

TOWN OF WEBSTER

EMPLOYMENT APPLICATION

PLEASE READ BEFORE FILLING OUT THIS APPLICATION

The Town of Webster does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, handicap, veteran status, ancestry or on the basis of age. No question on this application is intended to secure information to be used for such discrimination.

To be sure that your application is properly evaluated, all questions should be answered clearly, completely and accurately in your own handwriting. If you need more space, please attach a separate sheet. Please print and use ink.

PERSONAL

Date _____

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Mailing Address _____
Number Street City State Zip Code

Telephone() _____ Social Security No. _____

Position(s) desired _____

Salary desired _____ Date Available _____

GENERAL INFORMATION

IS THERE ANY TYPE OF WORK WHICH YOUR PHYSICIAN HAS ADVISED YOU NOT TO PERFORM? IF YES, PLEASE EXPLAIN

BY WHOM OR WHAT SOURCE WERE YOU REFERRED TO US?

SELF AGENCY SCHOOL/
COLLEGE NEWSPAPER
OR OTHER
PUBLICATION EMPLOYEE
REFERRAL NAME OTHER

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

U.S. Citizen? Yes No If not, what type of visa do you hold? _____

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organizations names which indicate race, color, religion, sex or national origin.

Employer	Dates Employed		Worked Performed
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
Employer	Dates Employed		Worked Performed
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for leaving			
Employer	Dates Employed		Worked Performed
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Employer	Dates Employed		Worked Performed
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

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

MAY WE CONTACT YOUR PRESENT EMPLOYER?

IMMEDIATELY AFTER ACCEPTANCE OF EMPLOYMENT NO IF NO, GIVE REASON _____

If applying for a clerical position, please answer the following questions.

Can you type? _____ (W.P.M.) Do you take shorthand? _____ (W.P.M.)

Have you used a V.D.T.? _____ (Model _____)

Describe other training, certifications, permits or experience applicable to the job you are seeking.

EDUCATION

HIGH SCHOOL			CIRCLE LAST YEAR COMPLETED	
COMPLETE ADDRESS			1 2 3 4	
DATES ATTENDED	FROM /	TO /	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO	MAJOR COURSE OF STUDY
COLLEGE			MAJOR COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED
COMPLETE ADDRESS			1 2 3 4	
DATES ATTENDED	FROM /	TO /	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE OR CERTIFICATE RECEIVED
OTHER SCHOOLS OR SPECIALIZED TRAINING			MAJOR COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED
COMPLETE ADDRESS			1 2 3 4	
DATES ATTENDED	FROM /	TO /	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE OR CERTIFICATE RECEIVED
SCHOLASTIC HONORS, SCHOLARSHIPS ETC.				

DO YOU INTEND TO CONTINUE YOUR EDUCATION? IF YES,GIVE DETAILS

REFERENCES

GIVE BELOW THE NAME OF THREE PERSONS **NOT RELATED TO YOU** WHOM WE MAY CONTACT FOR WORK REFERENCE

NAME	ADDRESS	OCCUPATION	YEARS ACQUAINTED

AGREEMENT

Please read before signing

NOTE: If you have any questions regarding the following statement, please ask the Personnel Representative before signing.

I understand that receipt of this application and the granting of an interview does not imply that I will be employed.

I hereby affirm that the information provided by me on this application (and accompanying resume, if any) is true and complete and I understand that any false information or material omission of fact may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I understand that any offer of employment is conditioned upon satisfactory replies from my references and that employment is for no stated term and may be terminated by me or the Town.

I authorize persons, schools, current employer (if applicable) and previous employers and organizations named in this application (and accompany resume, if any) to provide the Town of Webster any relevant information which may be required to arrive at an employment decision and I voluntarily release such persons, schools, employers and organizations from all liability for providing such information. I release the Town of Webster against any liability which might result from requesting such information.

Signature: _____ Date: _____

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.

For Personnel Department Use Only

Arrange Interview	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Remarks	_____	
	_____	INTERVIEWER DATE
Employed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of Employment	_____	
Hourly Rate	_____	
Job Title	Salary _____	Department _____
By	_____	DATE _____
	NAME AND TITLE	

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

The Town of Webster is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the Town of Webster to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Town of Webster with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The Town of Webster may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the Town of Webster must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE

SUBJECT INFORMATION:

Last Name First Name Middle Name Suffix

Maiden Name (or other name(s) by which you have been known)

Date of Birth Place of Birth

Last Six Digits of Your Social Security Number (Required): _____ - _____

Sex: ____ Height: ____ft. ____in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name Father's Full Name

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

The above information was verified by reviewing the following form(s) of government issued identification:

VERIFIED BY: _____
Name of Verifying Employee (Please Print)

Signature of Verifying Employee