

TOWN OF TOWNSEND
EMPLOYMENT APPLICATION

PLEASE READ BEFORE FILLING OUT THIS APPLICATION

The TOWN OF TOWNSEND does not discriminate in hiring or employment on 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: () Social Security No.: _____

Position(s) desired; _____ Email: _____

Salary desired: _____ Date Available: _____

GENERAL INFORMATION

By whom or what source were you referred to us?

() Self () School/College () Newspaper () Employee Referral
Or Other Publication Name _____
Name _____

() Other*

* If Other, Explain _____

If you are employed and 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

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
	From To	
Address:		
	Hourly Rate/Salary	
Job Title:	Starting Final	
Supervisor:		
Reason for Leaving:		
Employer:	Dates Employed	Work Performed
	From To	
Address:		
	Hourly Rate/Salary	
Job Title:	Starting Final	
Supervisor:		
Reason for Leaving:		
Employer:	Dates Employed	Work Performed
	From To	
Address:		
	Hourly Rate/Salary	
Job Title:	Starting Final	
Supervisor:		
Reason for Leaving:		
Employer:	Dates Employed	Work Performed
	From To	
Address:		
	Hourly Rate/Salary	
Job Title:	Starting Final	
Supervisor:		
Reason for Leaving:		

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, give reason

Describe other training, certifications, licenses (CDL, etc.) or experience applicable to the job you are seeking.

EDUCATION

High School		Circle Last Completed Year 12 3 4	
Complete Address			
Dates Attended	From To	Graduated () Yes () No	Area of Interest;
College		Circle Last Completed Year 12 3 4	
Complete Address		Major Course Of Study:	
Dates Attended	From To	Graduated () Yes () No	Degree or Certificate Received:
Other Schools or Specialized Training		Circle Last Completed Year 12 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, Give Details:

SEALED RECORD NOTICE

Have You Ever Been Convicted Of A Felony? () Yes () No

If yes, please explain:

You may omit any information or answer "no record" to the following question regarding: 1. A first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace; or 2. Any conviction where there is a sealed record on file with the commissioner of probation or in any case of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

A conviction record would not necessarily be a bar to employment. Factors such as age and time of offense, seriousness and nature of the violation and rehabilitation will be taken into account.

Have you been convicted of a misdemeanor within the past five years? () Yes () No

If yes, please explain.

REFERENCES:

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

Name	Company	Title	Years Acquainted
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.

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.



Criminal Offender Record Information
(CORI) Acknowledgment Form

The town of Townsend is registered under the provisions of MGL to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, or current licensees.

As a prospective or current employee, subcontractor, volunteers, license applicant, or current licensee, I understand that a CORI check will be submitted with my personal information to DCJIS. I hereby acknowledge and provide permission to the town of Townsend to submit a CORI check for my information to DCJIS. The authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the town of Townsend with written notice of my intent to withdraw consent to a CORI check.

I also understand, that the town of Townsend may conduct subsequent CORI checks within one year of the date this form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on page 2 of this acknowledgment form is true and accurate.

Signature of CORI subject

Date

If the employee, subcontractor, volunteer, license applicant or current licensee is under the age of eighteen, permission must also be sought by the parent and/or guardian.

Parent/Guardian

Date

APPLICANT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting. The fields marked with an asterisk (*) are required.

First Name:	Last Name:	Middle Name:	Suffix:
Former Last Name #1:		Former Last Name #2:	
Former Last Name #3:		Former Last Name #4:	
Date of Birth (MM/DD/YYYY)	Place of Birth:	Last SIX (6) digits of your SSN:	
Gender (M or F)	Height (feet, inches)	Eye Color	Race
Driver's License # or ID #		State of Issuance	
Father's Full Name:		Mother's Full Name:	
CURRENT ADDRESS			
Street:	City/Town:	State:	Zip: