



TOWN OF WAYLAND HUMAN RESOURCES EMPLOYMENT RECORD

Please PRINT CLEARLY and attach resume.

Personal Information:

Name: _____

Address: _____ City/Town _____ State _____ Zip Code: _____

Telephone: (Home) _____ (Cell) _____

Personal Email Address: _____

Social Security #: _____ Date of Birth: _____

Emergency Information:

Emergency Contact Name: _____ Relationship: _____

Address: _____ Telephone: _____ Cell: _____

Position Information:

Department: _____ Union: (if applicable) _____

Position Title: _____ Full Time _____ Part Time _____ Seasonal _____

Signature: _____ Date: _____

HUMAN RESOURCES INFORMATION ONLY

SALARY _____ START DATE _____

BI-WEEKLY _____ TERM DATE _____

DAILY/HOURLY RATE _____ PAYOUT VACATION _____

EMPLOYEE ID _____ RETIREMENT/PAYOUT SICK _____