APPLICATION

FOR EMPLOYMENT

Town of Merrimac 4 School Street Merrimac, MA 01860 978-346-8862



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

	PLEASE PRINT)				
Position(s) Applied For			Date of Applic	ation	
How Did You Learn About Us?	1.00				
Advertisement Friend Publication Name/Date	Inquiry [Referral Employee	Name		
☐ Employment Agency ☐ Relative ☐	Other				
Last Name	First Name	# B #	Middle Nam	e	\$4000 SMAC LAD
Address Number Street	City		State		Zip Code
Telephone Number(s) Electronic Mail A	ddress	Social Se	curity Number		
Best time to contact you at home is:				:	□ AM / □ PM
If you are under 18 years of age, can you provide require	d proof of eligibili	ty to work?		Yes	□No
Have you ever filed an application with us before?				Yes	□No
If Yes, give date//					
Have you ever been employed with us before?				Yes	□No
If Yes, give date//					
Do any of your friends or relatives, other than spouse, we	ork here?			☐ Yes	□No
If Yes, stated name, relationship and location					
Are you currently employed?				Yes	☐ No
May we contact you present employer?				Yes	☐ No
Are you prevented from lawfully becoming employed in because of Visa or Immigration Status? Proof of citizenship or immigration status will be required to	<u>.</u>			Yes	□No
Date available for work / / What	is your desired sa	lary range?			
Are you available to work: Full Time		, ,			
Part Time (Please indic	ate Mornings A	Afternoon 🔲 I	Evenings)		
Temporary (Please indi)	
Are you currently on "lay-off" status and subject to recal				Yes	□No
Can you travel if a job requires it?				 ☐ Yes	□ No
Applicants for positions which require daily use of condriving record upon application for employment. Bowers A copy of your valid drivers license must be attached for	& Associates, Ltd	d. will reimb		artment of	Motor Vehicles
WE ARE AN EQU	JAL OPPORTUNITY I	EMPLOYER			

Completed Comp	EDUCATION					
Undergraduate College Graduate/ Professional Graduat	THE PERSON NAMED AND PARTY OF THE PE		Course	e of Study	PRODUCTION OF THE PROPERTY OF	Diploma/ Degree
Other (Specify) WORK EXPERIENCE Start with you present or lost job. Include any job-related military service assignments and volunteer activities. You may exclud organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. Employer Dates Employed	High School					
WORK EXPERIENCE Start with you present or lost job. Include any job-related military service assignments and volunteer activities. You may exclud organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. Employer Dates imployed	Undergraduate College					(attached copy of school transcript required)
WORK EXPERIENCE Start with you present or lost job. Include any job-related military service assignments and volunteer activities. You may exclud organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. Employer Dates Employed From To	Graduate/ Professional					(attached copy of school transcript required)
Start with you present or lost job. Include any job-related military service assignments and volunteer activities. You may exclud organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. Employer	Other (Specify)			,		
Date Employer	WORK EXPERIENCE					
From To Address From To From Fr	Start with you present or lost job. Include any organizations which indicate race, color, relig	job-related military se tion, gender, national o	ervice assig rigin, disab	nments and volun	teer activitie	es. You may exclude
From To Address Hourly Rate/ Salary Starting/Present Job Title Starting From To May we contact? Yes No No No No No No No N	Employer	Dates Er	nployed		Work Prefor	rmed
Hourly Rate/ Salary Starting		From	To			
Starting Final Supervisor Starting Final Supervisor Supervisor Starting Final Supervisor						
Supervisor						
May we contact? Yes No		Starting	Final			
Dates Employed From To	<u> </u>					
From To Address Calephone Number(s) Hourly Rate/ Salary Starting/Present Job Title Starting Final Supervisor May we contact? Yes No No No No No No No N	Reason for Leaving			May we contact?	∐ Yes	∐ No
Address Hourly Rate/ Salary Starting Final Supervisor May we contact? Yes No Address Hourly Rate/ Salary Final May we contact? Yes No Address Hourly Rate/ Salary Work Preformed Address Hourly Rate/ Salary Final Starting/Present Job Title Starting Final Supervisor May we contact? Yes No Address Hourly Rate/ Salary Starting/Present Job Title Starting Final Supervisor Dates Employed From To Address Polates Employed Po	Employer ^t				Work Prefor	rmed
Hourly Rate/ Salary		From	То			
Starting/Present Job Title Supervisor Reason for Leaving Dates Employed From To Address Felephone Number(s) Reason for Leaving Employer Dates Employed From To Address Felephone Number(s) Supervisor Reason for Leaving Dates Employed From To May we contact? Yes No Work Preformed From To May we contact? Yes No Dates Employed From To Address Fleephone Number(s) Employer Address Felephone Number(s) From To Address Felephone Number(s) Reason for Leaving May we contact? Yes No Work Preformed From To Address Felephone Number(s) Starting/Present Job Title Supervisor Reason for Leaving May we contact? Yes No May we contact? Yes No May we contact? Yes No			S THE THREE SECTION			
Supervisor			THUNGS IN THE			
May we contact? Yes No No		Starting	Final			
Dates Employed From To Address				M		
From To Work Preformed	Reason for Leaving		and the Section of	May we contact?	☐ Yes	LI No
Address Felephone Number(s) Starting/Present Job Title Supervisor Reason for Leaving To Address From To Address Felephone Number(s) Starting/Present Job Title Starting/Present Job Title Starting/Present Job Title Supervisor Reason for Leaving May we contact? Yes No Work Preformed Work Preformed From To Address Felephone Number(s) Starting/Present Job Title Supervisor Reason for Leaving May we contact? Yes No	Employer				Work Prefor	rmed
Telephone Number(s) Starting/Present Job Title Starting/Present Job Title Starting Final Supervisor Reason for Leaving Dates Employed From To Address Telephone Number(s) Starting/Present Job Title Supervisor Reason for Leaving May we contact? Yes No Work Preformed Work Preformed From To Address Telephone Number(s) Starting/Present Job Title Supervisor Reason for Leaving May we contact? Yes No	A ddwara	From	10			
Starting/Present Job Title Supervisor Reason for Leaving To Address Telephone Number(s) Starting/Present Job Title Supervisor Reason for Leaving May we contact? Yes No Work Preformed Work Preformed Hourly Rate/ Salary Starting/Present Job Title Supervisor Reason for Leaving May we contact? Yes No		If	1./0.1			
Reason for Leaving Dates Employed Work Preformed						
Reason for Leaving Dates Employed Work Preformed		Starting	Filial			
Employer Dates Employed Work Preformed From To Address Telephone Number(s) Hourly Rate/ Salary Starting/Present Job Title Starting Final Supervisor May we contact? Yes No				May we contact?	□ Van	□ No.
From To Address Telephone Number(s) Starting/Present Job Title Supervisor Reason for Leaving May we contact? Yes No		Dates Fa		iviay we contact:		□ 140
Telephone Number(s) Starting/Present Job Title Sturting Starting Supervisor Reason for Leaving Hourly Rate/ Salary Starting Final May we contact? Yes No	Employer				Work Prefor	rmed
Starting/Present Job Title Supervisor Reason for Leaving May we contact? Yes No	Address					
Reason for Leaving May we contact? Yes No	Telephone Number(s)			19		
Reason for Leaving May we contact? Yes No	Starting/Present Job Title	Starting	Final			
	Supervisor					
Comments: Include explanation of any gaps in employment.	Reason for Leaving			May we contact?	☐ Yes	□ No
	Comments: Include explanation of any gaps in e	mployment.				

