

**HIRING POLICY - ATTACHMENT A
TOWN OF WAYLAND
JOB VACANCY REQUISITION**

A request is hereby made to fill the vacancy listed below:

1. Department: _____ 2. Position title: _____

3. Full-time: _____ Part-Time: _____ 4. Previous incumbent: _____

5. Date of vacancy: _____ 6. Reason for vacancy: _____

7. Are sufficient dollars available in the salary account to fund this position and all other filled positions through June 30 of this fiscal year? Yes___ No ___

8. If no, please indicate what provision is being made for funding. _____

Approved:

Appointing Authority/designee: _____

Title: _____ Date: _____

Approved / Denied (circle one)

Human Resources Director: _____

Date: _____ Comment: _____

Approved / Denied (circle one)

Finance Director: _____

Date: _____ Comment: _____

**HIRING POLICY - ATTACHMENT B
TOWN OF WAYLAND
JOB POSTING**

Position Title: _____ Department: _____

Work Location: _____ Full-time: _____ Part-time: _____

Hours per Week: _____ Union: _____

Pay Grade: _____ Pay range: _____

Summary of Duties:

Recommended Minimum Requirements:

Date posted: _____ Closing date: _____

Apply to: Human Resources Manager, Town Building, 41 Cochituate Road, Wayland, MA
01778 Fax: 508-358-3627 Email: hr@wayland.ma.us

Human Resources Manager

The Town of Wayland is an Equal Opportunity/Affirmative Action Employer.

HIRING POLICY - ATTACHMENT C
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.

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 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 working papers? ___ Yes ___ No

Have you ever been employed with the Town before? ___ Yes ___ No

If yes, when? _____ In what position? _____

Why did you leave? _____

Do you have a relative employed by the town? ___ Yes ___ No

If yes, their name: _____

Relationship: _____

Education

<u>Name/Location</u>	<u>Course of study</u>	<u>Did you graduate?</u>	<u>If not, years attended</u>	<u>Degree</u>
High School:				

Business/Technical/Other training:

College:

Graduate school:

Licenses/Certificates/Proficiencies

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: _____

License: _____ 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: _____

Reason for leaving: _____

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: _____

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: _____

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: _____

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.

**HIRING POLICY - ATTACHMENT D
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

Date

HIRING - ATTACHMENT E
TOWN OF WAYLAND
EXAMPLES OF PROHIBITED PRE-EMPLOYMENT INQUIRIES

The Town of Wayland, as well as all Massachusetts employers, is prohibited from asking questions during the pre-employment process that would tend to discriminate against any individual or group of individuals. Therefore, appointing authorities and designees should avoid questions to applicants and to references of applicants as illustrated below:

- Are you handicapped? If so, to what extent?
- Do you have any job-related handicaps that would prevent you from doing the job?
- What is the nature of your disability?
- Have you ever had any of the following conditions: rupture, hernia, arthritis, diabetes, epilepsy, etc?
- Do you know of any reason you might have difficulty performing the job?
- Have you ever received Worker's Compensation?
- Have you ever been hospitalized?
- Are you now, or have you ever been, under the care of a physician?
- Do you have any physical or mental handicaps or limitations?
- List any physical defects.
- Were you injured? Give details.
- Have you ever received psychiatric treatment?
- Do you have any physical handicaps, disease, or other disability that should be considered in assigning you work?
- Do you have any limitations that would prevent your performing specific kinds of work or specific schedules?
- What is your maiden name?
- Do you have children?
- Of what country are you a citizen?
- What is your sexual orientation?
- What is your religious affiliation?
- How old are you?

These examples are samples of the types of questions that can be construed as discriminatory. This list is only intended as a guideline.

**HIRING POLICY - ATTACHMENT F
TOWN OF WAYLAND
METHOD OF RATING CANDIDATES' INTERVIEWS**

Following each interview, the interview committee members may discuss the candidate's response to the questions as they apply to the evaluation criteria. Each panel member will rate the candidate on the criteria set forth below using the following 10-point scale.

9 -10 – Highly Qualified: This candidate demonstrates a high degree of skill or ability for this position. This person should be able to perform the duties of this position in a highly proficient and successful manner.

6 - 8 – Well Qualified: This candidate demonstrates an above average level of skill or ability for this position. This person should be able to perform the duties of this position in a proficient manner.

