

Town of Stoughton

Application For Employment

Please Print

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of non-job related medical condition or handicap. It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. Any employer who violates this law shall be subject to criminal penalties and civil liability.

Position(s) Applied For _____

Referral Source: Advertisement Friend
 Relative Employment Agency Other

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Phone () _____ Social Security Number _____

Have you filed an application here before? Yes No Date _____

Have you ever been employed here before? Yes No Date _____

Are you a citizen of the United States? Yes No

If not, do you possess an Alien Registration Card Yes No

If yes, give Alien Registration Number _____

Are you available to work? Full Time Part Time Shift Work

Are you on lay-off and subject to recall? Yes No

Can you travel if job requires it? Yes No

Do any of your friends or relatives, other than your spouse, work here? Yes No

If yes, list names _____

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Education

	Elementary	High	College/University	Graduate/Prof.
School Name				
Years (Circle) Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma				
Describe Study of Course:				
Describe Specialized Training, Apprenticeship, Skills and Extra Curricular Activities				

Honors Received: _____

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

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Affirmative Action Survey

Government agencies require periodic reports on sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about handicap is voluntary.

Check one: Male Female

Check one of the following:

Race/Ethnic Group: White Black Hispanic

American Indian/Alaskan Native Asian/Pacific Islander

Check if any of the following are applicable:

Vietnam Era Vet Disable Vet Handicapped

Employment Experience

List each job held. Start with your Present or Last Job. Include military service assignments and volunteer activities. (Exclude groups which indicate race, color, religion, sex or national origin.)

	Dates		Work Performed
	From	To	
Employer			
Address			
Job Title			
Supervisor			
Reason for Leaving			

	Dates		Work Performed
	From	To	
Employer			
Address			
Job Title			
Supervisor			
Reason for Leaving			

	Dates		Work Performed
	From	To	
Employer			
Address			
Job Title			
Supervisor			
Reason for Leaving			

	Dates		Work Performed
	From	To	
Employer			
Address			
Job Title			
Supervisor			
Reason for Leaving			

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

Summarize Special Skills and Qualifications

Acquired from employment and other experience _____

Please list your computer skills: _____

Do you have any physical, mental or medical impairment of disability that would limit your job performance for the position for which you are applying? ___ Yes ___ No

If yes, explain _____

What foreign languages do you speak, read and or write?

	FLUENTLY	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held. (Exclude groups which indicate race, color, religion, sex or national origin)

Give name, address and phone number of three references not related to you.

Agreement

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.

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 regulation of the company.

Signature of Applicant

Date

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For Personnel Use Only

Arrange Interview Yes No

Remarks _____

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Dept _____

By: _____

Name/Title

Date