



Town of Goshen Employment Application

Are you available to work: Full time _____ Part time _____

Referral source: _____ advertisement _____ job posting _____ relative _____ friend _____ other

Position Applying For: _____

Personal Information

Name: _____ Last
First Middle

Physical Address: Street: _____ City/Town: _____

State: _____ Zip Code: _____ Phone: _____ Email: _____

Mailing Address (if different from above): _____

Telephone Number: _____ Social Security Number: _____

If hired, can you provide proof of citizenship or legal right to work? _____ Yes _____ No

Do you have a valid MA driver's license? _____ Yes _____ No

Have you ever been employed with the Town before? _____ Yes _____ No

If yes, when? _____ in what position? _____

Have you ever been convicted of a felony? _____ Yes _____ No

If yes, please specify _____

Have you been convicted of a misdemeanor in the last five years? _____ Yes _____ No

If yes, please specify _____

Note: You are not required to furnish information for any offense committed prior to your seventeenth (17th) birthday, sealed records or first conviction for simple assault, speeding, minor traffic violations, or disturbance of the peace. Conviction will not necessarily be a bar to employment.

The Town of Goshen is an Equal Opportunity/Affirmative Action Employer

Education

High School: _____ Years Completed: _____ Year Graduated: _____

College: _____ Years Completed: _____ Year Graduated: _____

Vocational Training: _____ Years Completed: _____ Year Graduated: _____

Please describe any specialized training or job related skills that you have that will help us evaluate your application for employment:

Employment History (Please list most current position first)

1. Employer's Name: _____

City/Town: _____ State: _____ Zip Code: _____

Job Title: _____ Employment Dates: _____ to: _____

Immediate supervisor's name and job title: _____

Compensation: Starting _____ : Ending _____

Describe work you performed: _____

May we contact this employer? _____

2. Employer's Name: _____

City/Town: _____ State: _____ Zip Code: _____

Job Title: _____ Employment Dates: _____ to: _____

Immediate supervisor's name and job title: _____

Compensation: Starting _____ : Ending _____

Describe work you performed: _____

May we contact this employer? _____

3. Employer's Name: _____

City/Town: _____ State: _____ Zip Code: _____

Job Title: _____ Employment Dates: _____ to: _____

Immediate supervisor's name and job title: _____

Compensation: Starting _____: Ending _____

Describe work you performed: _____

May we contact this employer? _____

4. Employer's Name: _____

City/Town: _____ State: _____ Zip Code: _____

Job Title: _____ Employment Dates: _____ to: _____

Immediate supervisor's name and job title: _____

Compensation: Starting _____: Ending _____

Describe work you performed: _____

May we contact this employer? _____

Please list three references:

Name: _____ Relationship to Applicant: _____

Address: _____ Phone: _____

Email: _____

Name: _____ Relationship to Applicant: _____

Address: _____ Phone: _____

Email: _____

Name: _____ Relationship to Applicant: _____

Address: _____ Phone: _____

Email: _____

Agreement

The information provided in this application for employment is true and complete to the best of my knowledge. 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 that all appointments are probationary and that I must demonstrate my fitness for continued employment during the probationary period. I also understand that I must be available from time to time to work outside my normal business hours as the needs of the department require. Further, I agree to take a physical examination, if required for the position, which may include testing for drugs and recognize that any job offer of employment may be contingent upon the results of such an examination. I understand that any employment offer by the Town is conditional upon my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986. I authorize investigation of all statements contained in this application and the release of pertinent information regarding my education, past employment history and background.

Date: _____

Signature: _____

Please return completed application by email to:
selectboard@goshen-ma.us

or by mail to:
Town of Goshen Select Board
40 Main St.
Goshen, MA 01032

Applicant please do not write below this line

Interview Date: _____ Interviewer: _____

Remarks: _____

Action Taken: _____
