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.				
Job Interest	Interest Date of application:			
Position applying for:				
Type: Full-time Part-tim	e Temporary	Seasonal		
Referral source: Advertisemen	nt Job Posting	Relative Fr	iend Other	
Personal Information				
Name:Last				
Last	First	Middle		
Address:No. & Street	Town	State	Zip Code	
Telephone number:		E-mail		
Are you eligible to work in the	United States?	Yes No		
Are you under 18 years of age?	? Yes No			
If yes, do you have wor	king papers? Ye	esNo		
Have you ever been employed	with the Town before	re? Yes N	No	
If yes, when?	In what p	osition?		
Why did you leave?				
Do you have a relative employ	ed by the town?	_YesNo		
If yes, their name:				
Relationship:				

Education

Name/Location	Course of study	Did you graduate?	If not, years attended	Degree
High School:	Course of study	graduate :	attended	Degree
Business/Technical/Oth	er training:			
College:				
Graduate school:				
Licenses/Certificat	tes/Proficiencies			
	driver's license? unction of the position, lac			
Class:	_ Endorsements:		_ Expiration D	Date:
Do you have any pr If yes, pleas	ofessional licenses? _ e identify.	YesN	0	
License:		Exp	iration Date:	
License:		Exp	iration Date:	
License:		Exp	iration Date:	
Please list any comp	puter software program	ns in which you	are proficient:	
				_
-	additional specialized e your application for	• •	-related skills y	ou may have that

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:				
Reason for leaving:				
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:			

Agreement

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 or omissions given in my application or interview(s) may result in discharge. I understand that all appointments are probationary and that I must demonstrate my fitness for continued employment during the probationary period. 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. I authorize the Town to conduct a criminal background check on me in consideration of my being offered employment. If offered the position, I agree to take a physical examination, given by an appointed Town physician, which may include testing for drugs, alcohol and/or a psychological examination, as required by the particular department, and recognize that any offer of employment may be contingent upon passing the physical and psychological exam (if applicable) and my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986. 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.

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

I ________ a candidate for the position of hereby authorize the Town of Wayland to investigate all statements in my application and to secure information from all my employers, references, and academic institutions. I hereby release all of those employers (current and prior), references, academic institutions, and the Town of Wayland from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the Town of Wayland.

Prior to being considered as a finalist for a position, I hereby voluntarily authorize the Town to conduct a criminal background check. Furthermore, I authorize the Town to investigate any and all statements made on my resume and/or application for employment. I hereby release the Town from any and all liability as a result of such investigation.

I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my criminal background check, academic credentials and/or employment references. I further understand that any false or misleading statements will be sufficient cause for rejection of my application if the Town of Wayland has not employed me and for immediate dismissal if the Town of Wayland has employed me. I also authorize the Town of Wayland to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency, or other party having a legal and proper interest, and I hereby release the Town of Wayland from any and all liability for its providing this information.

In the event of my employment with the Town of Wayland, I will comply with all rules, regulations, and policies set forth in the Town of Wayland's policy manual or other communications distributed by the Town of Wayland.

I understand that nothing in this employment application, in the Town of Wayland's policy statements or personnel guidelines, or in my communications with any Town of Wayland official is intended to create an employment contract between the Town of Wayland and me. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Town of Wayland-unless it is made in writing and signed by a Town of Wayland official.

I hereby acknowledge that I have read, understand and agree to the terms in the preceding statement.

Signature of Applicant