



APPLICATION FOR EMPLOYMENT
COMMONWEALTH OF MASSACHUSETTS

Town of Duxbury

ALL APPLICATIONS TO BE RETURNED TO THE HUMAN RESOURCES OFFICE

Applicants are considered for all positions without regard to race, color, religion, sexual orientation, gender identity, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

(PLEASE PRINT)

Date of Application

Position(s) Applied For:

Referral Sources: Advertisement Friend Relative Walk-In
Employment Agency Other:

Name: Last First Middle

Address: Number Street City State Zip Code

Home Telephone: Cell phone:

If employed and you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If yes give date:

Have you ever been employed here before? Yes No If yes give date:

Are you employed now? 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? Proof of citizenship or immigration status will be required upon employment). Yes No

On what date would you be available for work? Email address:

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

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

Can you travel if job requires it? Yes No

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender orientation, national origin, age, marital, or veteran status.

1. Employer: Address:

City: State: Zip: Phone:

Supervisor: Reason for Leaving:

Dates Employed: from: to: Work Performed:

Hourly/Salary Rate: starting: final:

2. Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
**Dates Employed:** from: \_\_\_\_\_ to: \_\_\_\_\_ Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Hourly/Salary Rate: starting: \_\_\_\_\_ final: \_\_\_\_\_

3. Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
**Dates Employed:** from: \_\_\_\_\_ to: \_\_\_\_\_ Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Hourly/Salary Rate: starting: \_\_\_\_\_ final: \_\_\_\_\_

4. Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
**Dates Employed:** from: \_\_\_\_\_ to: \_\_\_\_\_ Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Hourly/Salary Rate: starting: \_\_\_\_\_ final: \_\_\_\_\_

5. Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
**Dates Employed:** from: \_\_\_\_\_ to: \_\_\_\_\_ Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Hourly/Salary Rate: starting: \_\_\_\_\_ final: \_\_\_\_\_

6. Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
**Dates Employed:** from: \_\_\_\_\_ to: \_\_\_\_\_ Work Performed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Hourly/Salary Rate: starting: \_\_\_\_\_ final: \_\_\_\_\_

7. Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
**Dates Employed:** from: \_\_\_\_\_ to: \_\_\_\_\_ Work Performed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Hourly/Salary Rate: starting: \_\_\_\_\_ final: \_\_\_\_\_

Special Skills and Qualifications: Summarize special skills and qualifications acquired from employment or other experience:

\_\_\_\_\_  
 \_\_\_\_\_

EDUCATION:

	Elementary					High	College/University	Graduate/Profession
School Name								
Years Completed: (circle)	4	5	6	7	8			
Diploma/Degree  Describe Course of Study:								
Describe Specialized Training, Apprenticeship, Skills, and/or Extracurricular Activities								
Honors Received:								

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

List professional, trade, business or civic activities and offices held: (you may exclude those which indicate race, color, religion, gender orientation, national origin, age, marital or veterans status): \_\_\_\_\_

Give name, address, and telephone number of three (3) references (who are not related to you)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

*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 authorize investigation of all statements contained in this application and the release of any pertinent information regarding my education, past employment history and background. I authorize the Town of Duxbury to obtain any information from schools, employers or individuals relating to my activities. This information may include, but is not limited to: academics, achievement, performance, attendance, personal history and discipline. Further, I hereby authorize all references, persons, schools, my current employer (if applicable) and previous employers and organizations named in this application, unless otherwise stated, to provide the Town of Duxbury any relevant information that may be required to arrive at an employment decision. I understand that the information released is for the Town of Duxbury's use only.*

*I hereby voluntarily release, discharge and exonerate the Town of Duxbury, its agents and representatives, and any person so furnishing information from any and all liabilities of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of the Town of Duxbury.*

*I understand that all appointments are probationary and that I must demonstrate my ability for continued employment. I understand that, if appointed, my employment will be at-will, for an indefinite period, and can be terminated at any time by the Town, unless otherwise stated in a collective bargaining agreement which covers the position to which I am appointed. I also understand that I must be available from time to time to work outside normal business hours, as the needs of the department require.*

*If required for the position I am seeking. I agree to take a physical examination, which may include testing for drugs or a psychological examination, as required, and recognize that any offer of employment may be contingent upon the results of such an examination.*

*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 Company. Further, I understand that any employment offer by the Town is conditional upon my ability to establish employment under the Immigration Reform and Control Act of 1986 within three (3) days of the date of hire.*

*I represent that I have read and fully understand the foregoing and seek employment under these conditions.*

Signature \_\_\_\_\_ Date: \_\_\_\_\_

