# TOWN OF CHARLTON, MA

37 Main Street, Charlton, MA 01507

(508) 248-2242 PH; (508) 248-2377 FAX

## Application for Employment

(please print or type)

The Town of Charlton recognizes the right of an individual to work and to advance on the basis of merit, ability and potential without regard to race, sex, color, mental or physical limitation, religious creed, national origin or ancestry, age, veteran status, sexual orientation, marital status or maiden name, or political affiliation. NOTE: If you will require special accommodation in order to apply for this position, please notify the Human Resources Office prior to the deadline for submitting applications.

PERSONAL INFO	RMATION			
Date of Application:	/ / How did y	ou hear of this position o	pening?	
Position Applied for an	nd Department:			
Availability (full-time, p	part-time, seasonal):			
Full Name (first, middl	e, last):			
Address (street/city/star	te/zip):			
Home Phone: ( )		Worl	k Phone: ( )	
Have you ever been em	ployed with the Town	before? NO ( ) YE	ES ( )	
If YES, please provi	de:			
Title of Position He	eld:	Tern	nination Date:	
Reason for Leavings	:			
List your relatives who	currently work for the	Town of Charlton:		
Name	Depa	rtment	Relationship	
If you are under 18 yea	rs of age, can you prov	ide required proof of you	r eligibility to work?	NO ( ) YES ( )
Are you a citizen of the	United States? NO	( ) YES ( )		
-	vide proof that you are m and Control Act?	eligible to work in the U	Inited States, in accorda	nce with the
EDUCATION				
Circle the highest grade	completed: 5 6 7	8 9 10 11 12 C	College: 1 2 3 4 5	5 6 6+
	School (name, city, state)	Diploma/Degree	# Years Completed	Course of Study Major/Minor
High School/GED		Yes ( ) No ( )		
Undergraduate		Yes ( )		
College/University		No ( )		
Graduate College/University		Yes ( ) No ( )		
Other Education, i.e.		Yes ( )		
Technical, Business		No ( )		

EMPLOYMENT	Γ HISTORY st recent employer first, and account fo	- any cana in amplay	mont)
Company:	st recent employer first, and account to	r any gaps in employ	ment.
Full Address:			
Your Title:			
Employed From:		Employed To:	
Responsibilities:			
Supervisor's Name:		Phone Number: (	)
Reason for Leaving	:		
Company:			
Full Address:			
Your Title:			
Employed From:		Employed To:	
Responsibilities:			
Supervisor's Name:		Phone Number: (	)
Reason for Leaving	•		
Company:			
Full Address:			
Your Title:			
Employed From:		Employed To:	
Responsibilities:			
Supervisor's Name:		Phone Number: (	)
Reason for Leaving	:		
Company:			
Full Address:			
Your Title:			
Employed From:		Employed To:	
Responsibilities:			
Supervisor's Name:		Phone Number: (	)
Reason for Leaving	•		
	IF NEEDED, PLEASE ATTAC	TH ADDITIONA	L SHEETS
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TO INCLUDE ADDITIONAL EMPLOYMENT HISTORY.

MILITARY SERVIC	E		
Have you ever served in th	he U.S. Armed Forces?	YES ( ) NO ( )	
If YES, what branch?			
Type of Discharge:		Date of Discharges	:
Describe any training	which would be relevant	t to the position for which you	are applying:
SPECIFIC SKILLS			
List technical/professiona	l licenses or certification	s you hold:	
List office machines heav	v oquinment vehicles ar	nd other machinery you can op	overtor
List office machines, neav	y equipment, venicles at	id other machinery you can op	erate:
Indicate any specialized tr	aining you have received	l:	
DRIVER'S LICENSE		1 11	
List all unexpired motor v			L
License #	Issuing State	Expiration Date	License Type
REFERENCES List three (3) professional	references:		
Name and Occupation	Full Address	Phone Number	Relationship
-			-
REFERENCES List three (3) personal refe	arances who are not form	ner employers or related to you	1.
Name and Occupation	Full Address	Phone Number	Relationship

#### PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY

### **CERTIFICATION AND AGREEMENT**

#### PLEASE READ CAREFULLY BEFORE SIGNING

I CERTIFY that all entries on this application for employment, and attachments, are true and complete, and, that I understand that any falsification of information herein, material half-truths, misstatements or omissions, regardless of their time of discovery, may cause forfeiture on my part to any employment with the Town of Charlton. I understand that all information on this application is subject to verification and I consent to the contacting of references, former employers and educational institutions regarding this application.

I AUTHORIZE the Town of Charlton to obtain any information from schools, employers, or individuals relating to my activities. This information may include, but is not limited to: academic, achievement, performance, attendance, personal history, disciplinary. Further, I hereby authorize all references, persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume or other documents supplied by me) to provide the Town of Charlton any relevant information that may be required to arrive at an employment decision. I understand that the information release is for the Town of Charlton's use only.

I RELEASE any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may, at any time, happen to me as a result of compliance and/or attempts to comply with this authorization.

Applicant's Signature	Dat
Applicant s digitature	Dat

# THE TOWN OF CHARLTON IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

MISCELLANEOUS ADDITIONAL INFORMATION
Have you ever applied for a position with the Town before? YES ( ) NO ( )
If YES, give date and position:
Use this space for any further information you think would help us evaluate your application: