

APPLICATION FOR EMPLOYMENT  
COMMONWEALTH OF MASSACHUSETTS

*Town of Sheffield*



Town Hall 21 Depot Street  
Police Station 10 South Main Street  
Fire Station 65 Depot Street  
Bushnell-Sage Library 48 Main Street  
Highway Garage 35 Pike Road  
Senior Center 25 Cook Road  
Transfer Station 304 Barnum Street

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)

Date of Application \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

Referral Sources: ☐ Advertisement ☐ Friend ☐ Relative ☐ Walk-In  
☐ Employment Agency ☐ Other: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Residential Mailing Address: \_\_\_\_\_  
Number Street City State Zip Code

Telephone : (\_\_\_\_\_) \_\_\_\_\_ Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Area Code

Email: \_\_\_\_\_

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? ☐ Yes ☐ No

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

Do you have an immediate family member (i.e. spouse, parent, sibling, or child) working for the Town of Sheffield?  
☐ Yes ☐ No

If yes, list employee's name and department: \_\_\_\_\_

## Employment History

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Dates Employed:** from: \_\_\_\_\_ to: \_\_\_\_\_ Work Performed: \_\_\_\_\_

**May we contact this employer?** ☐ Yes ☐ No

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Dates Employed:** from: \_\_\_\_\_ to: \_\_\_\_\_ Work Performed: \_\_\_\_\_

**May we contact this employer?** ☐ Yes ☐ No

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Dates Employed:** from: \_\_\_\_\_ to: \_\_\_\_\_ Work Performed: \_\_\_\_\_

**May we contact this employer?** ☐ Yes ☐ No

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Dates Employed:** from: \_\_\_\_\_ to: \_\_\_\_\_ Work Performed: \_\_\_\_\_

**May we contact this employer?** ☐ Yes ☐ No

Special Skills and Qualifications: Summarize special skills and qualifications acquired from employment or other experience:

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### **Education**

						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:								

Give name, address, and telephone number of three (3) references (who are not related to you)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### **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.

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Signature of Applicant

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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 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 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.*

*"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, gender 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.*

Signature \_\_\_\_\_

Date: \_\_\_\_\_