

Town of Fitzwilliam

Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job related medical condition or handicap, or any other legally protected status.

<i>Position(s) Applied for:</i>	<i>Date of Application:</i>
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<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
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<i>Address: Number</i>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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<i>Telephone Number (s)</i>	<i>Social Security Number</i>
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If you are under 16 years of age, can you provide the required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
 If yes, give date: _____

Have you ever been employed with us before? Yes No
 If yes, give date: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.
 If yes, please explain _____

On what date would you be available for work? _____

Are you available to work: ___ Full Time ___ Part Time ___ Shift Work ___ Temporary

Education

	Elementary/ Middle School	High School	Undergraduate/ College/University	Graduate/ Professional
School Name and Location				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Studies				
Describe any specialized training, apprenticeship, skills and extra-curricular activities				
Describe any special honors you have received				
State any additional information you feel may be helpful to us in considering your application				

Indicate any foreign languages that you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.
You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

Have you ever had any job-related training in the United States military? _____Yes _____No

If Yes, please describe_____

References

Give names, addresses and telephone numbers of three references who are not related to you and are not previous employers:

1. _____
2. _____
3. _____

Employment Experience

Employer		Dates Employed		Job Description/Duties Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Job Description/Duties Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Job Description/Duties Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Job Description/Duties Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

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

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.

This application for employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employment may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless change is specifically acknowledged in writing by an authorized executive of this organization.

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 employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ___Yes ___No

Remarks _____

_____/_____
Interviewer Date

Employed ___Yes ___No Date of Employment _____

Job Title _____ Department _____

Hourly Rate/Salary _____

By _____/_____
Name and Title/Department Date

THE TOWN OF FITZWILLIAM IS AN EQUAL OPPORTUNITY EMPLOYER

