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		
Address:									
	Number	Street			City		State	Zip Code	
Mailing Address:									
(if different)	Number	Street			City		State	Zip Code	
Telephone: ()			Email:					
Position(s) desire	ed:								
Salary desired:				Date Av	ailable:				
GENERAL II	NFORMAT	ΓΙΟΝ							
By whom or wha	t source were	you referred	to us?						
() Self	() School	ol/College	Or O	ther Publica				e Referral	
() Other*			Name						
* If Other, Explai	in								
If you are employ	yed and under	18, can you	furnish a work j	permit? () Yes	() No			
Have you filed ar	n application h	ere before?		() Yes	() No	If yes, g	ive date	
Have you ever be	een employed	here before?		() Yes	() No	If yes, g	give date	
Are you employe	ed now?			() Yes	() No	•		
May we contact y	your present ei	nployer?		() Yes	() No	1		

EMPLOYMENT EXPERIENCE

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

Employer:	Dates Employed		Work Performed		
	<u>From</u>	<u>To</u>			
A 1 June 1991	-				
Address:	Housely: D	ata/Calawy			
Job Title:		ate/Salary			
Job Tiue:	Starting	<u>Final</u>			
Supervisor:		1			
Reason for Leaving:					
Employer:	Dates Employed		Work Performed		
	<u>From</u>	<u>To</u>			
Address:	-	<u> </u>			
Tradition .	Hourly R	ate/Salary			
Job Title:	Starting	<u>Final</u>			
Supervisor:		I			
Reason for Leaving:					
Employer:	Dates E	mployed	Work Performed		
K 12 1	From	To			
Address:					
		ate/Salary			
Job Title:	Starting	<u>Final</u>			
Supervisor:	l	1			
Reason for Leaving:					
Employer:	Dates E	mployed	Work Performed		
	<u>From</u>	<u>To</u>			
	1				
Address:					
T I TOTAL		ate/Salary			
Job Title:	Starting	<u>Final</u>			
Supervisor:		<u>'</u>			
Reason for Leaving:					
If you need additional spa	ace, please cor	ntinue on a separa	ate sheet of paper.		
May we contact your present employer? () Immediately () After Acceptance o	f Employment	t () No If:	oo giya raason		
, ininiculatory () Arter Acceptance o	1 Employmen	i () NO-III	io, give reason		
Describe other training, certifications, licenses	(CDL, etc.) or	experience appli	cable to the job you are seeking.		

EDUCATION

High School			Circle Last Completed Year 1 2 3 4		
Complete Address			<u> </u>		
Dates Attended	From To	Graduated () Yes () No	Area of Interest:		
College		1	Circle Last Completed Year 1 2 3 4		
Complete Address			Major Course Of Study:		
Dates Attended	From To	Graduated () Yes () No	Degree or Certificate Received:		
Other Schools or	Specialized Trai	ning	Circle Last Completed Year		
Complete Address			Major Course Of Study:		
Dates Attended	From To	Graduated () Yes () No	Degree Or Certificate Received:		
Scholastic Honors, S Do You Intend To C	-	ucation? If Yes, Give Deta	ils:		
SEALED RECO	ORD NOTICE	Ε			
Have You Ever Bee	n Convicted Of A	Felony? () Ye	es () No		
If yes, please explain	n:				
drunkenness, simple conviction where the	e assault, speedin ere is a sealed rec	ng, minor traffic violations ord on file with the commis	wing question regarding: 1. A first conviction for s, affray or disturbance of the peace; or 2. Any sioner of probation or in any case of delinquency or laint transferred to the superior court for criminal		
		essarily be a bar to emplon and rehabilitation will be t	yment. Factors such as age and time of offense, aken into account.		
Have you been conv	victed of a misden	neanor within the past five y	ears? () Yes () No		
If yes, please explain	n.				

REFERENCES:

Give below the name of three professional or work - related references:

Name	Company	Title	Years Acquainted
1.			
1.			
2.			
3.			

AGREEMENT - Please Read Before Signing	
**************************************	**
NOTE: If you have any questions regarding the following statement, please ask the Personnel Representative before signing.	ore
**************************************	**
I hereby affirm that the information provided by me on this application (and accompanying resume, if any) is trand complete and I understand that any false information or material omission of fact may disqualify me from furth	rue

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	
Digitature.	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.