Describe any spec	cialized training, apprentice	ship, skills and extra circula	r activities.	
· · · · · · · · · · · · · · · · · · ·				
Describe any job-	related training received in	the United States Military.		
\ <u></u>	20 W 12344 BARRET TO 1834 CAR THE TOTAL			
-				
	trade, business or civic acti mbership which reveal gender, r	vities and offices held. race, religion, national origin, ag	e, ancestry, disability or o	ther product status.
ADDITIONAL IN	NFORMATION			
Other Qualification	ns: Summarize special job-relate	ed skills and qualifications acqui	red from employment or ot	ther experience.
SPECIALIZE	D SKILLS (Skills/ Equip	ment Operated)		
GENERAL / ADMI		ENGINEERING / SURVEYING	OTHER (list)	
☐ Terminal	☐ Scanner	Plotter		
☐ PC/ MAC ☐ Copier	☐ Spreadsheets☐ Word Processing	☐ Total Station ☐ Level		A 1000 -
☐ Facsimile	Typing [WPM]	☐ Data Collector		
State any additional	information you feel may be hel	pful to us in considering your app	plication.	
1				
REQUIREMENT Are you capable of	S OF THE JOB FOR WHI performing in a reasonable ma	HIS QUESTION UNLESS CH YOU ARE APPLYING nner, with or without a reasona the activities involved in such a j	ble accommodation, the a	activities involved in the job or
PERSONAL/	PROFESSIONAL RE	EFERENCES Do not inclu	de family members or pass	t supervisors.
Name		Phone Number	Best Time to Call	Occupation
1.				
2.				
3.				

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed forty-five days. Any application wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant	Date

Please note that Applications for Employment received from potential employees via electronic mail must be authorized with an original signature during the interview process.

This Application for Employment is sold for general use throughout the United States. Amersterdam Printing and Litho assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.

Re-order Form #31613 for plain forms and #31623 for imprinted forms. © Copyright 1998 Amsterdam Printing and Litho · Amsterdam, NY 12010 · To re-order Call 1-800-833-6231

Rev 01/26/2001

HAMSTERDAM