



**Education**

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

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**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.