



Town of Whitman Employment Application

Personnel Director
54 South Avenue, Whitman, MA 02382
Phone: 781-618-9701 Fax: 781-618-9790
www.whitman-ma.gov employment@whitman-ma.gov

* A resume, cover letter, and fully completed application are required for each position for which you apply. Also, "see resume" is not an acceptable response in any field. If you require any accommodation to complete this form or any part of the application/selection process, please contact the Town Personnel Director.

Please print all of your responses below.

Date of Application: _____

SECTION I: POSITION

Position Applying For: _____

Availability:

_____ Full Time _____ Part Time _____ Other _____ Summer Only

Referral Source:

_____ Newspaper _____ Website _____ Job Posting _____ Relative/Friend _____ Other

If hired, on what date can you start working? / /

SECTION II: PERSONAL INFORMATION

Name: _____
Last First Middle

Address: _____
Street # and Name City/Town State Zip Code

Telephone: _____

Cell Phone: _____

Email: _____

Valid Driver's License (circle one): Yes - No

Issuing State: _____

SECTION III: EDUCATION

	High School	College/University	Post-Grad
School Name, City, State			
Years Completed			
Diploma/Degree			
Describe Course of Study			
Specialized Training, Skills, Extra-Curricular Activities			

SECTION IV: LICENSES AND SKILLS

Do you have a valid CDL license (Class A or B)? Yes ___ No ___ If yes, enter expiration date: _____

Do you have a valid Hydraulic License? Yes ___ No ___ If yes, enter expiration date: _____

Please list all valid licenses, certifications and endorsements: _____

Check the column that you feel best describes your office skills:

	✓ Beginner	✓ Intermediate	✓ Advanced
Microsoft Word			
Microsoft Excel			
Microsoft Access			
Microsoft PowerPoint			
Bookkeeping			

List any computer software programs with which you are proficient: _____

SECTION V: EMPLOYMENT EXPERIENCE (LIST ALL EMPLOYMENT)

Please account for the all positions you have held. Start with your present or most recent job first. You may include military service and any verifiable work performed as an intern or volunteer. **Please attach additional page(s) if necessary.**

Employer:	Duties Performed:
Address:	
City, State:	
Job Title:	
Supervisor:	
Reason for Leaving:	
Dates Employed: From _____ To _____	
	If yes, please provide phone number:
Employer:	Duties Performed:
Address:	
City, State:	
Job Title:	
Supervisor:	
Reason for Leaving:	
Dates Employed: From _____ To _____	
	If yes, please provide phone number:
Employer:	Duties Performed:
Address:	
City, State:	
Job Title:	
Supervisor:	
Reason for Leaving:	
Dates Employed: From _____ To _____	
	If yes, please provide phone number:

SECTION VI: MILITARY HISTORY

Veteran of US Armed Forces? Yes ___ No ___ Branch: _____

Discharge Status: _____ Rank When Discharged: _____

Present Military Status: _____

SECTION VII: CHARACTER REFERENCES

Please list three (3) persons not related to you, who have known you for at least six (6) months, and have knowledge of your character, experience and ability.

Name:	Occupation:
Address:	City, State:
Home Phone:	Business Phone:
Name:	Occupation:
Address:	City, State:
Home Phone:	Business Phone:
Name:	Occupation:
Address:	City, State:
Home Phone:	Business Phone:

SECTION VIII: MISCELLANEOUS QUESTIONS

Please Circle One

If hired, can you provide proof that you are legally able to work in the United States? In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.	Yes	No
Are you 18 years old or over?	Yes	No
If under age 18, can you supply an Employment Permit?	Yes	No
Are you 21 years old or over? (Police Officer applicants only)	Yes	No
Are you employed now?	Yes	No
Do you have commitments, contractual or other, to another employer or organization which might affect your employment with us?	Yes	No
Can you travel if the job requires it?	Yes	No

Have you ever been discharged from any position? If yes, please state the circumstances.	Yes	No
Do you have any friends or family who work for the Town of Whitman? If yes, please name them and state your relationship.	Yes	No
Have you ever filed an application for employment with the Town? If yes, please provide the date(s) of your application(s) and the position(s) for which you applied.	Yes	No
Have you ever been employed with the Town? If yes, please provide your dates of employment and the department(s) in which you worked.	Yes	No

SECTION IX: APPLICANT'S STATEMENT

I understand that acceptance of the application by the Town of Whitman does not imply that I will be employed. I certify that the statements and information I have provided are true and complete. I understand that misrepresentation or omission of any fact in my application, resume, or cover letter, or in any materials or statements provided during the application process and/or interviews, can be grounds for refusal of employment or can be grounds for termination from employment.

I understand that any offer of employment that I receive from the Town of Whitman is contingent upon successful completion of the pre-employment screening process including, but not limited to, the Town of Whitman receiving satisfactory references, a satisfactory Criminal Offense Record Inquiry (CORI) and/or Sexual Offender Information Inquiry (SORI), satisfactory verification of driver's license(s) and driving history, certifications where required and satisfactory completion of any required post-offer, pre-employment alcohol and drug test or mental and physical examinations.

In processing my application for employment, the Town of Whitman may verify all of the information provided by me concerning, among other things, my prior employment or military record, education, character, general reputation and personal characteristics. I hereby authorize the Town to take whatever steps deemed necessary to obtain information regarding my qualifications for employment including contacting my present and former employers, by contacting individuals listed as business, educational or personal references, and by contacting other individuals to provide or further clarify information about me. I hereby release and hold the Town, my present and former employers, and all individuals contacted for information about me harmless from any and all liability for claims or damages arising from requesting, furnishing and/or reviewing the requested information.

I understand that the Town of Whitman is an at-will employer. If employed, I understand that my employment may be terminated with or without cause at any time unless there is an applicable bargaining unit contract provision. Should I be employed by the Town of Whitman, I agree to comply with the policies, rules, regulations, and procedures of the Town of Whitman.

My signature certifies that I have read and agree with the above statements, all statements contained in this application for employment, and the terms and conditions of this application process.

Signature of Applicant

Date

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.

The Town of Whitman is an equal opportunity employer and does not discriminate against any applicant because of race, color, religion, sex, marital status, genetics, national origin, age, disability, sexual orientation or any other class protected by federal, state or local law.

**TOWN OF WHITMAN
VOLUNTARY APPLICANT DATA RECORD**

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, creed, religion, sex, national origin, age, sexual preference, or the presence of a non-job related medical condition or handicap. As employers, we comply with governmental regulations and affirmative action responsibilities. Solely to help us comply with government record-keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation and assistance.

This data is for periodic government reporting and will be filed and maintained in a CONFIDENTIAL FILE separate from the Application for Employment.

PLEASE PRINT NEATLY

Date of Application: _____

Position(s) Applied For: _____

Name: _____
Last *First* *MI*

Address: _____
P.O. Box/Street *Town* *State* *Zip Code*

Referral Source: Advertisement Friend Relative Employment Agency Walk-In Other

Sex: Female Male

Race/Ethnicity (Please check one):

- Black:** A person having origins in any of the black racial groups of Africa.

- White:** A person having origins in any of the original people of Europe, North Africa or the Middle East.

- Hispanic:** A person of Mexican, Puerto Rican, Cuban, Central or South American culture or other Spanish Culture or origin regardless of race.

- Asian or Pacific Islander:** A person having origins in any of the original people of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, India, Korea, the Philippine Islands and Samoa.

- Alaskan Native or American Indian:** A person having origins in any of the original people of North America and who maintains cultural identification through Tribal Affiliation or community recognition.

- Cape Verdean:** A person having origins in the Cape Verde Islands.