

Town of Sharon

Application For Employment



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

Please Print

Position(s) Applied For:		Date of Application:	
How did you learn about us?			
<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in	
<input type="checkbox"/> Internet Posting	<input type="checkbox"/> Relative	<input type="checkbox"/> Other: _____	
Last Name:	First Name:	Middle Initial:	
Street Address:	City:	State:	Zip Code:
Home Phone:	Cell Phone:	E-Mail:	

If you are under 18 years of age, can you provide required proof of your eligibility to work? __Yes __No

Have you ever filed an application with us before? __Yes __No

Have you ever been employed with us before? __Yes __No

Are you currently employed? __Yes __No

May we contact your present employer? __Yes __No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? __Yes __No

On what date would you be available to work? _____

Are you available to work: __Full Time __Part Time

Within the last 5 years have you been convicted of, or released from incarceration for a misdemeanor which was not a first offense for drunkenness, simple assault, speeding, a minor traffic violation, an affray, or disturbing the peace? __Yes __No

If yes, please explain _____

Education

	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
College				
Graduate Professional				
Other (specify)				

Employment Experience

**You may substitute this section with an attached resume.*

**Start with your present or last job.*

1.

Employer	Phone	Supervisor	Dates Employed From To
Address	Job Title	Reason for Leaving	Hourly Rate/Salary Start Finish
Work Performed			

2.

Employer	Phone	Supervisor	Dates Employed From To
Address	Job Title	Reason for Leaving	Hourly Rate/Salary Start Finish
Work Performed			

3.

Employer	Phone	Supervisor	Dates Employed From To
Address	Job Title	Reason for Leaving	Hourly Rate/Salary Start Finish
Work Performed			

Additional Information

Describe any volunteer work you have performed:

Describe any specialized skills, extra-curricular activities, and/or certifications you have:

State any additional information you feel may be helpful to us in considering your application:

References

Please provide 3 professional references (not personal):

1. Name: _____ Phone: _____

Address: _____

How do you know this person? _____

How long have you known this person? _____

2. Name: _____ Phone: _____

Address: _____

How do you know this person? _____

How long have you known this person? _____

3. Name: _____ Phone: _____

Address: _____

How do you know this person? _____

How long have you known this person? _____

Applicant's Statement

I certify that answers given herein 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 will be 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 of Applicant

Date

For Department Use Only		
Arrange Interview:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Remarks:	_____	
Employed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Employment _____
Job Title	_____	Rate _____ Dept. _____
By:	_____	Title _____ Date _____