

# TOWN OF MONTEREY

## 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 _____ JobQuest _____ MMA Website _____ 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	

### 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**

**IMPORTANT:** STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST IN CONSECUTIVE ORDER ALL EMPLOYMENT AND PERIODS OF UNEMPLOYMENT IN THE LAST 10 YEARS. ADDITIONAL EMPLOYMENT MAY BE LISTED ON A SEPARATE PAGE (OR RESUME).

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"/>			
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"/>			

**SPECIALIZED LICENSES & TRAINING**

Do you hold a hoisting license? ____ If yes which class of endorsement? ____	Are you a MA Notary Public? ____ If yes, when does your term expire? ____
Do you hold a CDL License? If yes, which class? ____	
Do you have any specialized skills or training? ____ If yes, please explain: ____	
Do you have any other type of license or certification?	

**DISCLAIMER AND SIGNATURE**

I HEREBY CERTIFY that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information, which would, if disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application, or in dismissal if discovered subsequent to my employment.

I HEREBY AFFIRM that by execution of the application, I acknowledge that the Town of Monterey has disclosed to me that an Investigative Consumer Report including information as to my character, general reputation, personal characteristics, and mode of living may be made; and that I, upon written request to the Town of Monterey made within a reasonable time after the date of this application, may obtain a complete and accurate disclosure of the nature and scope of the investigation requested.

I HEREBY AUTHORIZE the Town of Monterey to request, and I ALSO AUTHORIZE AND REQUEST each former employer, school attended, and each person, firm or corporation given as references above, to furnish at any time, any information which may be sought concerning me and my work habits, character or skill, and any other data required, whether in connection with this application or for purposes of complying with surety company requirements or otherwise.

I HEREBY AFFIRM that by submitting this application I agree to submit to medical evaluations and/or examination, including tests for the presence of illegal drugs or alcohol, prior to employment or during employment, within a time period prescribed by the Town of Monterey and as often as directed during employment.

I HEREBY AUTHORIZE the medical examiner to disclose to the Town of Monterey any and all findings and conclusions arrived at in any examination performed either prior to employment or during employment.

I UNDERSTAND that if I am employed, the terms and conditions of my employment will be governed by this application and the Town of Monterey's Terms of Employment and Policy and Procedures, as Amended from time to time by the Town of Monterey as appropriate.

The Town of Monterey operates under the principles of affording equal employment opportunity through Affirmative Action.

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 (General Laws Chapter 149, Section 19B).

Submission of this information is voluntary and refusal to provide it will subject you to discharge or disciplinary treatment. Information obtained concerning individuals shall be kept confidential.

Signature

Date

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## **FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview: Yes \_\_\_\_ No \_\_\_\_      Employed? Yes \_\_\_\_ No \_\_\_\_      Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_      Hourly Rate/Salary \_\_\_\_\_      Department \_\_\_\_\_

By \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Name      Title      Date

NOTES: \_\_\_\_\_