TOWN OF WAYLAND 41 Cochituate Road, Wayland, MA 01778

SUMMER RECREATION - 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 INTERES	<u>T</u>					
Position appl	ying for:					
Туре	Full-time	Part-time	Temporary	Seasonal	-	
Referral sour	ce: Advertisement	Job Posting	Relative	Friend	Other	
PERSONAL IN	NFORMATION_					
	Last	First	M	iddle		
	Address	Town	State	Zip Code		
Telephone nu	umber:	E-mail				
Are you eligit	ole to work in the United	d States?	_ Yes No			
Are you under 18 years of age? Yes No						
If yes, do you have working papers? Yes No						
Have you eve	er been employed with t	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 n	ame:					
Relationship:						

EDUCATION

Name/Location	Course of study	Did you graduate?	Years attended	<u>Degree</u>
High School:				
Business/Technical/	Other training:			
College:				
Graduate school:				
	CATES / PROFICIENCIES			
		YesNog is an essential function	of the position, lack of a	a driver's license will n
Driver License Class	: Endorseme	nts: E	Expiration Date:	
Do you have any pr	ofessional licenses?	Yes No		
If yes, please identi	fy.			
License:			_ Expiration Date:	
License:			_ Expiration Date:	
License:			_ Expiration Date:	
Please list any comp	outer software programs	in which you are proficie	nt:	
application for emp		aining or job-related skill:	s you may have that wil	i neip us evaluate you

EMPLOYMENT or VOLUNTEER HISTORY

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

1. Employer:		
Address:		
Job title:	Dates of employment:	to
Immediate supervisor name and job title:		
Immediate supervisor phone and/or email:		
Describe the work you performed:		
Reason for leaving:		
2. Employer:		
Address:	Phone	
Job title:	Dates of employment:	to
Immediate supervisor name and job title:		
Immediate supervisor phone and/or email:		
Describe the work you performed:		
Reason for leaving:		
3. Employer:		
Address:	Phone	
Job title:	Dates of employment:	to
Immediate supervisor name and job title:		
Immediate supervisor phone and/or email:		
Describe the work you performed:		
Reason for leaving:		
4. Employer:		
Address:		
Job title:	Dates of employment:	to
Immediate supervisor name and job title:		
Immediate supervisor phone and/or email:		
Describe the work you performed:		
Reason for leaving:		

REFERENCES

Please list three	business/employment/volunteer refer	rences:	
1. Name:		Company:	
Address:			
Position:	Phone	Email	
2. Name:		Company:	
Address:			
Position:	Phone	Email	
3. Name:		Company:	·
Address:			
Position:	Phone	Email	
employment, I und discharge. I unders employment durin business hours as consideration of mappointed Town particular departmpsychological examples and to find 1986. I authorized and discharge in the second	rovided in this application for employmen derstand that false or misleading informat stand that all appointments are probationing the probationary period. I also understathe needs of the department require. I aumy being offered employment. If offered the objection, which may include testing for drament, and recognize that any offer of employment (if applicable) and my ability to established in the control of	ion or omissions given in my appary and that I must demonstrate and that I must be available from thorize the Town to conduct a case position, I agree to take a phyugs, alcohol and/or a psychologioyment may be contingent upon employment eligibility under thined in this application and the	plication or interview(s) may result in e my fitness for continued in time to time to work outside normal riminal background check on me in visical examination, given by an ical examination, as required by the in passing the physical and the Immigration Reform and Control

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.

DATE:_____

SIGNATURE:

TOWN OF WAYLAND

RELEASE FORM

I a candidate for the position o	of hereby
authorize the Town of Wayland to investigate all statements in my apemployers, references, and academic institutions. I hereby release all	
references, academic institutions, and the Town of Wayland from any receiving information about my employment history, my academic cremployment with the Town of Wayland.	
Prior to being considered as a finalist for a position, I hereby voluntary background check. Furthermore, I authorize the Town to investigate a and/or application for employment. I hereby release the Town from a investigation.	any and all statements made on my resume
I understand that any offer of employment is contingent upon receipt background check, academic credentials and/or employment referent misleading statements will be sufficient cause for rejection of my appremployed me and for immediate dismissal if the Town of Wayland has Wayland to supply information about my employment record, in who employer, government agency, or other party having a legal and prop Wayland from any and all liability for its providing this information.	ces. I further understand that any false or olication if the Town of Wayland has not as employed me. I also authorize the Town of ole or in part, in confidence to any prospective
In the event of my employment with the Town of Wayland, I will comforth in the Town of Wayland's policy manual or other communicatio	
I understand that nothing in this employment application, in the Tow guidelines, or in my communications with any Town of Wayland offici between the Town of Wayland and me. No promises regarding emplounderstand that no such promise or guarantee is binding upon the Tosigned by a Town of Wayland official.	ial is intended to create an employment contract byment have been made to me, and I
I hereby acknowledge that I have read, understand and agree to the t	terms in the preceding statement.
SIGNATURE OF APPLICANT	DATE

ANSWER TWO OR MORE OF THE FOLLOWING CAMP PRE-INTERVIEW QUESTIONS

1.	Tell me about a time when you put the needs of another or others ahead of your own. Helpful Considerations: What was the situation? What was the relationship between you and the person/people? How did you handle the situation? What did you learn? How did it go?
2.	Tell me about a time when you took a stand for (or stood up for) something you believed in, but that was an unpopular position. Helpful Considerations: What was the stand you took? What was the principle or who was the person you stood up for? What did you do and say? What resistance or negative feedback did you encounter and how did you handle it? What was the outcome? Looking back on it, what is your thought about what you did or didn't do? What did you learn about yourself from this situation?
3.	Tell about a time when you had a conflict with a friend or an employer or an authority of some kind (teacher, parent, coach). Helpful Considerations: What was the conflict? Who was involved? What did you do? What was the outcome? What did you learn from the situation?
4.	Tell about a project in school or something you've had to do around the house / some job you've had / volunteer position where it took much more effort than you originally thought it would. Helpful Considerations: What was the situation? How did you deal with it? What things did you actually do or say that helped you through? What was the outcome?