FOR OFFICE USE ONLY	
Position Applied For	Resume & Certifications Received

Hired: ☐Yes ☐No ☐For Consideration

APPLICATION FOR EMPLOYMENT

TO APPLICANT: We appreciate your interest in a position with the Town of Williamstown. Thank you for taking the time to complete this application. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities. The laws of most states and many localities also prohibit some or all of the above types of discrimination as well as some additional types including, but not limited to, discrimination based upon ancestry, marital status, parental status, sexual orientation, or source of income. The Fair Credit Reporting Act imposes restrictions with respect to credit data. This list, however, is not exhaustive of the grounds on which discrimination is prohibited.

(PLEASE PRINT CLEARLY)

PERSONAL

Date: _____

Name: _____
(Last) (First) (Middle) (Maiden)

Telephone No. _____

Address: _____

Are you legally eligible for employment in the United States? ___ Yes ___ No

If hired, are you required to submit proof of your eligibility to work in the United States.? ___ Yes ___ No

Are you over the age of eighteen (18)? ___ Yes ___ No
If no, hire is subject to verification that you are of minimum legal age.

Position(s) applied for: _____

Have you been employed with us previously? ___ Yes ___ No If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____

Are there any other job related experiences, skills, or qualifications which will be of special benefit in the job for which you are applying? _____
_____

To Employer: The right to ask questions concerning convictions varies from state to state and is subject to change. If you wish the applicant to answer the following question, and are legally permitted to do so, please check the box next to the question**.**

To Applicant: Do not answer the following question unless the employer has checked the box next to the question and filled in the blank prior to the word years.

☐ Have you been convicted of a major crime (felony) ___ Yes ___ No
(Do not answer yes if the conviction has been pardoned, annulled, expunged, sealed or impounded by a court.)

If yes, please give the conviction date and nature of the offense: _____
_____ A conviction record will not necessarily bar employment.

Have you ever appeared as a defendant in any court proceeding? ☐ Yes ☐ No If yes, what state _____

(An applicant for employment with a sealed record on file with the commissioner of probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances, or convictions. In addition, any applicant for employment may answer "no record" with respect to any inquiry relative to prior arrests, court appearances, and adjudications in all cases 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.)

EMPLOYMENT HISTORY

List below present and past employment, beginning with your most recent

Name and Address of Company and Type of Business	From Mo/Yr To Mo/Yr			Reason for Leaving	Name of Supervisor
	Describe the work you did:				
Phone:					

Name and Address of Company and Type of Business	From Mo/Yr To Mo/Yr			Reason for Leaving	Name of Supervisor
	Describe the work you did:				
Phone:					

Name and Address of Company and Type of Business	From Mo/Yr To Mo/Yr			Reason for Leaving	Name of Supervisor
	Describe the work you did:				
Phone:					

Name and Address of Company and Type of Business	From Mo/Yr To Mo/Yr			Reason for Leaving	Name of Supervisor
	Describe the work you did:				
Phone:					

Name and Address of Company and Type of Business	From Mo/Yr To Mo/Yr			Reason for Leaving	Name of Supervisor
	Describe the work you did:				
Phone:					

I hereby give permission to contact the employers listed above concerning my prior work experience as indicated below:

Employer 1 ___ Yes ___ No
Employer 2 ___ Yes ___ No
Employer 3 ___ Yes ___ No
Employer 4 ___ Yes ___ No
Employer 5 ___ Yes ___ No

Signed: ____

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Circle Last Year Completed	Did You Graduate?	List Diploma or Degree
Elementary				¡ Yes ¡ No	
High School			1 2 3 4	¡ Yes ¡ No	
College			1 2 3 4	¡ Yes ¡ No	
Other (Specify)			1 2 3 4	¡ Yes ¡ No	

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

May we telephone you to follow up on this application at home? ___ Yes ___ No
If yes, what is the best time to call? _____

May we telephone you to follow up on this application at work? ___ Yes ___ No
If yes, what is the best time to call? _____

What is your business telephone number? _____

UNDER MASSACHUSETTS LAW IT IS UNLAWFUL 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.

_____
Signature of Applicant

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of the Company has any authority to enter into an agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by an officer.

_____
Signature of Applicant

APPLICANT – Do Not Write On This Page

Interview Date: _____ Interviewed by: _____

FOR INTERVIEWER'S USE

INTERVIEWER	DATE	COMMENTS

FOR TEST ADMINISTRATOR'S USE

TEST ADMINISTERED	DATE	RAW SCORE	RATING	COMMENTS AND INTERPRETATION

REFERENCE CHECK

*Position No.	RESULTS OF REFERENCE CHECK	*Position No.	RESULTS OF REFERENCE CHECK
I		IV	
II		V	
III		VI	

CHECKS COMPLETED

Q2 _____ (yes/no) Completed by _____ Date Completed**:** _____
BOP _____ (yes/no) Completed by_____ Date Completed: _____
KQ _____ (yes/no) Completed by_____ Date Completed: _____
Q5 _____ (yes/no) Completed by_____ Date Completed: _____
III _____ (yes/no) Completed by_____ Date Completed: _____

Additional Comments: _____
_____
_____
_____
_____

Signature of Interviewer: _____ Date: _____