## TOWN OF BLANDFORD MASSACHUSETTS APPLICATION FOR EMPLOYMENT

The Town of Blandford is committed to a policy of nondiscrimination and equal opportunity for all employees and applicants without regard to race, color, religion, national origin, ancestry, sex, gender identity, age, disability, genetics or active military personnel.

|  | Date of             | of Application |        |
|--|---------------------|----------------|--------|
| Please Print   |                     |                |        |
| Position applied for                                   |                     |                |        |
| Are you available to work full-time                    | part-time othe      | r              |        |
| Referral source:advertisementjob postii                | ng relative         | friend         | _other |
| SECTION I: PERSONAL INFORMATION                        |                     |                |        |
| Name:  |                     |                |        |
| last first   |                     | middle         |        |
| Address:   |                     |                |        |
| Address: no. & street town                             | state               | zip code       |        |
| Telephone No.  | Cell No             |                |        |
| Email Address:   |                     |                |        |
| If hired, can you provide proof of citizenship or lega | al right to work? _ | Yes            | No     |
| Are you under 18 years of age? Yes                     | No                  |                |        |
| Valid Mass. Drivers License Number                     |                     | Class          |        |
| Have you ever filed an application here before?        | Yes                 | No If Yes      | , When |
| Have you ever been employed with the Town before       |                     |                |        |
| If yes, give dates of employment i                     | n which Departme    | ent?           |        |
| Do you have any relatives working for the Town?        |                     |                |        |
| Having reviewed the duties of the job, which have b    |                     |                |        |
| all the duties of the job?                             |                     |                | 1 0    |
| If not, which duty(ies) are you not capable of perform | ming?               |                |        |
| Are you currently employed?Yes                         |                     |                |        |
|  |                     |                |        |
| Are you on a layoff and subject to recall?Yes          | 1NO                 |                |        |
| Are you a veteran of the U.S. Armed Services?          | Vec No              |                |        |

## SECTION II: EMPLOYMENT HISTORY (MOST RECENT FIRST)

| Е      | mployer's name:                           |             |            |
|--------|---|-------------|------------|
| A      | .ddress:                                  |             |            |
| Jo     | bb Title:                                 | Worked from | to         |
| Ir     | mmediate Supervisor's name and job title: |             | Give dates |
| D      | Pescribe work you performed:              |             |            |
| _<br>M | flay we contact this employer? Yes N      | 0           |            |
| R      | eason for leaving:                        |             |            |
| . Е    | mployer's name:                           |             |            |
| A      | .ddress:                                  |             |            |
| Jo     | ob Title:                                 | Worked from | to         |
| Ir     | mmediate Supervisor's name and job title: |             | Give dates |
| D      | escribe work you performed:               |             |            |
| _<br>M | flay we contact this employer? Yes N      | 0           |            |
| R      | eason for leaving:                        |             |            |
| . E    | mployer's name:                           |             |            |
| A      | .ddress:                                  |             |            |
| Jo     | bb Title:                                 | Worked from | to         |
| Ir     | mmediate Supervisor's name and job title: |             | Give dates |
| D      | escribe work you performed:               |             |            |
| N      | flay we contact this employer? Yes N      | 0           |            |
|        | eason for leaving:                        |             |            |

## SECTION III: EDUCATION

|   | Name & Location of School                      | Diploma, Degree/Certificate       |  |  |
|---|--|-----------------------------------|--|--|
| High School   |  |                                   |  |  |
| Vocational, Technical or<br>Correspondence  |  |                                   |  |  |
| College/University  |  |                                   |  |  |
| Graduate/Professional   |  |                                   |  |  |
| Describe specialized train<br>Curricular Activities:  | ing, Apprenticeship License, Foreign Languag   | ge Skills, Other Skills and Extra |  |  |
| State any additional inform   | nation you feel may be helpful to us in unders | standing your application.        |  |  |
| SECTION IV: MILITARY Veteran of U.S. Armed Force  | HISTORY es? No                                 |                                   |  |  |
|   |  |                                   |  |  |
| Rank when discharged Discharge Status  Present Military Status  |  |                                   |  |  |
| •   | perience                                       |                                   |  |  |
| SECTION V: REFERENCE  | CES, MISCELLANEOUS                             |                                   |  |  |
| List profession, trade, business, and civic activities and offices held. (You may exclude those which indicate race, color, religion, gender orientation, national origin, age, marital or veteran's status): |  |                                   |  |  |
|   |  |                                   |  |  |

| Give name, address, and telephone number of three (3) references, who are not related to you, <u>and</u> what your relationship is to them (e.g., your supervisor, your co-worker, etc.):   |
|---|
| 1   |
| 2   |
| 3   |
| Applicant's Statement   |
| 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 (whenever discovered). 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 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 Blandford 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 Blandford any relevant information that may be required to arrive at an employment decision. I understand that the information released is for the Town of Blandford's use only. |
| I hereby voluntarily release, discharge and exonerate the Town of Blandford, 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 Blandford.  |
| 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 required.  |
| 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 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 acknowledge that I have read and fully understand the foregoing and seek employment under these conditions.   |
| Signature: Date:  |

## APPLICANT DO NOT WRITE BELOW THIS LINE

| Interview date | Interviewer |
|----------------|-------------|
| Remarks        |             |
|                |             |
|                |             |
|                |             |
| Action Taken   |             |
|                |             |