

TOWN OF TEMPLETON

Application for Employment



We consider applicants for all positions without regard to age, race, color, religious creed, national origin, gender sexual orientation, age, criminal record, mental illness, handicap/disability, genetic information or any other legally protected status pursuant to **Massachusetts Fair Employment Practices Act**, and other relevant federal, state and local laws.

POSITION INFORMATION

Position(s) Applied For	Desired Salary \$ _____ per hour
How Did You Hear of This Position? (Check all that apply) Newspaper Ad _____ Our Website _____	Date Available:
From Friend/Relative _____ Facebook _____ CraigsList _____ Other (please explain below) _____	

APPLICANT INFORMATION

Last Name	First	M.I.	Date	
Street Address			Apartment/Unit #	
City	State		ZIP	
Mailing Address (if different than street address)				
Daytime Phone Number:		Cell Phone Number:		
E-mail Address				
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Do you have any specialized skills or training? If yes, please explain:				

EDUCATION

High School	Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that the answers given here are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature	Date
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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.

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview: Yes ___ No ___	Employed? Yes ___ No ___	Date of Employment _____
Job Title _____	Hourly Rate/Salary _____	Department _____
By _____	_____	_____
<small>Name</small>	<small>Title</small>	<small>Date</small>

NOTES: _____
