

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

Specialized Training?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Name of Training/Course: _____
Professional Licenses?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Licenses: _____
Professional Memberships?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Name of Organizations: _____
Computer Software?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Name of Programs: _____
Office Equipment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	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: _____
Salary: _____ / _____ May we contact this employer? YES NO
Starting Ending
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: _____
Salary: _____ / _____ May we contact this employer? YES NO
Starting Ending
Describe the work you performed: _____
Reason(s) for leaving: _____

References

Please provide references. Note that references listed in this section will be contacted.

17. Reference #1
Name: _____ Address: _____
Business Position: _____ Telephone _____ Home: _____
Work: _____

18. Reference #2
Name: _____ Address: _____
Business Position: _____ Telephone _____ Home: _____
Work: _____

19. 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

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

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

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 and warrant 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."

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.

Voluntary Affirmative Action Request Form

The Town of Boxborough as part of its commitment to Affirmative Action / Equal Employment Opportunity policies, invites you to provide the following information. All applicants will be considered without regard to race, color, religion, gender, national origin, age, marital or veteran status, medical condition or disability. The information is voluntary and refusal to provide it will not have any bearing on our employment decision. The data is confidential and will be filed separately. It will be available only to authorized personnel and is used to further the Town's Affirmative Action / Equal Employment Opportunity policies. Your cooperation is appreciated.

1. Position Title: _____

2. Gender: Male Female

3. Ethnic Origin:

White – All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Black – All persons having origins in any of the black racial groups of Africa.

Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race.

Asian or Pacific Islander – All persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

American Indian or Alaskan Native – All persons having origins in any of the original people of North America maintaining cultural identification through tribal affiliations or community recognition.

Cape Verdean – All persons having origins on the Cape Verde Islands.

4. National Origin: _____

5. Veteran Status: YES NO
Vietnam Era, 1962 – 1975 YES NO

6. Disabled: YES NO

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER,
SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

The Town of Boxborough is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to The Town of Boxborough to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing The Town of Boxborough written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

the The Town of Boxborough may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that The Town of Boxborough must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE

SUBJECT INFORMATION: (A red asterisk (*) denotes a required field)

*Last Name *First Name Middle Name Suffix

Maiden Name (or other name(s) by which you have been known)

*Date of Birth Place of Birth

*Last Six Digits of Your Social Security Number: _____ - _____

Sex: _____ Height: ___ ft. ___ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name Father's Full Name

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

The above information was verified by reviewing the following form(s) of government-issued identification:

VERIFIED BY: _____
Name of Verifying Employee (Please Print)

Signature of Verifying Employee