

The Commonwealth of Massachusetts

Town of Cheshire

Tel. (413) 743-1690 Fax (413) 743-0389

Massachusetts 01225

OFFICE OF THE
BOARD OF SELECTMEN
admin@cheshire-ma.gov

An Equal Opportunity Employer

The Town of Cheshire is an equal opportunity employer and does not discriminate against any applicant because of race, color, religion, sex, marital status, national origin, age, disability, sexual orientation or any other class protected by federal, state or local law. Any person who needs assistance in fully participating in the application process should contact the Town Administrator's Office. A fully completed application is required for each position applied for. Also, "see resume" is not acceptable in any field.

Contact Informat	tion.		
Address:	City and Stat	:e:	Zip Code:
Phone:	Email:		
Position Applying	g For (Please specify position title	e or job category):	
How did you hear a	about this position?		
Have you ever beer	n employed by the Town of Cheshire	? When?	
What department?	- t ₁ = -14		
Education			
School	Name, Address	Years Attended	Degree
High School			
College/Trade S	chool		
Graduate Schoo	1		
Military Service	/Other		
Training			

Do you have a valid driver's license (Class D Auto)? Yes	
Do you have a valid CDL license (Class A or B)? Yes No Do you have a valid Hydraulic license? Yes No	
What other valid licenses or certificates do you possess (job re	elated)?
Special Skills	
Please list any other skills or abilities you feel are relevant:	
Employment History (You may not write "see resume")	
Please account for the last 4 positions you have held. Start v military service and any verifiable work performed as an int () may not contact my present employer.	with your present or last employer. You may includ
Employer	note inva
Address	an (288)
Telephone	
Title	••••
Supervisor	- A 190 AH
Dates Worked	ere Museum I
Reason for Leaving	
Description of Primary Duties:	
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 Employer Address Telephone	-W.T
 Employer Address	
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Employer		
Address		
Telephone		
Title		
Supervisor		
Dates Worked		
Reason for Leaving		
Description of Primary Duties:		
Employer	tyrory to over	
Address	· · · · · · · · · · · · · · · · · · ·	
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Title		
Supervisor	Situation:	
Dates Worked	TNO SHEET OF THE	
Reason for Leaving	ः सन्दर्भा २३० । स्वयाप्त्	
Description of Primary Duties:	on don fotomas Daie s	

Professional References (a minimum of 3 references is required. You may not write "see resume")

Name	(-ame
Address	::::::::::::::::::::::::::::::::::::::
Phone	
Relationship	AMERICAN STORY
Name	werne
Address	
Phone	
Relationship	

Address					
Phone					
Relationship					
Employment of Minors	er and the co				
The Town of Cheshire is subject to certain child labor provisions regarding the employment of persons under the age of 18. Further, an Employment Permit or Educational Certificate may be required, depending on your age.					
Are you under age 18? If yes, please indicate your age:	_				
Medical Information.	် ကန်း နောက်ရေးသည် ပိုမ				
All offers of employment are conditional upon a physical examination, and an occupational evaluation, where required. Satisfactory fitness to perform the essential duties of the position is a condition of employment.					
Pre-Employment Drug Testing.	- १५८- व्यक्तिसम्बद्धाः स्था तः स्थापः १८ - २४सः १०				
All offers of employment are conditional upon the satisfactory completion of a pre-employment drug test, where required. Satisfactory completion of a required drug or alcohol test is a condition of employment as outlined in the Drug and Alcohol Testing Policy of the Town of Cheshire.					
Lie Detector Test.	t in a settle control of the control				
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.					
Signature	er ikis er				
CAREFULLY READ ALL PARTS OF THIS APP					
CAREFULLY READ ALL PARTS OF THIS APP	LICATION FORIN BEFORE SIGNING.				
A. I understand that acceptance of this application by the Tow (Exceptions to A is an employee filling out this application for					
B. The information that I have provided is true and complete any fact in my application, resume, or in any other materials, for refusal of employment or can be justification for terminati	or as provided during interviews, can be justification				
C. I understand that any offer of employment that I receive	from the Town of Cheshire is contingent upon my				

successful completion of the pre-employment screening process including but not limited to the Town of Cheshire receiving satisfactory references, a satisfactory criminal history and Criminal Offense Record Inquiry if required, satisfactory verification of driver's license or certifications where required and satisfactory completion of any

required post-offer pre-employment drug test or physical examination.

Name

D. In processing my application for employment, the Town of Cheshire may verify all of the information provided by me concerning, among other things, my prior employment or military record, education, character, general reputation and personal characteristics.

E. I authorize the Town to take whatever steps deemed necessary to obtain information regarding my qualifications for employment including contacting my present and former employers, by contacting individuals listed as business, educational or personal references, and by contacting other individuals to provide or further clarify information about me.

F. I hereby release my present and former employers and all individuals contacted for factual information about me from any and all liability for damages arising from furnishing the requested information.

G. If employed by the Town of Cheshire, I understand that as a condition of employment, I may be required to furnish additional or updated medical information, that I may be required to undergo a physical examination, and/or an occupational evaluation, that I may be subject to drug and/or alcohol testing, that the Town may request a Criminal Offense Record Inquiry (CORI check) on me, investigate my driving record or verify my license(s) or certification(s) as required for employment at any time during my employment. As a condition of employment an employee may be required to provide additional or updated information especially if this employee has been on workers comp and may require both drug testing and an employment physical to provide enough information for making a proper decision or reasonable accommodations, if necessary.

H. I understand that the Town of Cheshire is an at-will employer. If employed, I understand that my employment may be terminated with or without cause at any time unless there is an appropriate bargaining unit contract.

My Signature Certifies That I Have Read and Agree	with the Above-Statement an	d All Statements 👑 🚊	
Contained in this Application for Employment.	Line will be the start of anti-	e e e <mark>strationes.</mark>	
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Applicant Name (Please Print)	Timath for some outform of the		

Date

Applicant Signature