



Return to:
Town of Truro, Town Hall
Box 2030
Truro, MA 02666-2030
Telephone: 508/349-7004
Fax: 508/349-5505

EMPLOYMENT APPLICATION

PLEASE READ BEFORE FILLING OUT THIS APPLICATION

The Town of Truro does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, handicap, veteran status, or on the basis of age. No question on this application is intended to secure information to be used for such discrimination.

To be sure your application is properly evaluated, all questions should be answered clearly, completely and accurately in your own handwriting. If you need more space, please attach a separate sheet.

PERSONAL

Date _____

Name _____
Last First Middle

Address _____
Number Street City/Town State Zip Code

Mailing Address _____
(If different) P.O. Box or Street Address City/Town State Zip Code

E-Mail Address if applicable: _____

Telephone: (____) _____

Position(s) desired _____

Salary desired _____ Date Available _____

GENERAL INFORMATION

By whom or what source were you referred to us?

Self School/College Newspaper or Other Employee Referral Other
Name: _____ Publication Name: _____ Name: _____ Explain: _____

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 date: _____

Are you employed now? Yes No

May we contact your present employer? Immediately After acceptance of employment No. If no, please give reason _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. **Include** military service assignments and volunteer activities.
Exclude organization names which indicate race, color, religion, sex or national origin.

Employer	<u>Dates Employed</u> From To	Work Performed
Address	<u>Hourly Rate/Salary</u> Starting Final	
Job Title		
Supervisor		
Reason for Leaving		

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

Describe other training, certifications, licenses (CDL), etc., or experience applicable to the job you are seeking.

If applying for a clerical position, please answer the following questions.

Can you type? _____ (W.P.M. _____.) Are you proficient in computer use? Yes No

(Programs you use or have used: _____)

EDUCATION

HIGH SCHOOL

Circle Last Year Completed

1 2 3 4

Complete Address

Graduated Yes No

Major Course

COLLEGE

Major Course of Study

Circle Last Year Completed

1 2 3 4

Complete Address

Graduated Yes No

Degree or Certification Received

OTHER SCHOOLS OR SPECIALIZED TRAINING

Major Course of Study

Circle Last Year Completed

1 2 3 4

Complete Address

Graduated Yes No

Degree or Certification Received

Scholastic Honors, Scholarships, etc., received.

Do you intend to continue your education? If yes, give details Yes No

MILITARY INFORMATION

Branch: _____ Rank: _____ Dates: _____ Honorable Discharge?

POLYGRAPH TESTS -- It is illegal for an employer to utilize a polygraph or any other testing device or written examination for testing truthfulness or honesty of anyone applying for a job or of those who are presently employed. "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." (GLM 149: 19B; Employee Polygraph Protection Act of 1988).

REFERENCES

Please list below the name of three professional or work-related references.

NAME & TITLE	COMPANY	TELEPHONE	YEARS ACQUAINTED

AGREEMENT

Please read before signing.

NOTE: If you have any questions regarding the following statement, please ask the Personnel Representative before signing.

I understand that receipt of this application and the granting of an interview does not imply that I will be employed.

I hereby affirm that the information provided by me on this application (and accompanying résumé, if any) is true and complete, and I understand that any false information or material omission of fact may disqualify me from further consideration for employment and may be considered justification for dismissal at a later date. I understand that any offer of employment is conditioned upon satisfactory replies from my references (and CORI, if applicable), and that employment is for no stated term and may be terminated by me or the Town of Truro at any time.

I authorize persons, schools, current employer (if applicable) and previous employers and organizations named in this application (and accompanying résumé, if any) to provide the Town of Truro with any relevant information which may be required to arrive at an employment decision, and I voluntarily release such persons, schools, employers and organizations from all liability for providing such information. I release the Town of Truro against any liability which might result from requesting such information.

Signature _____ Date _____