



# Town of Washington

8 SUMMIT HILL ROAD P (413) 623-8878  
WASHINGTON, MASSACHUSETTS 01223 F (413) 623-2116

## Employment Application

*The Town of Washington is an Affirmative Action / Equal Employment Opportunity Employer  
All information must be typed or printed in readable writing. Unreadable application will be discarded.*

### Personal Information

1. Date of Application: \_\_\_\_\_ 2. Position Applying For: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Last First Middle

4. Address: \_\_\_\_\_  
Number Street Apartment Number  
\_\_\_\_\_  
City/Town State Zip Code

5. Telephone Number: Home: \_\_\_\_\_ Daytime: \_\_\_\_\_  
Area Code / Number Area Code / Number

6. Social Security Number: \_\_\_\_\_ 7. Driver's License Number: \_\_\_\_\_  
Class / Number / State

8. If hired, can you provide proof of citizenship or legal right to work?  YES  NO

9. Are you under 18 years of age?  YES  NO If yes, date of birth? \_\_\_\_\_

10. Have you ever been employed by the Town before?  YES  NO  
If yes, when? \_\_\_\_\_ In which department? \_\_\_\_\_

11. Do you have an immediate family member (i.e. spouse, mother, father, sibling, or child) working for the Town of Washington?

YES  NO  
If yes, Employee's Name: \_\_\_\_\_ Department: \_\_\_\_\_

### Education

Name / Location	Course of Study	Years Completed	Did you graduate?	Degree / Date
High School			<input type="checkbox"/> YES <input type="checkbox"/> NO	
College			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Graduate School			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Business/Technical			<input type="checkbox"/> YES <input type="checkbox"/> NO	

**12.** Do you possess the following skills? Please list in detail all that apply.

Specialized Training?	$\pi$ YES	$\pi$ NO	Name of Training/Course: _____
Professional Licenses?	$\pi$ YES	$\pi$ NO	Licenses: _____
Professional Memberships?	$\pi$ YES	$\pi$ NO	Name of Organizations: _____
Computer Software?	$\pi$ YES	$\pi$ NO	Name of Programs: _____
Office Equipment?	$\pi$ YES	$\pi$ NO	Describe Equipment: _____

If more room is required, an additional sheet may be attached.

## Employment History

*List present employer first. A resume or supplemental sheet may be included, however, this section must be completed.*

**13.** Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Job title: \_\_\_\_\_ Worked From: \_\_\_\_\_ To: \_\_\_\_\_

Immediate Supervisor's Name and Job Title: \_\_\_\_\_

Salary: \_\_\_\_\_ / \_\_\_\_\_ May we contact this employer?  $\pi$  YES  $\pi$  NO  
Starting Ending

Describe the work you performed: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

**14.** Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Job title: \_\_\_\_\_ Worked From: \_\_\_\_\_ To: \_\_\_\_\_

Immediate Supervisor's Name and Job Title: \_\_\_\_\_

Salary: \_\_\_\_\_ / \_\_\_\_\_ May we contact this employer?  $\pi$  YES  $\pi$  NO  
Starting Ending

Describe the work you performed: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

**15.** Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Job title: \_\_\_\_\_ Worked From: \_\_\_\_\_ To: \_\_\_\_\_

Immediate Supervisor's Name and Job Title: \_\_\_\_\_

Salary: \_\_\_\_\_ / \_\_\_\_\_ May we contact this employer?  $\pi$  YES  $\pi$  NO  
Starting Ending

Describe the work you performed: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

16. Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Job title: \_\_\_\_\_ Worked From: \_\_\_\_\_ To: \_\_\_\_\_

Immediate Supervisor's Name and Job Title: \_\_\_\_\_

Salary: \_\_\_\_\_ / \_\_\_\_\_

Starting Ending

May we contact this employer?  YES  NO

Describe the work you performed: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

If more room is required, an additional sheet may be attached.

## References

*Please provide professional and/or business references only. Note that references listed in this section will be contacted.*

### 17. Reference #1

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Business Position: \_\_\_\_\_ Telephone-Home: \_\_\_\_\_ Work: \_\_\_\_\_

### 18. Reference #2

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Business Position: \_\_\_\_\_ Telephone-Home: \_\_\_\_\_ Work: \_\_\_\_\_

### 19. Reference #3

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Business Position: \_\_\_\_\_ Telephone-Home: \_\_\_\_\_ Work: \_\_\_\_\_

### 20. How did you learn about the job for which you are applying?

Walk-in \_\_\_\_\_  Town Employee \_\_\_\_\_

Newspaper; title \_\_\_\_\_  Professional Journal; title \_\_\_\_\_

Posted Town Bulletin \_\_\_\_\_  the Internet \_\_\_\_\_

# Agreement

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 Washington 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 Washington any relevant information that may be required to arrive at an employment decision. I understand that the information released is for the Town of Washington's use only.

I hereby voluntarily release, discharge and exonerate the Town of Washington, 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 Washington.

I understand that all appointments are probationary and that I must demonstrate my ability for continued employment. 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 eligibility under the Immigration Reform and Control Act of 1986 within three 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: \_\_\_\_\_

**“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, sexual 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.**



# Town of Washington

8 SUMMIT HILL ROAD P (413) 623-8878  
WASHINGTON, MASSACHUSETTS 01223 F (413) 623-2116

## Release

I \_\_\_\_\_ a candidate for the position of \_\_\_\_\_ hereby authorize the Town of Washington to investigate all statements in my application. I understand that that a CORI (Criminal Offender Registry Inquiry) check will be done by the Town of Washington and that if the position requires me to drive town owned vehicles a driving record inquiry will also be done. A copy of the Town of Washington's CORI policy will be made available on request.

I hereby release all employers, references, academic institutions, and the Town of Washington from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the Town of Washington.

I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my academic credentials and employment references. I further understand that any false or misleading statements will be sufficient cause for rejection of my application if the Town of Washington has not yet employed me and for immediate dismissal if the Town of Washington has employed me. I also authorize the Town to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency, or other party having legal and proper interest, and I hereby release the Town of Washington from any and all liability for its providing this information.

In the event of my employment with the Town of Washington, I will comply with all rules, regulations, and policies set forth in the Town of Washington's Bylaw, Personnel Policies and any other communications distributed by the Town of Washington.

I understand that nothing in this employment application, in the Town of Washington's policy statements or personnel guidelines, or in my communications with any Town of Washington official is intended to create an employment contract between the Town of Washington and me. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the Town of Washington unless it is made in writing and signed by a Town of Washington official.

I hereby acknowledge that I have read and understand the preceding statement.

Signed: \_\_\_\_\_  
[Signature of Applicant]

Date: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_  
Social Security Number \_\_\_\_\_

### Personnel Officer to Complete Regarding CORI check

CORI Policy Requested? Y or N Provided \_\_\_\_\_(date and initial)

Date CORI Check Requested \_\_\_\_\_

Approved by Appointing Authority \_\_\_\_\_ If not – date applicant notified \_\_\_\_\_

And provided copy of CORI check and CORI policy

Date Original Destroyed \_\_\_\_\_