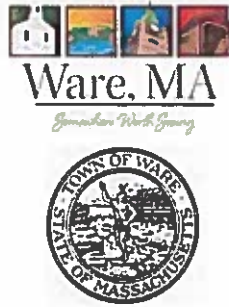


Application for Employment

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume. If you need additional space to complete an answer, please attach additional sheets containing the information to this application. In addition to the information required below, please provide any other information you think would be helpful to us in considering you for employment.



We are an Equal Opportunity Employer and committed to excellence through diversity. Qualified applicants are considered for all positions regardless of race, color, religion, creed, gender, Nat'l origin, age, disability, marital or military status, genetic information, sexual orientation, or any other legally protected status.

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. MGL Ch. 149, Section 198.

Personal Information

Name _____ Date _____

Address _____		City _____	State _____	Zip _____
Phone Number _____	Mobile Number _____	Email Address _____		
Are You Authorized to work In the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>		List Any Applicable Licenses Held, including MA Driver's License _____		
Have you ever been employed by the Town of Ware? List positions and dates of employment. Yes <input type="checkbox"/> No <input type="checkbox"/>				

Position

Position You Are Applying For _____	Available Start Date _____	Desired Pay _____
Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/Temporary		

Education

School Name	Location	Years Attended	Degree Received	Major

References

Name	Title	Company	Phone

Employment History

Employer (1)	Job Title	Dates Employed
Work Phone	Supervisor	Job Duties
Address	Reason for Leaving	Can we call your Supervisor?
Employer (2)	Job Title	Dates Employed
Work Phone	Supervisor	Job Duties
Address	Reason for Leaving	Can we call your Supervisor?
Employer (3)	Job Title	Dates Employed
Work Phone	Supervisor	Job Duties
Address	Reason for Leaving	Can we call your Supervisor?

Has any of the following happened to you in the last ten (10) years?

- 1 – Fired from a job.
- 2 – Quit a job after being told you would be fired.
- 3 – Left a job following allegations of misconduct.
- 4 – Left a job following allegations of unsatisfactory performance.
- 5 – Left a job for other reasons under unfavorable circumstances.

Use the numbers above under "code" to explain the reason your employment was ended.

Date (Month/Year)	Code from Above List	Employer Name/Address

Please provide a detailed explanation for each instance entered in the above chart. Attach additional pages as needed:

Signature Disclaimer

- I certify under the pains and penalties of perjury that all statements made by me on this application (and attached resume, if applicable) are true and complete to the best of my knowledge and that I have withheld nothing, which if disclosed would affect this application unfavorably.
- I understand that should I be hired, any false statements, omissions or answers made by me on this application can result in my immediate termination.
- I authorize the Town of Ware to obtain my previous work records, employment records, character references and any other information concerning character, ability, habits and all other necessary information. I agree that the Town of Ware will not be liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statement(s), omission(s) or answer(s) made by me on this application. I agree that my previous employers shall not be liable with regard to any information provided by them in connection with this release.
- If an offer of employment is made, the Town of Ware may specify that it is contingent upon the results of a medical exam. I freely and voluntarily agree to submit to a pre-employment physical and/or drug/alcohol screen, as it relates to the requirements of a specific job, as part of my pre-employment application. I understand that either refusal to submit to such screening or failure to qualify according to the minimum standards established by the Town of Ware for this screening may disqualify me from further consideration for employment. Further, I understand that any positive drug test results will be communicated in a confidential manner.
- In compliance with the Immigration and Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment.
- I understand also, that I am required to abide by all rules, policies and regulations of the employer including but not limited to Drug and Alcohol Testing.
- I hereby acknowledge that I have read in full and understand the above conditions of employment.

Name (Please Print)

Signature

Date