3 – 5 – Qualified: This candidate demonstrates an average level of skill or ability for this position. The level of skill or ability exhibited indicates that the person should be able to perform in this position in an acceptable manner, but not necessarily in a proficient manner.

0 – 2 – Minimally Qualified: This candidate demonstrates a level of skill or ability that is below average for this position. Not recommended for appointment.

Upon the completion of the interviews for all candidates, the committee will develop an overall rating sheet for each candidate. The overall rating should be the sum of each individual interviewer's scores. In most circumstances, the candidate with the highest composite score should be recommended for appointment. As with most rating systems, exceptions may occur.

**HIRING POLICY - ATTACHMENT G
TOWN OF WAYLAND
CANDIDATE RATING FORM**

(Position Title)

Candidate's name: _____ **Date:** _____

Score:

Related Education/Experience: The direct correlation between the individual's education and/or experience and the needs of this position. _____

Communications: Ability to express thoughts clearly in an understandable manner and to develop ideas in a logical sequence. The ability to communicate effectively in both written and oral expression. _____

Judgment and Reasoning: The ability to establish sound priorities, to develop reasonable courses of action and to reach logical conclusions based on a rational analysis of information. The ability to exercise sound judgment. _____

Demeanor: The ability to conduct one's self in a mature and responsible manner, to project a positive image and exhibit self-confidence. _____

Interpersonal Skills: The ability to work closely and tactfully with others, to establish and maintain harmonious relationships and to work in a team setting. _____

Initiative: The ability and willingness to positively influence operations, to initiate required action and to think and act independently within the established parameters of the position. _____

Technical Ability/Expertise: Possessing the skill or training to effectively and efficiently perform the duties and responsibilities of the position. _____

TOTAL _____

Additional Comments: _____

Signature of Interviewer: _____

Date: _____

**HIRING POLICY - ATTACHMENT H
TOWN OF WAYLAND
REFERENCE CHECK FORM**

Candidate: _____

Position: _____

Employer: _____

Contact: _____

Contact's Title: _____

Last Position Held: _____

Dates of Employment From: _____ To: _____

Earnings: _____ Hr/Wk/Mo/An

Would you rehire: ___ Yes ___ No

Additional information if available:

1. What were the candidate's major responsibilities and achievements?
2. How would you rate the candidate's quality and volume of work?
3. How would you compare the candidate's performance to that of others with similar duties?
4. How effectively did the candidate interact with fellow co-workers and others encountered in the course of the work?
5. What were the candidate's principal strengths and shortcomings?
6. Did the candidate meet your attendance and punctuality requirements?
7. Do you have other information that would help us develop a more complete picture of this candidate's qualifications for the job?
8. Can you give the name and phone number of someone else in your company who could tell me about the person's work performance?

References checked by

Title

Date

HIRING POLICY – ATTACHMENT I

**REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER
FOR ALCOHOL AND CONTROLLED SUBSTANCE TESTING RESULTS**

This request is in compliance with §382.405 (f) and (h) which authorize records be made available to prospective employers upon written request from the driver tested. Furthermore, §382.413 and §40.25(b) state that upon the driver’s consent, the prospective employer shall obtain information on the driver’s alcohol tests with a concentration of .04 or greater, positive controlled substance tests results and refusals to be tested. The test results cover the preceding two-year period.

TO BE COMPLETED BY THE APPLICANT

Date: _____ Date of Birth: _____

Printed Name: _____ Signature: _____
(First, Middle, Last)

I, the above named and signed individual, hereby authorize _____
(Previous Employer)
to release of my alcohol and drug testing records to the Town of Wayland, Massachusetts.

TO BE COMPLETED BY THE PREVIOUS EMPLOYER

1. Has this person tested positive for a controlled substance in the last two years?
Yes _____ No _____
2. Has this person had an alcohol test with a Breath Alcohol Concentration of .04 or greater in the last two years?
Yes _____ No _____
3. Has this person refused a required test for controlled substances or alcohol in the last two years?
Yes _____ No _____

If the answer to any of the above is YES, please provide the contact information for the appropriate Substance Abuse Professional.

Name: _____

Address: _____

Telephone Number: _____

TO BE COMPLETED BY THE TOWN OF WAYLAND

Person Contacted: _____ Contacted By: _____

Date Contacted: _____ Date Results Received: _____

Contact Method : Mail _____ Telephone _____