APPLICATION FOR EMPLOYMENT COMMONWEALTH OF MASSACHUSETTS Town of Great Barrington

Applicants are considered for all positions without regard to race, color, religion, gender orientation, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

(PLEASE PRINT)	or veteran status, or the	presence of a non-joi	5-related medical cond	ntion of nandicap.
(LEAGE I MINI)		Date of A	pplication	
Position(s) Applied For:_				
	_			
Referral Sources:	Advertisement	Friend F	Relative Walk	-In
	Employment Agency	Other:		
Nama				
Name:	Last	First		Middle
A J.J				
Address:Number	Street	City	State	Zip Code
Tolombonos		Casial Cassuits Nove	h /	
Telephone:()Area Code		_Social Security Num	lber:/	
E				
Email:				
If employed and you are u	under 18, can you furnis	h a work permit?	Yes	No
Have you filed an applica	tion here before?	Yes No	If ves give date:	
Have you ever been emple	oyed here before?	Yes No	If yes give date:	
Are you employed now?	☐ Yes ☐ No	May we contact you	r present employer?	∐Yes
Are you prevented from l	awfully becoming emplo	yed in this country b	ecause of Visa or Imm	nigration Status? Proof
of citizenship or immigra	•			No
On subot data mould non	ka awallakla faw wasila			
On what date would you	be available for work?			
Are you available to work	ĸ └─ Full Time _	Part Time	Shift Work	L Temporary
Are you on a lay-off and s	subject to recall?	$\square_{ m Yes} \square_{ m Ne}$	0	
Can you travel if job requ	uires it? Yes	No		
	EM I	PLOYMENT EXP	ERIENCE	
				s. You may exclude organization
names which indicate race,	color, religion, gender or	ientation, national orig	in, age, marital, or vete	eran status.
1. Employer:		Address:		
City:	State:Zi	p:	Phone:	
Supervisor:		Reason for Leaving.		
_		_		
Dates Employed: from:	to:_		Work Performed:_	
Hourly/Salary Rate: startin	g:	fin	al:	

2. Employer:		Addres	ss:	······································
City:	State:	Zip:	Phone:	
Supervisor:		Reason fo	r Leaving:	
Dates Employed: from:		to:	Work Performed:	
Hourly/Salary Rate: starting:			final:	
3. Employer:		Addre	SS:	
- 1			Phone:	
			r Leaving:	
_			Work Performed:	
				<u>-</u>
- <u></u>				
Hourly/Salary Rate: starting:			final:	
			SS:	
-		_	Phone:	
_			r Leaving:	
Dates Employed: from:		to:	Work Performed:	
Hourly/Salary Rate: starting:			final:	
β. <u></u>				
5. Employer:		Addres	SS:	
City:	State:	Zip:	Phone:	
Supervisor:		Reason fo	r Leaving:	
Dates Employed: from:		to:	Work Performed:	

6. Employer:						Address:		
City:		_Stat	e:		Zi	D:	Phone:	
Supervisor:						Reason for Leaving:_		
Dates Employed: from:					to:_		Work Performed:	
Hourly/Salary Rate: starting:						fi	inal:	
7. Employer:						Address:		
City:	State:Zij				Zi	o:Phone:		
Supervisor:						Reason for Leaving:_		
Dates Employed: from:					to:_		Work Performed:	
Hourly/Salary Rate: starting:						fi	inal:	
Special Skills and Qualification	ons: (Sumi	mari	ze sr	ecial	skills and qualificati	ons acquired from employmen	nt or other experience:
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EDUCATION:								
		Eler	nent	ary		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/or Extracurricular Activities								
Honors Received:								
State any additional information	ion y	ou fe	el m	ay b	e hel	ful to us in consider	ing your application:	

List professional, trade, business or civic activities and offices held: (you may exclude those which indicate race, color, religion, gender orientation, national origin, age, marital or veterans status):
Give name, address, and telephone number of three (3) references (who are not related to you)
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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.
Signature of Applicant Date
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 Great Barrington 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 Great Barrington any relevant information that may be required to arrive at an employment decision. I understand that the information released is for the Town of Great Barrington's use only.
I hereby voluntarily release, Discharge and exonerate the Town of Great Barrington, 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 Great Barrington.
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 which covers the position to which I am appointed. I also understand that I must be available from time to time to work outside normal business hours, as the needs of the department require.
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 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 DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, gender orientation, national origin, age, marital or veteran status, medical condition or handicap. As employers/government contractors, we comply with government regulations and affirmative action responsibilities. Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation. This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. (Please Print) ____ Position Applied For:__ Friend Relative Walk-In Referral Source: Advertisement Other: **Employment Agency** Name:___ Last First Middle Address: Zip Number Street City _Social Security Number____ Telephone: (FOR PERSONNEL DEPARTMENT USE ONLY Position(s) applied for is open: Yes No Arrange Interview: Yes No Yes Employed: No Position(s) considered for: Remarks: Date of employment: Job Title: Salary: Department: Signature: _____ Notes: