

# TOWN OF NORTHBOROUGH, MASS. 63 Main Street, Northborough, MA 01532

# **Application for Employment**

(please print or type)

The Town of Northborough recognizes the right of an individual to work and to advance on the basis of merit, ability and potential without regard to race, sex, color, mental or physical limitation, religious creed, national origin or ancestry, age, veteran status, sexual orientation, marital status or maiden name, or political affiliation. NOTE: *If you will require special accommodation in order to apply for this position, please notify the Town Administrator's Office prior to the deadline for submitting applications.* 

PERSONAL INFO	RMATION							
Date of Application:	/ / How	v did yo	u hear of	this posi	tion op	ening?		
Position Applied for a	nd Department:							
Availability (full-time,	part-time, seasona	ત્ર):						
Full Name (first, midd	le, last):							
Address (street/city/sta	ate/zip):							
Home Phone: ( )					Work 1	Phone:	( )	
Have you ever been en	ployed with the	Fown b	efore?	NO ()	YES	()		
If YES, please prov	ide:							
Title of Position H	eld:				Termi	nation	Date:	
<b>Reason</b> for Leaving	ç.							
List your relatives who	currently work for	or the T	'own of N	orthboro	ough:			
Name		Depart	ment				Relationship	
If you are under 18 yea	ars of age, can you	ı provid	e require	d proof o	f your	eligibil	ity to work?	NO () YES ()
Are you a citizen of the	e United States?	NO	() YE	S ( )				
If NO, can you pro Immigration Refor			ligible to O ()	work in ( YES (		ited Sta	ates, in accorda	nce with the
EDUCATION								
Circle the highest grad	e completed: 5	67	8 9 10	11 12	Co	llege:	1 2 3 4 5	6 6+
	School (name, c state)	ity,	Diploma	/Degree	]	Dates A	Attended	Course of Study Major/Minor
High School/GED			Yes ( No (	)		To: From:		
Undergraduate College/University			Yes ( No (	)		To: From:		
Graduate College/University			Yes ( No (	) )		To: From:		
Other Education, i.e. Technical, Business			Yes ( No (	)		To: From:		

EMPLOYMENT HISTORY (Please list your most recent employer first, and account for any gaps in employment.)			
Company:			
Full Address:			
Your Title:			
Employed From:	Employed To:		
Salary or Rate of Pay Starting:	Ending:		
Responsibilities:			
Supervisor's Name:	Phone Number: ( )		
Reason for Leaving:			
May we contact your present employer?	NO ( ) YES ( )		

Company:	
Full Address:	
Your Title:	
Employed From:	Employed To:
Salary or Rate of Pay Starting:	Ending
Responsibilities:	
Supervisor's Name:	Phone Number: ( )
Reason for Leaving:	

Company:	
Full Address:	
Your Title:	
Employed From:	Employed To:
Salary or Rate of Pay Starting:	Ending:
Responsibilities:	
Supervisor's Name:	Phone Number: ( )
Reason for Leaving:	

### IF NEEDED, PLEASE ATTACH ADDITIONAL SHEETS TO INCLUDE ADDITIONAL EMPLOYMENT HISTORY.

#### MILITARY SERVICE

Have you ever served in the U.S. Armed Forces? YES () NO ()

If YES, what branch?

Type of Discharge:

Date of Discharge:

Describe any training which would be relevant to the position for which you are applying:

#### **SPECIFIC SKILLS**

List technical/professional licenses or certifications you hold:

List office machines, heavy equipment, vehicles and other machinery you can operate:

Indicate any specialized training you have received:

DRIVER 'S LICENSES List all unexpired motor vehicle operator's licenses you hold:				
License # Issuing State		<b>Expiration Date</b>	License Type	

#### REFERENCES

List three (3) personal references who are not former employers or related to you:

Name and Occupation	Full Address	Phone Number	Relationship

#### PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY

### MISCELLANEOUS ADDITIONAL INFORMATION

Have you ever applied for a position with the Town before? YES ( ) NO ( )

#### If YES, give date and position:

Use this space for any further information you think would help us evaluate your application:

## **CERTIFICATION AND AGREEMENT**

#### PLEASE READ CAREFULLY BEFORE SIGNING

I CERTIFY that all entries on this application for employment, and attachments, are true and complete, and, that I understand that any falsification of information herein, material half-truths, misstatements or omissions, regardless of their time of discovery, may cause forfeiture on my part to any employment with the Town of Northborough. I understand that all information on this application is subject to verification and I consent to the contacting of references, former employers and educational institutions regarding this application.

I AUTHORIZE the Town of Northborough to obtain any information from schools, employers, or individuals relating to my activities. This information may include, but is not limited to: academic, achievement, performance, attendance, personal history, disciplinary. Further, I hereby authorize all references, persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume or other documents supplied by me) to provide the Town of Northborough any relevant information that may be required to arrive at an employment decision. I understand that the information release is for the Town of Northborough's use only.

I RELEASE any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may, at any time, happen to me as a result of compliance and/or attempts to comply with this authorization.

Applicant's Signature

Date

## THE TOWN OF NORTHBOROUGH IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER