TOWN OF WAYLAND 41 Cochituate Road, Wayland, MA 01778

EMPLOYMENT APPLICATION

The Town of Wayland is committed to a policy of non-discrimination and equal opportunity for all employees and qualified applicants without regard to race, sex, color, ethnicity, age, sexual orientation, disability, religion, national origin, marital status, ancestry, handicap or veteran status.

Please type or print in ink.	e type or print in ink. Date of application:			
Job Interest				
Position applying for:				
Type: Full-time Part-time_	Temporary_	Seasonal		
Referral source: Advertisement	Job Posting _	Relative	_ Friend	Other
Personal Information				
Name:				
Last	First	Middl	e	
Address:No. & Street	Town	State		Zip Code
Telephone number:		E-mail		
Are you eligible to work in the U	nited States?	Yes No		
Are you under 18 years of age? _	Yes No			
If yes, do you have worki	ng papers? Y	es No		
Have you ever been employed w	ith the Town befo	ore? Yes _	No	
If yes, when?	In what j	position?		
Why did you leave?				
Do you have a relative employed	by the town?	_Yes No		
If yes, their name:				
Relationship:				

Education Did you If not, years graduate? attended Degree High School: Business/Technical/Other training:

College: Graduate school: <u>Licenses/Certificates/Proficiencies</u> Do you have a valid driver's license? ____ Yes ____ No (Not required for all positions. Unless driving is an essential function of the position, lack of a driver's license will not disqualify an applicant.) Class: ____ Endorsements: ____ Expiration Date: ____ Do you have any professional licenses? ____ Yes ____ No If yes, please identify. License: Expiration Date: Expiration Date: _____ License: Expiration Date: _____ Please list any computer software programs in which you are proficient: Please describe any additional specialized training or job-related skills you may have that will help us evaluate your application for employment.

Employment History

Please list most recent employment first. You may include work performed on a volunteer basis.

1. Employer's Name:			
Address:	Tel:		
Job title:	Dates of employment:to		
Immediate supervisor's name and job title:			
Describe the work you performed:			
Starting Pay:	Ending Pay:		
2. Employer's Name:			
Address:	Tel:		
Job title:	Dates of employment:to		
Immediate supervisor's name and job title:			
Describe the work you performed:			
Reason for leaving:			
Starting Pay:	Ending Pay:		
3. Employer's Name:			
Address:	Tel:		

Job title:	_ Dates of employment:	to
Immediate supervisor's name and job title:		
Describe the work you performed:		
Reason for leaving:		
Starting Pay:	Ending Pay:	
4. Employer's Name:		
Address:	Tel:	
Job title:	_ Dates of employment:	to
Immediate supervisor's name and job title:		
Describe the work you performed:		
Reason for leaving:		
Starting Pay:	Ending Pay:	

References

Please list three business/employment/volunteer references:

1. Name:		Company:		
Position:	Telephone:	Work	Home	
Address:				
2. Name:		Company:		
Position:	Telephone:	Work	Home	
Address:				
3. Name:		Company:		
Position:	Telephone:	Work	Home	
Address:				
	Ag	reement		
The information provided in this app In the event of employment, I unders application or interview(s) may resul I must demonstrate my fitness for co I must be available from time to time require. I authorize the Town to con offered employment. If offered the p Town physician, which may include by the particular department, and rec physical and psychological exam (if Immigration Reform and Control Ac application and the release of any perbackground.	stand that false of the in discharge. In tinued employed to work outside duct a criminal land cosition, I agree testing for drugs ognize that any applicable) and the of 1986. I authors	or misleading information of understand that all ment during the programment during the pro	mation or omissions given in my l appointments are probationary and obationary period. I also understandours as the needs of the department on me in consideration of my being examination, given by an appointed psychological examination, as request may be contingent upon passing lish employment eligibility under the of all statements contained in this	d that d that t ired the
Signature:			Date:	

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.

TOWN OF WAYLAND RELEASE FORM

Ι	a candidate for the position of
and academic references, ac from their giv	hereby authorize the Town of Wayland to investigate in my application and to secure information from all my employers, references, institutions. I hereby release all of those employers (current and prior), ademic institutions, and the Town of Wayland from any and all liability arising ing or receiving information about my employment history, my academic qualifications, and my suitability for employment with the Town of Wayland.
Town to cond investigate an	o being considered as a finalist for a position, I hereby voluntarily authorize the uct a criminal background check. Furthermore, I authorize the Town to y and all statements made on my resume and/or application for employment. I the Town from any and all liability as a result of such investigation.
report concern references. I f cause for rejec immediate dis Wayland to su confidence to and proper int	rstand that any offer of employment is contingent upon receipt of a satisfactory ning my criminal background check, academic credentials and/or employment urther understand that any false or misleading statements will be sufficient ction of my application if the Town of Wayland has not employed me and for missal if the Town of Wayland has employed me. I also authorize the Town of apply information about my employment record, in whole or in part, in any prospective employer, government agency, or other party having a legal erest, and I hereby release the Town of Wayland from any and all liability for his information.
rules, regulati	event of my employment with the Town of Wayland, I will comply with all ons, and policies set forth in the Town of Wayland's policy manual or other ons distributed by the Town of Wayland.
policy stateme Wayland offic Wayland and understand that	rstand that nothing in this employment application, in the Town of Wayland's ents or personnel guidelines, or in my communications with any Town of stal is intended to create an employment contract between the Town of me. No promises regarding employment have been made to me, and I at no such promise or guarantee is binding upon the Town of Wayland unless it sting and signed by a Town of Wayland official.
I herek preceding stat	by acknowledge that I have read, understand and agree to the terms in the ement.
Signature of A	Applicant Date