Massachusetts

Application for Employment

Please Print

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

Name _____ Last _____ First _____ Middle _____ Social Security # _____

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.)

- ☐ Walk-in _____
- ☐ Employee _____
- ☐ Advertisement _____
- ☐ Company's Website _____
- ☐ Other Internet _____
- ☐ School _____
- ☐ Job Fair _____
- ☐ Staffing Agency _____
- ☐ Government Employment Agency _____
- ☐ Other _____

necessary, best time to call you at is _____

lay we contact you at work? ..... ☐ Yes ☐ No

yes, work number and best time to call.

_____ _____

you are under 18, and it is required, can you furnish a work ermit? ..... ☐ Yes ☐ No

no, please explain _____

ave you submitted an application here before? ☐ Yes ☐ No

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

_____

ave you ever been employed here before? ☐ Yes ☐ No

yes, give dates From _____ To _____

re you legally eligible for employment this country? ..... ☐ Yes ☐ No

ate available for work ..... _____

hat is your desired salary range or hourly rate of pay?

_____ Per _____

ype of employment desired ☐ Full-Time ☐ Part-Time
Educational Co-Op ☐ Seasonal ☐ Temporary

ill 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

HE TOWN OF DRACUT IS AN EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER AND DOES NOT DISCRIMINATE ON 'HE 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 | State

Compensation (Starting)

☐ Hourly ☐ Salary $ per

Starting job title/final job title

Commission/Bonus/Other Compensation $

Immediate supervisor and title (for most recent position held)

Compensation (Final)

☐ Hourly ☐ Salary $ per

May we contact for reference? ☐ Yes ☐ No ☐ Later

Commission/Bonus/Other Compensation

Why did you leave?

Summarize the type of work performed and job responsibilities

What did you like the most about your position?

What were the things you liked least about the position?

Employer | Telephone # | Dates employed | to

Street Address | City | State

Compensation (Starting)

☐ Hourly ☐ Salary $ per

Starting job title/final job title

Commission/Bonus/Other Compensation

Immediate supervisor and title (for most recent position held)

Compensation (Final)

☐ Hourly ☐ Salary $ per

May we contact for reference? ☐ Yes ☐ No ☐ Later

Commission/Bonus/Other Compensation

Why did you leave?

Summarize the type of work performed and job responsibilities

What did you like the most about your position?

What were the things you liked least about the position?

Employer | Telephone # | Dates employed | to

Street Address | City | State

Compensation (Starting)

☐ Hourly ☐ Salary $ per

Starting job title/final job title

Commission/Bonus/Other Compensation $

Immediate supervisor and title (for most recent position held)

Compensation (Final)

☐ Hourly ☐ Salary $ per

May we contact for reference? ☐ Yes ☐ No ☐ Later

Commission/Bonus/Other Compensation $

Why did you leave?

Summarize the type of work performed and job responsibilities

What did you like the most about your position?

What were the things you liked least about the position?

Employer | Telephone # | Dates employed | to

Street Address | City | State

Compensation (Starting)

☐ Hourly ☐ Salary $ per

Starting job title/final job title

Commission/Bonus/Other Compensation $

Immediate supervisor and title (for most recent position held)

Compensation (Final)

☐ Hourly ☐ Salary $ per

May we contact for reference? ☐ Yes ☐ No ☐ Later

Commission/Bonus/Other Compensation $

Why did you leave?

Summarize the type of work performed and job responsibilities

What did you like the most about your position?

What were the things you liked least about the position?

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.)

☐ Word Processing		Years	☐ Internet		Years
☐ Spreadsheet		Years	☐ Other		Years
☐ Presentation		Years	☐ Other		Years
☐ E-mail		Years	☐ Other		Years

Educational Background

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

School (City, State)	Years Completed		GPA Class Rank	Major/Minor
		☐ Diploma ☐ GED ☐ Degree ☐ Certificate ☐ Other		
		☐ Diploma ☐ GED ☐ Degree ☐ Certificate ☐ Other		
		☐ Diploma ☐ GED ☐ Degree ☐ Certificate ☐ Other		
		☐ Diploma ☐ GED ☐ Degree ☐ Certificate ☐ 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.

Name	Title	Relationship to You	Telephone	Number of Years Known

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 or organizations for furnishing such information about me.

I understand that this 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 only 30 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 same right 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 supervisor 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.

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.

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 (i) eliminate me from further consideration for employment, or (ii) 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** _____