



COMMONWEALTH OF MASSACHUSETTS

Town of Rutland

APPLICATION FOR EMPLOYMENT

The Town of Rutland does not discriminate against any applicant based on age, disability, gender, gender identity, national origin or ancestry, race, color, religion, sexual orientation, veteran status, or any other class protected by federal, state or local law.

(PLEASE PRINT LEGIBLY)

Date of Application: \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

Referral Sources: [ ] Advertisement [ ] Friend [ ] Relative [ ] Walk-In

Other:

\_\_\_\_\_

Name: \_\_\_\_\_
Last First Middle

Address: \_\_\_\_\_
Number Street City State Zip Code

Telephone: ( ) \_\_\_\_\_ Area Code Email: \_\_\_\_\_

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 dates & reason for leaving:

\_\_\_\_\_

Are you employed now? [ ] Yes [ ] No May we contact your present employer? [ ] Yes [ ] No

Are you authorized to work in the U.S.? [ ] Yes [ ] No (Proof of immigration status may be required upon employment)

On what date would you be available for work? \_\_\_\_\_

Are you available to work: [ ] Full Time [ ] Part Time [ ] Shift Work [ ] Temporary/Seasonal

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

Can you travel if job requires it? [ ] Yes [ ] No

**EMPLOYMENT EXPERIENCE**

Please account for the last 3 positions you have held. Start with your present or last employer. You may include military service and any verifiable work performed as an intern or volunteer.

1. Employer: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Supervisor: _____ Reason for Leaving: _____
<b>Dates Employed:</b> from: _____ to: _____ Work Performed: _____
_____
_____
Hourly/Salary Rate: starting: _____ final: _____

2. Employer: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Supervisor: _____ Reason for Leaving: _____
<b>Dates Employed:</b> from: _____ to: _____ Work Performed: _____
_____
_____
Hourly/Salary Rate: starting: _____ final: _____

3. Employer: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Supervisor: _____ Reason for Leaving: _____
<b>Dates Employed:</b> 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 Extracurricular Activities								
Honors Received:								

List professional, trade, business or civic activities and offices held (please list any you feel are relevant):

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Give **name, address, and telephone number** of three (3) business references who are not related to you and are not previous employers (additional business references may be requested):

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

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

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

I hereby voluntarily release, discharge and exonerate the Town of Rutland, 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 Rutland.

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, employment contract or M.G.L. which covers the position to which I am appointed.

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 that the Town may request a Criminal Offense Record Inquiry (CORI check) on me, investigate my driving record or verify my license(s) or certification(s) as required for employment at any time during my employment. I hereby authorize the Town to conduct a CORI check on me as a condition of applying for a position with the Town, where applicable, and agree to sign a CORI Request Form reflecting my authorization of the CORI check. I further release the Town and its agents from any and all potential claims associated with the Town's performing a CORI check on me in connection with my application for a position with the Town.

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'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 town.

**My Signature Certifies That I Have Read And Agree With The Above Statements And All Statements Contained In This Application For Employment.**

\_\_\_\_\_ Signature of Applicant \_\_\_\_\_ Date

***AN EQUAL OPPORTUNITY EMPLOYER***

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FOR DEPARTMENT USE ONLY

Arrange interview  Yes  No

Remarks: \_\_\_\_\_

Employed:  Yes  No Date of employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_ Department: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Name

