



TOWN OF SOUTHBRIDGE

AN EQUAL OPPORTUNITY EMPLOYER

The Town of Southbridge is an equal opportunity employer and does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex ancestry, sexual orientation, as defined by law, or on the basis of age, as defined by law, disability, gender identity or expression, as defined by law, genetic information, veteran's status, military service or application for military service, or pregnancy (collectively, "Protected Classes").

APPLICATION FOR EMPLOYMENT

Important: Please fill in your response above each line unless otherwise indicated. All answers must be printed or typed. Answers that are illegible or incomplete may prevent us from considering your application.

PERSONAL DATA

FIRST NAME	MIDDLE	LAST	SOCIAL SECURITY NUMBER		
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PRESENT ADDRESS IN FULL	CITY	STATE	ZIP	TELEPHONE
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PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE	ZIP	TELEPHONE
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ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES	YOUR VISA TYPE IF AVAILABLE	VISA NUMBER/EXPIRATION DATE
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EMAIL ADDRESS _____

POSITION INFORMATION

POSITION APPLIED FOR _____

ARE YOU WILLING TO WORK ANY SHIFT, INCLUDING NIGHTS AND WEEKENDS? _____

HOW SOON FOLLOWING NOTIFICATION CAN YOU REPORT? _____

ARE YOU WILLING TO RELOCATE? _____

HAVE YOU EVER BEEN EMPLOYED BY THE TOWN OF SOUTHBRIDGE? _____

IF SO, WHEN? _____ POSITION? _____

ARE ANY RELATIVES, INCLUDING IN-LAWS, EMPLOYED BY THE TOWN OF SOUTHBRIDGE? _____

IF YES, GIVE NAME, RELATIONSHIP, AND POSITION: _____

HAVE YOU EVER PREVIOUSLY APPLIED FOR EMPLOYMENT AT THE TOWN OF SOUTHBRIDGE? _____

IF SO, WHEN? (MO) _____ (YR) _____

HAVE YOU EVER PREVIOUSLY BEEN INTERVIEWED BY THE TOWN OF SOUTHBRIDGE? _____

IF SO, WHEN? (MO) _____ (YR) _____

LAST NAME _____

FIRST NAME _____

OTHER EMPLOYMENT

LIST PART-TIME EMPLOYMENT WHILE IN SCHOOL, INCLUDING COMPANY NAME(S), ADDRESSES, DATES OF EMPLOYMENT:

ARE THERE ANY PERIODS OF UNEMPLOYMENT AND/OR PART TIME EMPLOYMENT SINCE YOU GRADUATED OR LAST ATTENDED HIGH SCHOOL, WHICH ARE NOT LISTED ABOVE OR ON A SEPARATE SHEET? _____
IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN SUSPENDED, PLACED ON PROBATION, ASKED TO RESIGN, DISCHARGED OR TERMINATED? _____
IF YES, PLEASE EXPLAIN:

LIST ANY SKILLS YOU THINK MAY BE OF VALUE TO THE TOWN OF SOUTHBRIDGE:

MISCELLANEOUS INFORMATION

DO YOU HAVE A VALID DRIVERS LICENSE? YES / NO

LICENSE NO. _____ STATE OF ISSUE: _____ EXPIRATION DATE: _____

MILITARY SERVICE AND STATUS

BRANCH OF SERVICE (IF NONE, STATE NONE) _____ MILITARY OCCUPATION SPECIALITY: _____

LENGTH OF ACTIVE DUTY (MONTH/YEAR)

DATE OF ENTRY: ____/____

DATE OF SEPARATION ____/____

RANK AT THE TIME OF SEPARATION: _____

PLEASE NOTE: FINAL PROCESSING PRIOR TO EMPLOYMENT WILL REQUIRE A REVIEW OF THE ORIGINAL OR A COPY OF YOUR MILITARY DISCHARGE AND/OR REVIEW OF YOUR DD FORM 214.

LAST NAME _____

FIRST NAME _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I HEREBY CERTIFY that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information, which would, if disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application, or in dismissal if discovered subsequent to my employment.

I HEREBY AFFIRM that by execution of the application, I acknowledge that the Town of Southbridge has disclosed to me that an Investigative Consumer Report including information as to my character, general reputation, personal characteristics, and mode of living may be made; and that I, upon written request to the Town of Southbridge made within a reasonable time after the date of this application, may obtain a complete and accurate disclosure of the nature and scope of the investigation requested.

I HEREBY AUTHORIZE the Town of Southbridge to request, and I ALSO AUTHORIZE AND REQUEST each former employer, school attended, and each person, firm or corporation given as references above, to furnish at any time, any information which may be sought concerning me and my work habits, character or skill, and any other data required, whether in connection with this application or for purposes of complying with surety company requirements or otherwise.

I HEREBY AFFIRM that by submitting this application I agree to submit to medical evaluations and/or examination, including tests for the presence of illegal drugs or alcohol, prior to employment or during employment, within a time period prescribed by the Town of Southbridge and as often as directed during employment.

I HEREBY AUTHORIZE the medical examiner to disclose to the Town of Southbridge any and all findings and conclusions arrived at in any examination performed either prior to employment or during employment.

I UNDERSTAND that should I be given employment, such employment shall be for an indefinite period of time and may be terminated, at will, at any time, for any reason, by me or by the Town of Southbridge without notice or without liability whatsoever except for unpaid wages or salary earned by the date of termination. I further understand that only the Town Manager of the Town of Southbridge has the authority to enter into an agreement for employment for a specified period of time or to make any agreement contrary to this at will standard and that any such Agreement must be in writing.

I UNDERSTAND that if I am employed, the terms and conditions of my employment will be governed by this application and the Town of Southbridge's Terms of Employment and Policy and Procedures, as Amended from time to time by the Town of Southbridge, and Union agreements as appropriate.

The Town of Southbridge operates under the principles of affording equal employment opportunity through Affirmative Action.

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 (General Laws Chapter 149, Section 19B).

Submission of this information is voluntary and refusal to provide it will subject you to discharge or disciplinary treatment. Information obtained concerning individuals shall be kept confidential.

Signature _____ Date _____

Thank you for completing this application. It will remain under consideration for twelve months. It will not be necessary for you to reapply during this twelve-month period. Your interest in the Town of Southbridge is appreciated.