BOARD OF SELECTMEN

TOWN OF EGREMONT
P.O. Box 368
Egremont, MA 01258-0368

Applicants are considered for all positions without regard to race, color, religion, gender orientation, 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**

Telephone:(_____**)**_____ **Social Security Number:**_____/_____/_____
Area Code **(optional)**

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?_____

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:_____

TEL: (413) 528-0182 TOWN OFFICES - Route 71 FAX: (413) 528-5465

2. Employer:_____ Address:_____

City:_____ State:_____ Zip:_____ Phone:_____

Supervisor:_____ Reason for Leaving:_____

Dates Employed: from:_____ to:_____ Work Performed:_____

_____

_____

Hourly/Salary Ratc: 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._____ _____ _____

APPLICANT'S STATEMENT

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. I understand that this application is not and is not intended to be a contract of employment.

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.

_____ _____

Signature of Applicant Date

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 Egremont 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 Egremont any relevant information that may be required to arrive at an employment decision. I understand that the information released is for the Town of Egremont's use only.

I hereby voluntarily release, Discharge and exonerate the Town of Egremont, 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 Egremont.

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.

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:_____ _____

"Discrimination against any person in any practice or procedure in advertising, recruitment, referrals, testing, hiring, transfer, promotion or any other term, condition or privilege of employment which limits or adversely affects employment opportunities, because of political or religious opinions, or affiliations, or because of race, color, sex, genderl orientation, national origin, marital status, pregnancy, parenthood, age or handicap which is unrelated to the person's occupational qualifications or any other non-merit factor which is not a bona fide occupational qualification is prohibited".

It is unlawful in Massachusetts to require a lie detector test as a condition of employment or continued employment. An employer who violates that law shall be subject to criminal penalties and civil liabilities.

APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, gender orientation, national origin, age, marital or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(Please Print)

Date:_____ Position Applied For:_____

Referral Source: ☐ Advertisement ☐ Friend ☐ Relative ☐ Walk-In ☐ Employment Agency ☐ Other:_____

Name:_____
Last First Middle

Address:_____
Number Street City Zip

Telephone:__(_____)_____Social Security Number_____/_____/_____

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Position(s) applied for is open: ☐ Yes ☐ No

Arrange Interview: ☐ Yes ☐ No

Employed: ☐ Yes ☐ No

Position(s) considered for:_____

Remarks: _____

Date of employment: _____

Job Title: _____ Salary: _____ Department: _____

Signature: _____ Date:_____

Notes: