

14 Do you possess the following skills? Please list in detail all that apply.

Specialized Training? YES NO
Professional Licenses? YES NO
Professional Memberships? YES NO
Computer Software? YES NO
Office Equipment? YES NO

Name of Training/Course: _____
Licenses: _____
Name of Organizations: _____
Name of Programs: _____
Describe Equipment: _____

If more room is required, an additional sheet may be attached.

Employment History

List present employer first. A resume or supplemental sheet may be included, however, this section must be completed.

15 Employer's Name: _____

Address: _____

Telephone Number: _____

Job title: _____

Worked From: _____ To: _____

Immediate Supervisor's Name and Job Title: _____

May we contact this employer? YES NO

Describe the work you performed: _____

Reason(s) for leaving: _____

16 Employer's Name: _____

Address: _____

Telephone Number: _____

Job title: _____

Worked From: _____ To: _____

Immediate Supervisor's Name and Job Title: _____

May we contact this employer? YES NO

Describe the work you performed: _____

Reason(s) for leaving: _____

17 Employer's Name: _____

Address: _____

Telephone Number: _____

Job title: _____

Worked From: _____ To: _____

Immediate Supervisor's Name and Job Title: _____

May we contact this employer? YES NO

Describe the work you performed: _____

Reason(s) for leaving: _____

18 Employer's Name: _____
Address: _____ Telephone Number: _____
Job title: _____ Worked From: _____ To: _____
Immediate Supervisor's Name and Job Title: _____

May we contact this employer? YES NO

Describe the work you performed: _____

Reason(s) for leaving: _____

If more room is required, an additional sheet may be attached.

References

Please provide professional and/or business references only. Note that references listed in this section will be contacted.

19 Reference #1

Name: _____ Address: _____

Business Position: _____ Telephone _____ Home: _____

Work: _____

20 Reference #2

Name: _____ Address: _____

Business Position: _____ Telephone _____ Home: _____

Work: _____

21 Reference #3

Name: _____ Address: _____

Business Position: _____ Telephone _____ Home: _____

Work: _____

22 Reference #4

Name: _____ Address: _____

Business Position: _____ Telephone _____ Home: _____

Work: _____

23 How did you learn about the job for which you are applying? Walk-in Town Employee

Newspaper; title _____ Professional Journal; title _____

Posted Town Bulletin _____ the Internet _____

OTHER _____

Agreement

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 Sheffield 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 Sheffield any relevant information that may be required to arrive at an employment decision. I understand that the information released is for the Town of Sheffield's use only.

I hereby voluntarily release, discharge and exonerate the Town of Sheffield, 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 Sheffield.

I understand that all appointments are probationary and that I must demonstrate my ability for continued employment. 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 eligibility under the Immigration Reform and Control Act of 1986 within three 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, sexual 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."

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.)

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

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.

**EMPLOYMENT APPLICATION
SUPPLEMENTAL INFORMATION**

Name

Position Applied For

The following information is requested by the Federal Government in order to monitor our compliance with various civil rights laws. You are not required to furnish this information, but are encouraged to do so. The law requires that we may not discriminate based upon this information, nor whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations we are required to note the race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below.

I do not wish to furnish this information _____

REQUESTED CIVIL RIGHTS COMPLIANCE INFORMATION:

Ethnicity:

Hispanic or Latino

Not Hispanic or Latino

Race/National Origin:

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Sex:

Female

Male

