## Town of Hanson APPLICATION FOR EMPLOYMENT

ALL APPLICATIONS TO BE RETURNED TO THE TOWN ADMINISTRATOR'S OFFICE Applicants are considered for all positions without regard to race, color, religion, gender orientation, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap. (PLEASE PRINT) Date of Application\_ Position(s) Applied For: **Referral Sources:** Advertisement Friend Relative Walk-In Other: **Employment Agency** Name: **First** Middle Address: City Zip Code Number Street State Telephone:( **Cell phone Number: (** Area Code Area Code E-Mail If employed and you are under 18, can you furnish a work permit? Have you filed an application here before? If yes give date: Have you ever been employed here before? No If ves give date: Yes Are you employed now? No May we contact your present employer? Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Proof of citizenship or immigration status will be required upon employment). On what date would you be available for work? **Full Time** Shift Work Part Time Are you available to work **Temporary** Are you on a lay-off and subject to recall? Can you travel if job requires it? Yes No **EMPLOYMENT EXPERIENCE** Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender orientation, national origin, age, marital, or veteran status. \_\_\_\_Address:\_\_\_\_ 1. Employer:\_\_\_\_\_ State: Zip: Phone: Reason for Leaving:

Employ1 Revised 3/27/18

**Dates Employed:** from: to: Work Performed:

2. Employer:		Address:_		
City:	State:	Zip:	Phone:	
Supervisor:		Reason for L	eaving:	
Dates Employed: from:		to:	Work Performed:	
3. Employer:		Address:_		
City:	State:	Zip:	Phone:	
Supervisor:		Reason for L	eaving:	
Dates Employed: from:		to:	Work Performed:	
4. Employer:		Address:_		
City:	State:	Zip:	Phone:	
Supervisor:		Reason for L	eaving:	
Dates Employed: from:		to:	Work Performed:	
5. Employer:		Address:_		
City:	State:	Zip:	Phone:	
Supervisor:		Reason for L	eaving:	
<b>Dates Employed:</b> from:		to:	Work Performed:	
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Special Skills and Qualificat	ions:	Sum	mariz	ze sp	pecia	skills and qualificati	ions acquired from employme	ent or other experience:
DUCATION:								
	Elementary					High	College/University	Graduate/Profession
School Name								
Years Completed: (circle)	4	5	6	7	8			
Diploma/Degree								
Describe Course of Study:								
Describe Specialized Training, Apprenticeship, Skills, and/or Extracurricular Activities								
Ionors Received:								
mploy3 ist professional, trade, busi ender orientation, national ( atus):							may exclude those which ind	dicate race, color, religion,
live name, address, and tele	ephon	e nur	nber	of tl	hree (	) references (who a	re not related to you)	
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						PPLICANT'S STA	TEMENT	
certify that answers given l	nerein	are 1	true a	and o	comp	ete to the best of my	knowledge.	
							employment as may be necessintended to be a contract of en	
n the event of employment, ischarge. I understand, also	I und that	ersta I am	nd th requ	at fa ired	alse c	misleading informa de by all rules and r	ation given in my application of the Town.	or interview(s) may result in
					-	Sigr	nature of Applicant	Date

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 Hanson to obtain any information from schools, employers or individuals relating to my activities. This information may include, but is not limited to: academics, achievement, performance, attendance, personal history and discipline. 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 Hanson any relevant information that may be required to arrive at an employment decision. I understand that the information released is for the Town of Hanson's use only.

I hereby voluntarily release, Discharge and exonerate the Town of Hanson, 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 Hanson.

I understand that all appointments are probationary and that I must demonstrate my ability for continued employment. I understand that, if appointed, my employment will be at-will, for an indefinite period, and can be terminated at any time by the Town, unless otherwise stated in a collective bargaining agreement which covers the position to which I am appointed. I also understand that I must be available from time to time to work outside normal business hours, as the needs of the department require.

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.

I represent that I have read and fully understand the foregoing and seek employment under these conditions.										
Signature	Date:									
Employ4										

"Discrimination against any person in any practice or procedure in advertising, recruitment, referrals, testing, hiring, transfer, promotion or any other term, condition or privilege of employment which limits or adversely affects employment opportunities, because of political or religious opinions, or affiliations, or because of race, color, sex, genderl orientation, national origin, marital status, pregnancy, parenthood, age or handicap which is unrelated to the person's occupational qualifications or any other non-merit factor which is not a bona fide occupational qualification is prohibited".

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.

## APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, gender orientation, national origin, age, marital or veteran status, medical condition or handicap. As employers/government contractors, we comply with government regulations and affirmative action responsibilities. Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation. This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. (Please Print) \_\_\_\_\_\_ Position Applied For:\_\_\_\_\_ Friend Relative Walk-In Referral Source: Advertisement Other: **Employment Agency** Name:\_\_\_\_\_ First Middle Address: Number Zip Street City Telephone:\_\_(\_\_ FOR DEPARTMENT USE ONLY Position(s) applied for is open: Yes No Arrange Interview: Yes No Employed: Yes No Position(s) considered for:\_\_\_\_\_ Remarks: Date of employment: Job Title: \_\_\_\_\_\_\_Department: \_\_\_\_\_\_ Signature: Date:

Notes: