

TOWN OF HEATH

Return Applications To:
Board of Selectmen
Sawyer Hall
Heath, MA 01346

APPLICATION FOR EMPLOYMENT

APPLICATIONS ARE CONSIDERED FOR ALL POSITIONS 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.

(Please Print or Type)

Date of Application _____

Position You are Applying for _____

Name _____
LAST FIRST MIDDLE

Address _____
STREET OR P.O. BOX CITY/TOWN STATE ZIP CODE

Telephone (____) _____ Social Security Number _____

Have you ever been employed here before? _____; If yes, when? _____

Are you employed now? ___Yes ___No If yes, may we contact your present employer? ___Yes ___No

Date you are available for work? _____ Are you on layoff & subject to recall? _____

Please check all that apply regarding your availability to work:

___ Full Time; ___ Part Time; ___ Days; ___ Evenings; ___ Weekends; ___ All days of the week (please list any days of the week that you are unavailable for work: _____)
Available for substitute work? ___Yes ___No

What licenses, skills or qualifications do you possess which should be considered in your application for this position?

For Clerical Applicants:

Typing Speed _____ wpm List kinds of office equipment and computer software you have used and are familiar with:

For Jobs Requiring Driving:

Do you have:
A valid driver's license? _____; Commercial Driver's License (CDL)? _____; Hydraulic License? _____
License Number _____; Issuing State _____; Expiration Date _____

EDUCATION

Did you graduate from High School or do you possess a high school equivalency (GED)? _____
 COLLEGE OR OTHER TRAINING AFTER HIGH SCHOOL, INCLUDING MILITARY SCHOOLS:

NAME OF SCHOOL OR COLLEGE	DATES ATTENDED	SUBJECT/MAJOR	DATE OF DEGREE/DIPLOMA

EMPLOYMENT AND EXPERIENCE HISTORY - Start with your present, or most recent, job. Include military service assignments and volunteer activities (if related to position(s) you are applying for. Exclude organization names which indicate race, color, religion, sex, or national origin.)

Employer (Present or Most Recent)	Starting Date	Ending Date	Describe Work Performed
Address	Starting Salary	Final Salary	
Position Title	Reason for Leaving		
Supervisor			
Employer	Starting Date	Ending Date	Describe Work Performed
Address	Starting Salary	Final Salary	
Position Title	Reason for Leaving		
Supervisor			
Employer	Starting Date	Ending Date	Describe Work Performed
Address	Starting Salary	Final Salary	
Position Title	Reason for Leaving		
Supervisor			

Please state any additional information you feel may be helpful to us in considering your application:

The statements made by me in this application are full and true to the best of my knowledge and belief. I understand and authorize that information provided may be verified, and that any willful misstatement of material facts herein will cause forfeiture on my part of all rights to any employment in the service of the Town of Heath. 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.

Signature _____ Date _____