

TOWN OF WEBSTER

EMPLOYMENT APPLICATION

PLEASE READ BEFORE FILLING OUT THIS APPLICATION

The Town of Webster does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, handicap, veteran status, ancestry or on the basis of age. No question on this application is intended to secure information to be used for such discrimination.

To be sure that your application is properly evaluated, all questions should be answered clearly, completely and accurately in your own handwriting. If you need more space, please attach a separate sheet. Please print and use ink.

PERSONAL

Date _____

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Mailing Address _____
Number Street City State Zip Code

Telephone() _____ Social Security No. _____

Position(s) desired _____

Salary desired _____ Date Available _____

GENERAL INFORMATION

IS THERE ANY TYPE OF WORK WHICH YOUR PHYSICIAN HAS ADVISED YOU NOT TO PERFORM? IF YES, PLEASE EXPLAIN

BY WHOM OR WHAT SOURCE WERE YOU REFERRED TO US?

SELF AGENCY SCHOOL/
COLLEGE NEWSPAPER
OR OTHER
PUBLICATION EMPLOYEE
REFERRAL NAME OTHER

If employed and you are under 18,
Can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If yes, give date _____

Have you ever been employed here before? Yes No If yes, give date _____

Are you employed now? Yes No May we contact your present employer Yes No

U.S. Citizen? Yes No If not, what type of visa do you hold? _____

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organizations names which indicate race, color, religion, sex or national origin.

Employer	Dates Employed		Worked Performed
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
Employer	Dates Employed		Worked Performed
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for leaving			
Employer	Dates Employed		Worked Performed
	From	To	
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Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

MAY WE CONTACT YOUR PRESENT EMPLOYER?

IMMEDIATELY AFTER ACCEPTANCE OF EMPLOYMENT NO IF NO, GIVE REASON _____

If applying for a clerical position, please answer the following questions.

Can you type? _____ (W.P.M.) Do you take shorthand? _____ (W.P.M.)

Have you used a V.D.T.? _____ (Model _____)

Describe other training, certifications, permits or experience applicable to the job you are seeking.

EDUCATION

HIGH SCHOOL			CIRCLE LAST YEAR COMPLETED	
COMPLETE ADDRESS			1 2 3 4	
DATES ATTENDED	FROM /	TO /	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO	MAJOR COURSE OF STUDY
COLLEGE			MAJOR COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED
COMPLETE ADDRESS			1 2 3 4	
DATES ATTENDED	FROM /	TO /	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE OR CERTIFICATE RECEIVED
OTHER SCHOOLS OR SPECIALIZED TRAINING			MAJOR COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED
COMPLETE ADDRESS			1 2 3 4	
DATES ATTENDED	FROM /	TO /	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE OR CERTIFICATE RECEIVED
SCHOLASTIC HONORS, SCHOLARSHIPS ETC.				

DO YOU INTEND TO CONTINUE YOUR EDUCATION? IF YES,GIVE DETAILS

REFERENCES

GIVE BELOW THE NAME OF THREE PERSONS **NOT RELATED TO YOU** WHOM WE MAY CONTACT FOR WORK REFERENCE

NAME	ADDRESS	OCCUPATION	YEARS ACQUAINTED

AGREEMENT

Please read before signing

NOTE: If you have any questions regarding the following statement, please ask the Personnel Representative before signing.

I understand that receipt of this application and the granting of an interview does not imply that I will be employed.

I hereby affirm that the information provided by me on this application (and accompanying resume, if any) is true and complete and I understand that any false information or material omission of fact may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I understand that any offer of employment is conditioned upon satisfactory replies from my references and that employment is for no stated term and may be terminated by me or the Town.

I authorize persons, schools, current employer (if applicable) and previous employers and organizations named in this application (and accompany resume, if any) to provide the Town of Webster any relevant information which may be required to arrive at an employment decision and I voluntarily release such persons, schools, employers and organizations from all liability for providing such information. I release the Town of Webster against any liability which might result from requesting such information.

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.

For Personnel Department Use Only

Arrange Interview	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Remarks	_____				
			INTERVIEWER	DATE	
Employed	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Date of Employment _____
					Hourly Rate _____
Job Title	_____		Salary	_____	Department _____
	By _____				DATE _____
	NAME AND TITLE				DATE