

# Full-Time and Reduced Hours (consistently equal to or more than 20 hours) Employment Application



**TOWN OF BOXBOROUGH  
29 Middle Road  
Boxborough, Massachusetts 01719  
Employment Application**

***The Town of Boxborough is an Affirmative Action / Equal Employment Opportunity Employer***

*All information must be typed or printed legibly. Unreadable applications will be discarded.*

## Personal Information

1. Date of Application: \_\_\_\_\_ 2. Position Applying For: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

4. Address: \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_ Apartment Number \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

5. Telephone Numbers: Home: \_\_\_\_\_ Daytime: \_\_\_\_\_  
Area Code / Number \_\_\_\_\_ Area Code / Number \_\_\_\_\_

Mobile: \_\_\_\_\_  
Area Code / Number \_\_\_\_\_

6. Email Address: \_\_\_\_\_

7. Driver's License Number: \_\_\_\_\_ Class / Number / State \_\_\_\_\_

8. If hired, can you provide proof of citizenship or legal right to work?  YES  NO

9. Are you under 18 years of age?  YES  NO  
If yes, date of birth? \_\_\_\_\_

10. Have you ever been employed by the Town before?  YES  NO  
If yes, when? \_\_\_\_\_ In which department? \_\_\_\_\_

11. Do you have an immediate family member (i.e. spouse, mother, father, sibling, or child) working for the Town of Boxborough?  
 YES  NO  
If yes, Employee's Name: \_\_\_\_\_ Department: \_\_\_\_\_

## Education

| Name / Location    | Course of Study | Years Completed | Did you graduate?  | Degree |
|--------------------|-----------------|-----------------|--|--------|
| High School        |                 |                 | <input type="checkbox"/> YES <input type="checkbox"/> NO |        |
| College            |                 |                 | <input type="checkbox"/> YES <input type="checkbox"/> NO |        |
| Graduate School    |                 |                 | <input type="checkbox"/> YES <input type="checkbox"/> NO |        |
| Business/Technical |                 |                 | <input type="checkbox"/> YES <input type="checkbox"/> NO |        |

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

Specialized Training?  YES  NO Name of Training/Course: \_\_\_\_\_

Professional Licenses?  YES  NO Licenses: \_\_\_\_\_

Professional Memberships?  YES  NO Name of Organizations: \_\_\_\_\_

Computer Software?  YES  NO Name of Programs: \_\_\_\_\_

Office Equipment?  YES  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.*

**13.** Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Job title: \_\_\_\_\_ Worked From: \_\_\_\_\_ To: \_\_\_\_\_

Immediate Supervisor's Name and Job Title: \_\_\_\_\_

May we contact this employer?  YES  NO

Describe the work you performed: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

**14.** Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Job title: \_\_\_\_\_ Worked From: \_\_\_\_\_ To: \_\_\_\_\_

Immediate Supervisor's Name and Job Title: \_\_\_\_\_

May we contact this employer?  YES  NO

Describe the work you performed: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

**15.** Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Job title: \_\_\_\_\_ Worked From: \_\_\_\_\_ To: \_\_\_\_\_

Immediate Supervisor's Name and Job Title: \_\_\_\_\_

May we contact this employer?  YES  NO

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: \_\_\_\_\_

May we contact this employer?  YES  NO

Describe the work you performed: \_\_\_\_\_  
\_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

If more room is required, an additional sheet may be attached.

## References

*Please provide professional and/or business references only. 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. Reference #3

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Business Position: \_\_\_\_\_ Telephone: \_\_\_\_\_

Home: \_\_\_\_\_

Work: \_\_\_\_\_

20. Reference #4

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Business Position: \_\_\_\_\_ Telephone: \_\_\_\_\_

Home: \_\_\_\_\_

Work: \_\_\_\_\_

21. 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

I certify that 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, professional licenses, certifications, driver's license and history (if job related), professional references and any other information concerning knowledge, skills and abilities. 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.

I understand that any offer of employment that I receive from the Town of Boxborough may be contingent upon my successful completion of the pre-employment screening process, including, but not limited to, the Town of Boxborough receiving satisfactory references, review of my driving history, completion of a complete criminal background check and/or a Sex Offender Record Information ("SORI") check, and if appropriate, pre-employment drug test, physical examination, and/or psychological screening. I understand that any such test results will be communicated in a confidential manner.

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 and an I9 so certifying must be completed no later than the first day of employment.

I represent 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 age, color, disability, criminal records (Inquiries only), gender, genetics, military service, national origin, ancestry, race, religion, past participation in discrimination complaints, sexual orientation, gender identity, marital status, pregnancy, parenthood, or disability 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.**



## Town of Boxborough Release

I \_\_\_\_\_, a candidate for the position of \_\_\_\_\_, hereby authorize the Town of Boxborough to investigate all statements in my application and to secure any necessary information from all my employers, references, and academic institutions. I hereby release all of those employers, references, academic institutions, and the Town of Boxborough from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the Town of Boxborough.

I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my academic credentials and employment references. I further understand that any false or misleading statements will be sufficient cause for rejection of my application if the Town of Boxborough has not yet employed me and for immediate dismissal if the Town of Boxborough has employed me. I also authorize the Town to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency, or other party having legal and proper interest, and I hereby release the Town of Boxborough from any and all liability for its providing this information.

In the event of my employment with the Town of Boxborough, I shall comply with all rules, regulations, and policies set forth in the Town of Boxborough's Salary Administration Plan Bylaw or other communications distributed by the Town of Boxborough.

I understand that nothing in this employment application, in the Town of Boxborough's policy statements or personnel guidelines, or in my communications with any Town of Boxborough official is intended to create an employment contract between the Town of Boxborough and me. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the Town of Boxborough unless it is made in writing and signed by a Town of Boxborough official who possesses the authority to make such promise or guarantee.

I hereby acknowledge that I have read and understand the preceding statement.

Signed: \_\_\_\_\_  
[Signature of Applicant]

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