



HUMAN RESOURCES
 Town of Acton 472 Main Street
 Acton, Massachusetts, 01720
 Phone: 978-929-6613
 Fax: 978-929-6342
 Email: jobs@acton-ma.gov

**TOWN OF ACTON
 APPLICATION FOR EMPLOYMENT**

(Please Print)

AN EQUAL OPPORTUNITY EMPLOYER

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Position(s) Applied For: _____ Date: _____

I. Personal Information

Name: Last _____ First _____ Middle _____

Optional: Pronoun (i.e. she, he, they) _____ Optional: Chosen name (i.e. nickname) _____

Present Address – Street _____ City _____ State _____ Zip Code _____

() _____ () _____
 Main Telephone Alternative Telephone

E-Mail _____

Date available for work: _____ Type of employment desired: F/T ___ P/T ___ Seasonal ___
 Temp. _____

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver’s license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Are you legally eligible for employment in this country? ___ Yes ___ No

If you are under 18, and it is required, can you furnish a work permit? ___ Yes ___ No

Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify:

Do you have any relatives who are presently (or have formerly been) employed by the Town of Acton? ___ Yes ___ No

How were you referred to the Town? _____

II. Educational History

	School Name/Location	Years Completed	Degree/Diploma
High School			
College			
Tech. Training			
Other (i.e. Grad)			

III. Employment Record *Please include all employment or attach resume*

1. _____
 Company Name (Current or Most Recent Employer) Position Held

_____ Dates Employed: _____
 Address From To

_____ Telephone
 Manager / Supervisor

Reason For Leaving
 May we contact your current employer for a reference? ___ Yes ___ No

2. _____
 Company Name Position Held

_____ Dates Employed: _____
 Address From To

_____ Telephone
 Manager / Supervisor

Reason For Leaving

3. _____
 Company Name Position Held

_____ Dates Employed: _____
 Address From To

_____ Telephone
 Manager / Supervisor

Reason For Leaving

NOTE: List additional employers, if necessary on page 4. We may contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

 Employer's Name Reason

 Employer's Name Reason

IV. Professional References *Please do not include relatives.*

1. _____
 Name _____ Years Known _____

 Address _____ Telephone _____

 Occupation _____

2. _____
 Name _____ Years Known _____

 Address _____ Telephone _____

 Occupation _____

3. _____
 Name _____ Years Known _____

 Address _____ Telephone _____

 Occupation _____

V. Work Availability

- 1. Do you have any objection to working overtime? () Yes () No
- 2. Can you work overtime without prior notice? () Yes () No
- 3. Can you work on Saturday? () Yes () No
- 4. Can you work on Sunday? () Yes () No
- 5. Can you travel if required by this position? () Yes () No

VI. Salary / Hourly Rate Requirements

If your application receives favorable consideration, what salary/hourly rate would you require?

\$ _____ per _____

I UNDERSTAND THAT IF I AM EMPLOYED, ANY MISREPRESENTATIONS OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE DISCHARGE FROM THE EMPLOYER'S SERVICE, WHENEVER IT IS DISCOVERED.

I GIVE THE EMPLOYER THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS AND EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

IT IS UNLAWFUL IN MASSACHUSETTS TO ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PROSECUTION OR CIVIL LIABILITY.

THE TOWN OF ACTON DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE, OR FEDERAL LAW.

THIS APPLICATION IS CURRENT FOR ONLY ONE YEAR. AT THE CONCLUSION OF THIS TIME, IF I HAVE NOT HEARD FROM THE EMPLOYER AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY TO COMPLETE A NEW APPLICATION.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE AND THE EMPLOYER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER, OTHER THAN AN AUTHORIZED OFFICER, HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

I UNDERSTAND THAT IT IS THE TOWN'S POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR A REASONABLE ACCOMODATION AS REQUIRED BY THE ADA.

I UNDERSTAND THAT THE TOWN OF ACTON IS A "DRUG FREE" WORKPLACE AND THAT SUBSTANCE ABUSE SCREENING WILL BE PART OF MY PHYSICAL EXAM IF HIRED AND COULD BE ADMINISTERED AT ANY TIME DUE TO REASONABLE SUSPICION. POSITIVE RESULTS MAY RESULT IN TERMINATION OF EMPLOYMENT.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROVE OF IDENTITY AND LEGAL WORK AUTHORIZATION.

I REPRESENT AND WARRANT THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING AND SEEK EMPLOYMENT UNDER THESE CONDITIONS.

 Signature of Applicant

 Date

