as a condition of employment or continuation of employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to (a) eliminate me from further consideration for employment, or (b) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date _____