



APPLICATION FOR EMPLOYMENT

Town of Groveland, Massachusetts



Town Administrator's Office
183 Main Street
Groveland, MA 01834
www.grovelandma.com
apply@grovelandma.com

Thank you for your interest in employment with the Town of Groveland. The Town is an Equal Opportunity/Affirmative Action Employer. We assure you that your opportunity for employment with the Town will be based only on your merit, without regard to race, color, religious creed, national origin, ancestry, sex, gender identity, age, criminal record (inquiries only), handicap (disability), mental illness, sexual orientation, genetics, and active military status.

PLEASE NOTE: The Town accepts applications for advertised positions only. In order to be considered for a position, applications must be returned to the address above, or via email, by the advertised deadline.

INSTRUCTIONS: Each question should be fully and accurately answered. Please **PRINT** or **TYPE**, except for your signature on the back of the application. A separate application must be submitted for each position for which you are applying.

GENERAL

Position applying for: _____ Date of application: ____/____/____

Referral source:

☐ Newspaper Ad ☐ Online Ad ☐ Groveland Employee ☐ Relative
☐ Employment Agency ☐ School Website ☐ Town Website ☐ Other: _____

Name of source (if applicable): _____ Date available for work: ____/____/____

PERSONAL

Name: (first) _____ (m.i.) _____ (last) _____

Address: (street) _____

(city) _____ (state) _____ (zip) _____

Telephone: Home (_____) _____ - _____ Cell (_____) _____ - _____

Email: _____

Are you age 18 or older? Yes ☐ No ☐ If no, list date of birth: ____/____/____

Have you worked for the Town of Groveland before? Yes ☐ No ☐

If yes, list: (dept) _____

Dates of service: From (mo/yr) ____/____ To (mo/yr) ____/____

Were you in the U.S. Armed Forces? Yes ☐ No ☐

If yes, which branch? _____

Dates of service: From (mo/yr) ____/____ To (mo/yr) ____/____

Do you have a family member working for the Town? Yes ☐ No ☐

If yes, please list his/her name and department:

(name) _____ (department) _____

PRESENT AND PRIOR EMPLOYMENT

Please list below employers in consecutive order with present or most recent employer listed FIRST. Account for all periods of time between employment.

A resumé may be attached but DO NOT refer to the resumé when completing all sections of this application. Use additional sheets if necessary.

Name of Employer: _____

Address: (street) _____

(city) _____ (state) _____ (zip) _____

Telephone: (_____) _____ - _____ Type of business: _____

Dates of employment: From (mo/yr) ____/____/____ To: (mo/yr) ____/____/____

Title: _____ Supervisor's name: _____

Description of duties: _____

May we contact this employer? Yes ☐ No ☐

Reasons for leaving or seeking other employment: _____

Name of Employer: _____

Address: (street) _____

(city) _____ (state) _____ (zip) _____

Telephone: (_____) _____ - _____ Type of business: _____

Dates of employment: From (mo/yr) ____/____/____ To: (mo/yr) ____/____/____

Title: _____ Supervisor's name: _____

Description of duties: _____

May we contact this employer? Yes ☐ No ☐

Reasons for leaving or seeking other employment: _____

PRESENT AND PRIOR EMPLOYMENT (continued)

Name of Employer: _____

Address: (street) _____

(city) _____ **(state)** _____ **(zip)** _____

Telephone: () _____ **-** _____ **Type of business:** _____

Dates of employment: From (mo/yr) _____ **/** _____ **To: (mo/yr)** _____ **/** _____

Title: _____ **Supervisor's name:** _____

Description of duties: _____

May we contact this employer? Yes ☐ **No** ☐

Reasons for leaving or seeking other employment: _____

Name of Employer: _____

Address: (street) _____

(city) _____ **(state)** _____ **(zip)** _____

Telephone: () _____ **-** _____ **Type of business:** _____

Dates of employment: From (mo/yr) _____ **/** _____ **To: (mo/yr)** _____ **/** _____

Title: _____ **Supervisor's name:** _____

Description of duties: _____

May we contact this employer? Yes ☐ **No** ☐

Reasons for leaving or seeking other employment: _____

Have you ever been terminated or asked to resign from any position? Yes ☐ **No** ☐

If yes, which position? _____

Please explain the circumstances for termination: _____

SPECIAL SKILLS, APTITUDES, AND OTHER QUALIFICATIONS

Do you have experience with the following software programs?

Wordprocessing:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Program name: _____
Spreadsheet:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Program name: _____
Database:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Program name: _____
Social Media:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Program name: _____

Driver's license #: _____ State: _____ Expires: ____/____/____ Class: _____

List any machinery or heavy equipment that you have operated efficiently: _____

Special qualifications and skills (licenses or certificates, memberships in *professional* organizations, etc.): _____

EDUCATION

Name and Location of School	Graduated?
High School	Yes <input type="checkbox"/> No <input type="checkbox"/>
Vocational School Major(s): Degree:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Undergraduate College: Major (s): Degree:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Graduate College: Major (s): Degree:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Additional education and/or vocational, technical or military training relevant to the position: _____

REFERENCES

Please provide three (3) **PROFESSIONAL** references. References should be **former supervisors** who can comment on your past job performance. You will be notified before references are contacted.

- 1) Name: _____ Address: _____
Occupation: _____ Phone: (_____) _____ - _____
- 2) Name: _____ Address: _____
Occupation: _____ Phone: (_____) _____ - _____
- 3) Name: _____ Address: _____
Occupation: _____ Phone: (_____) _____ - _____

OTHER INFORMATION

Are you able to provide documented proof of U.S. citizenship or valid work permit as required upon employment to work in the United States? Yes ☐ No ☐

Please review the functions of the position as outlined in the job description. Are you able to perform all of the essential duties of the position for which you are applying?
Yes ☐ No ☐

APPLICANT'S CERTIFICATION

I certify under penalty of perjury that the statements made in this application are true and correct. I authorize the Town of Groveland to investigate all statements made as part of this application and to secure any necessary information from all prior employers, references, academic institutions and law enforcement agencies. I release all of those persons, employers, references, academic institutions and law enforcement agencies from any and all liability arising from their giving and receiving information about my employment history, academic credentials, qualifications or criminal record. I understand that any false answers, or statements or misrepresentations by omission made by me as part of my application will be sufficient for rejection of my application or for my immediate dismissal should one be discovered after I am employed. I understand that federal law prohibits the employment of undocumented workers and that the Town has an obligation to make sure all employees, regardless of citizenship or national origin, are allowed to work in the United States. All persons hired must submit proof of citizenship, permanent resident status or employment authorization in the form of an Employment Authorization Document. I understand that failure to submit satisfactory proof of identity and employment authorization will result in a denial of employment. I understand that my employment with the Town, should I be hired, is a voluntary one. Nothing in this employment application, in the Town's statements of personnel guidelines, or in my communication with any Town employee or official is intended to create an employment contract between the Town and me. I acknowledge that employment is not guaranteed for a definite period of time and that some positions regarded as part-time and/or temporary are paid for actual hours worked and are not entitled for benefits offered to full-time positions (except FICA and Workers' Compensation).

There is nothing to keep me from fulfilling the duties of the job for which I have applied.

Signature: _____ Date: ____/____/____

The Civil Rights Act of 1964 prohibits discrimination in employment practice because of race, color, religion, sex or national origin. PL90-202 prohibits discrimination because of age.

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 liabilities.