

# TOWN OF DALTON

Town Hall, 462 Main Street, Suite 6, Dalton, MA 01226

### **EMPLOYMENT APPLICATION**

The Town of Dalton is an equal opportunity employer dedicated to a policy of non-discrimination employment on any basis including race, color, creed, ancestry, religion, sex, national origin, age, marital or veteran status, handicap or disability, sexual orientation or any other legally protected status.

The filing of an Employment Application is the preliminary step to employment and does not imply that the applicant is bound to accept employment or eventually be hired. It is agreed and understood that this Employment Application in no way obligates the Town of Dalton to employ the applicant.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. Employers who violate the law shall be subject to criminal penalties and civil liability. MGL C.149 S.19B.

**INSTRUCTIONS:** Type or PRINT clearly. Answer questions fully and accurately. If not application, write N/A in the space provided.

#### PERSONAL DATA

Name (Last, First, Middle)		Date	Email (Recruitment communication		nunications are via email)	
Address (Street, City, State, Zip)				Telephone N	umber	
l radress (Sureen, Si	<i>y</i> , <i>ztate</i> , <i>21</i> p)		l composite i	41110 61		
			1	( )		
Are you over 18?	Do you possess a valid o		Are you a Veteran?	Are you a Ur	nited State ci	tizen OR do you have the
YES or NO	YES or NO. WI	nat Class?	YES or NO	legal right to work in the United Sates? YES or NO		
Position or type of work applying for:			Date available?	Application is for: Full Time Part Time Seasonal		
Have you previousl	y applied for employmen	t with the Town? If	YES, when and for what	position?	<del></del>	
Have you previousl	y been employed by the T	Cown? If <b>YES</b> , whe	en and for what position?			
How did you hear a	bout this position?		Who referred you?			
Website Referral Other:			j			
Website	Referrar Other.					
EMPLOYMEN	NT RECORD (Liet	most recent posit	tion first; you may incl	ude unnaid ev	nerience as	well )
	,				ates of Empl	· · · · · · · · · · · · · · · · · · ·
Have you ever been or are you currently employed by the Town of Dalton or any of city, town, county, state, or U.S. Government agency? YES NO. If <b>YES</b> , who we					•	o y mont.
employer?				From:		
				To:		
	,	_	•		luding self-	or unemployment. You
	ny work performed on	a volunteer basis.	Use additional sheets i	f necessary.)		
Employer's Name			City, State, Zip			
Dates Employed	_	Position	I	R	leason for Le	aving
From:	To:					
Briefly describe you	ur responsibilities:					
Supervisor's Name		Title	Telephone			May we contact employer?
			( )			YES or NO

Employer's Name			City, State, Zip				
Dates Employed From: To:	Position			Reason for Leaving			
Briefly describe your responsibilities:							
Supervisor's Name	Title		Telephone (	<b>;</b>			contact employer? or NO
Employer's Name		City, State	e, Zip				
Dates Employed From: To:	Position	1			Reason f	or Leaving	
Briefly describe your responsibilities:							
Supervisor's Name	Title		Telephone (	,		May we YES	contact employer? or NO
EDUCATION RECORD							
High School/Vocational School (City, State,	Zip)			Did you grade YES or N		Course Study	
College (City, State, Zip)				Did you graduate? May If NO, years completed?		Major / Degre	ee
Graduate School/Additional Schooling (City, State, Zip)				Did you graduate? Maj If NO, years completed?		Major / Degre	ee
Please list knowledge and/or abilities you po	ssess relevant to the	e position ye	ou are appl	ying for such a	s languages	s, computer skil	ls, etc.
Please list any specialized training, Licenses/able of operating:	Certificates, or skil	ls relevant	to the posit	ion you are app	olying for as	s well as any eq	uipment/machinery
PROFESSIONAL REFERENCE your work performance, skills, abilities, e					ot related	l to you, who	can comment on
Name of Professional Reference		Telep (	hone Num	ber?	Occupation?	•	
In what capacity do you know this person?							Number of Years?
Name of Professional Reference		Telep	hone Num	ber?	Occupation?	•	
In what capacity do you know this person?			,				Number of Years?
Name of Professional Reference		Telep	hone Num	ber?	Occupation?	)	<u> </u>
In what capacity do you know this person?			)				Number of Years?

### RELEASE AND CERTIFICATION

**READ CAREFULLY BEFORE SIGNING:** I understand that the foregoing will be verified in order to expedite my Employment Application with the Town of Dalton. I hereby authorize the Town of Dalton to conduct a full investigation into my background.

I authorize the Town of Dalton to obtain my previous work records, employment records, character references and any other information concerning my character, ability and habits and all other necessary information. Further I grant authority to the keeper of these records to release said records to the Town of Dalton for the purpose of making its hiring decision. I agree that the Town of Dalton shall not be liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statements, omissions or answers made by me on this Employment Application. I agree that my previous employers shall not be liable with regard to any information provided by them in connection with this Release.

I certify, under the pains and penalty of perjury, that all statements made by me on this Employment Application are true and complete to the best of my knowledge and that I have withheld nothing, which, if disclosed, would affect this Employment Application unfavorably. I understand that any false statements, omissions or answers made by me on this Application can result in my immediate termination.

In compliance with the Immigration and Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on or before my first day of employment. I have received the list of approved documents with this Employment Application.

I understand that unless I am subject to the terms of a collective bargaining agreement, my employment will be at-will, which means that both the Town of Dalton and I are free to terminate the employment relationship at any time or any non-statutorily prohibited reason or for no reason at all, with or without notice. I hereby acknowledge that I have read in full and understand the above statements and conditions of employment.

Applicant's Signature:	Date:
Applicant's Name (Print clearly):	<del>-</del>
PRE-EMPLOYMENT PHY	SICAL & DRUG SCREENING NOTICE
freely and voluntarily agree to submit to a pre-employment job, as part of my pre-employment application to the Tow failure to qualify according to the minimum standards esta	alton may specify that it is contingent upon the results of a medical exam. In the physical and/or drug screen, as it relates to the requirements of a specific or of Dalton. I understand that either refusal to submit to such screening or ablished by the Town of Dalton for this screening may disqualify me from that any positive drug test results will be communicated in a confidential understand the above statements.
Applicant's Signature:	Date:
Applicant's Name (Print clearly):	

## IMMIGRATION REFORM AND CONTROL ACT REQUIREMENT

In compliance with the Immigration and Reform and Control Act of 1986, you will be required to provide approved documentation that verifies your right to work in the United States prior to beginning work at the Town of Dalton. This verification process is REQUIRED FOR ALL EMPLOYEES HIRED ON OR AFTER NOVEMBER 6, 1986.

Please be prepared to provide the following documentation if you are offered and accept a position with us. Any **one** of the following which establishes both identify and employment authorization:

- 1. U.S. Passport
- 2. Certificate of U.S. Citizenship (issued by USCIS) or of Naturalization (issued by USCIS)
- 3. Current foreign passport with valid endorsement authorizing employment,
- Resident alien card or other alien registration card, with photo or other approved identifying information, which evidences employment authorization; **OR** one from List A **and** one from List B below:

List A - (Establish employment authorization):	List B - (Establish identity):
• Social Security Card (unless it specifies it does not authorize	• Driver's license or similar state ID card with photo or other
employment),	approved identifying information
• Certificate of U.S. birth or other documentation that establishes	• Other approved documentation of identity for applicants
U.S. nationality or birth	under age 16 or from a state which does not issue an ID
Other approved documentation	card (other than a driver's license)