



APPLICATION FOR EMPLOYMENT

Town of Rockland

ALL APPLICATIONS TO BE RETURNED TO THE HUMAN RESOURCES OFFICE

Applicants are considered for all positions without regard to race, color, religion, sexual orientation, gender identity, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

(PLEASE PRINT)

Position(s) Applied For: _____ Date of Application _____

Referral Sources: Advertisement Friend Relative Walk-In
 Employment Agency Other: _____

Name: _____
Last First Middle

Address: _____
Number Street City State Zip Code

Home Telephone: (_____) _____ Cell phone: (_____) _____

If employed and you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If yes give date: _____

Have you ever been employed here before? Yes No If yes give date: _____

Are you employed now? Yes No

Are you able to perform the essential functions of the job you are applying for? Yes No

Are you a U.S. Citizen? Yes No

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). Yes No

On what date would you be available for work? _____ Email address: _____

Are you available to work Full Time Part Time Shift Work Temporary

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.

Employer: _____	Phone: () _____	
Address: _____		
Supervisor: _____	Job Title _____	
Dates Employed: from: _____ to: _____ Work Performed: _____		
Ending Salary \$ _____	Reason for Leaving:	
	May we contact supervisor for a reference?	Yes No

Employer: _____	Phone: () _____	
Address: _____		
Supervisor: _____	Job Title _____	
Dates Employed: from: _____ to: _____ Work Performed: _____		
Ending Salary \$ _____	Reason for Leaving:	
	May we contact supervisor for a reference?	Yes No

Employer: _____	Phone: () _____	
Address: _____		
Supervisor: _____	Job Title _____	
Dates Employed: from: _____ to: _____ Work Performed: _____		
Ending Salary \$ _____	Reason for Leaving:	
	May we contact supervisor for a reference?	Yes No

Military Service

Branch: _____	From: _____	To: _____
Rank at Discharge: _____	Type of Discharge _____	
If other than honorable, explain:		

Special Skills and Qualifications: Summarize special skills and qualifications acquired from employment or other experience:

EDUCATION:

High School:			
Address:	Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
College			
Address:	Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Degree:
Other:	Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Degree

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.

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

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

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.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the Company. Further, 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: _____

"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)

Date: _____ Position Applied

For: _____

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other:

Name: _____

Address: _____
Last First Middle
Number Street City Zip
Telephone: __ (____) _____

FOR HUMAN RESOURCES 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: _____ Salary: _____ Department: _____

Signature: _____ Date: _____

Notes: