



# Town of Rockland Application for Employment

242 Union St, Rockland, MA 02370

**ALL APPLICATIONS TO BE RETURNED TO THE HUMAN RESOURCES OFFICE**

(Please Print or Type Clearly)

**Applicants are considered for all positions without regard to race, color, religion, sexual orientation, gender identity, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.**

Position(s) Applied For:					Date of Application:							
Referred by:      Friend      Relative      Walk-In      Advertisement      Other:												
Name: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Last</span> <span>First</span> <span>Middle</span> </div>												
Address: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Number</span> <span>Street</span> <span>City</span> <span>State</span> <span>Zip Code</span> </div>												
Phone:					E-mail:							
If you are under 18, can you furnish a work permit?					Yes		No					
Have you filed an application with the Town before?					Yes		No		Date:			
Have you been employed by the Town before?					Yes		No		Date:			
Are you related to any employees within the Town?					Yes		No		Name:			
Are you currently employed?			Yes		No		Are you a U.S. Citizen?			Yes		No
Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? (Proof of citizenship or immigration status will be required upon employment)										Yes		No
On what date are you available to work?					Availability restrictions?							
Type of work sought:      Full-time      Part-time      Shift work      Temporary												

## *Education*

High School:			Address:								
Did you graduate?			Yes		No	Course of study:			Degree received:		
College/University:			Address:								
Did you graduate?			Yes		No	Course of study:			Degree received:		
Post-Graduate:			Address:								
Did you graduate?			Yes		No	Course of study:			Degree received:		

## *Employment Experience*

**Start with your present or last job.** Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender orientation, national origin, age, marital, or veteran status.

Employer:	Phone:
Address:	Supervisor:
Job Title:	Dates employed: _____ to _____
Duties performed:	
Reason for leaving:	May we contact this employer?      Yes      No

Employer:	Phone:
Address:	Supervisor:
Job Title:	Dates employed: _____ to _____
Duties performed:	
Reason for leaving:	May we contact this employer?      Yes      No

Employer:	Phone:
Address:	Supervisor:
Job Title:	Dates employed: _____ to _____
Duties performed:	
Reason for leaving:	May we contact this employer?      Yes      No

## *Military Service*

Branch:	Dates served: _____ to _____
Rank when discharged:	Type of discharge:
If other than honorable, please provide explanation:	

## *Specialized Skills*

Please summarize any special skills and qualifications acquired from employment or other experience:

## APPLICANT'S STATEMENT

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

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

*I understand that all appointments are probationary and that I must demonstrate my ability for continued employment. I understand that, if appointed, my employment will be at-will, for an indefinite period, and can be terminated at any time by the Town, unless otherwise stated in a collective bargaining agreement which covers the position to which I am appointed. 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.*

*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 Company. Further, I understand that any employment offer by the Town is conditional upon my ability to establish employment under the Immigration Reform and Control Act of 1986 within three (3) days of the date of hire.*

*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 race, color, sex, gender, 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.*

### **APPLICANT DATA RECORD**

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, gender orientation, national origin, age, marital or veteran status, medical condition or handicap.					
As employers/government contractors, we comply with government regulations and affirmative action responsibilities.					
Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.					
This data is for periodic government reporting and will be kept in a <u>Confidential File</u> separate from the Application for Employment.					
Position(s) Applied For:				Date of Application:	
Referred by:	Friend	Relative	Walk-In	Advertisement	Other:
Name:	_____				
	Last		First		Middle
Address:	_____				
	Number	Street	City	State	Zip Code
Phone:				E-mail:	

### **FOR HUMAN RESOURCES DEPARTMENT USE ONLY**

Position(s) applied for is open:		Yes	No	Arrange interview:		Yes	No
Employed:		Yes	No	Remarks:			
Job Title:		Salary:		Department:			
Signature:				Date:			
Further notes:							