

TOWN OF HAMPDEN MASSACHUSETTS



APPLICATION FOR EMPLOYMENT

DEPARTMENT: _____

DATE: _____

Application for Employment

Applicants for employment are considered without regard to race, creed, color, religion, sex, sexual orientation, gender identity or expression, marital status, genetic information, national origin, age, disability, military or veteran status, or being a member of the Reserves or National Guard. Also 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.

(PLEASE PRINT)

Date of Application:

Position(s) Applied For:

Referral Source: Advertisement Friend Relative Walk-In Employment Agency
 On-Line Company Web Site Other

Name

LAST

FIRST

MIDDLE

Address

NUMBER

STREET

CITY

STATE

ZIP

Telephone ()

Cell Phone ()

Email Address

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 Are you on lay-off or subject to recall Yes No

May we contact your present employer? Yes No

Can you perform the essential functions of the position for which you are applying with or without reasonable accommodation? Yes No

Are you under 18? Yes No

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

(Proof of authorization to work and of your identity will be required upon employment)

On what date would you be available for work?

Are you available to work: Full Time Part Time 1st Shift 2nd Shift 3rd Shift
 Temporary Overtime Weekend Shift

Can you travel if a job requires it? Yes No

COMPLETE THIS SECTION ONLY IF CHECKED

Indicate what languages (including English) you speak, read, and/or write..

	FLUENTLY	GOOD	FAIR
Speak	_____	_____	_____
Read	_____	_____	_____
Write	_____	_____	_____

REFERENCES

Give names, addresses and telephone numbers of three references from previous employers. If previous employers are not available, list three individuals who are not related to you.

NAME	ADDRESS	PHONE NUMBER

SPECIAL SKILLS AND QUALIFICATIONS

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

Employment Experience

Start with your present or most recent job. You may elect to include military service assignments. Provide any verifiable work performed on a volunteer basis. You may exclude organization names which indicate race, creed, color, religion, sex, sexual orientation, gender identity or expression, marital status, results of genetic testing, national origin, age, disability, military status or status as a veteran, or being a member of the Reserves or National Guard.

Employer	Phone	Work Performed	
Address	FAX		
City, State, Zip	Hourly Rate/Salary		
Job Title	Starting	Final	
Supervisor	Dates Employed		
Reason for Leaving	Starting	Final	
Employer	Phone	Work Performed	
Address	FAX		
City, State, Zip	Hourly Rate/Salary		
Job Title	Starting	Final	
Supervisor	Dates Employed		
Reason for Leaving	Starting	Final	
Employer	Phone	Work Performed	
Address	FAX		
City, State, Zip	Hourly Rate/Salary		
Job Title	Starting	Final	
Supervisor	Dates Employed		
Reason for Leaving	Starting	Final	
Employer	Phone	Work Performed	
Address	FAX		
City, State, Zip	Hourly Rate/Salary		
Job Title	Starting	Final	
Supervisor	Dates Employed		
Reason for Leaving	Starting	Final	

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

Education

	Elementary	High School	College/University				Graduate/Professional			
Name of School										
Years Completed (please Circle)	4 5 6 7 8	9 10 11 12	1	2	3	4	1	2	3 4	
Diploma/Degree										
Describe Course of Study										
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities:										
Describe any Honors Received:										
Provide the names of any Certifications: (such as CPR/First Aid, PHR, SPHR, SHRM-CP, SHRM-SCP, etc.)										

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this company/organization. I **understand and agree that if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this company/organization.**

AGREEMENT: I certify that the information on this application is true, complete and correct. I hereby authorize the investigation of my past employment, education and activities and I release from all liability all persons, companies and corporations supplying such information. I understand that false answers, statements or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

Signature of Applicant

Date

FOR HUMAN RESOURCE DEPARTMENT ONLY

Arrange Interview Yes No

Interviewer

Date

Employed Yes No

Date of Employment

Job Title

Hourly Rate/Salary

Department

By

Name and Title

Date