

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 Application
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How Did You Learn About Us?

<input type="checkbox"/> Advertisement <i>Publication Name/Date</i> _____	<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry	<input type="checkbox"/> Referral <i>Employee Name</i> _____
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
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Address	Number	Street	City	State	Zip Code
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Telephone Number(s)	Electronic Mail Address	Social Security Number
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Best time to contact you at home is: _____: _____ AM / PM

If you are under 18 years of age, can you provide required proof of eligibility 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, work 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 this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

Date available for work ____ / ____ / ____ What is your desired salary range? _____

Are you available to work: Full Time

Part Time (Please indicate Mornings Afternoon Evenings)

Temporary (Please indicate dates available ____ / ____ thru ____ / ____)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Applicants for positions which require daily use of company vehicles must provide a current Department of Motor Vehicles driving record upon application for employment. Bowers & Associates, Ltd. will reimburse the applicant for the associated cost. A copy of your valid drivers license must be attached for field survey positions.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
High School				
Undergraduate College				<i>(attached copy of school transcript required)</i>
Graduate/ Professional				<i>(attached copy of school transcript required)</i>
Other (Specify)				

WORK EXPERIENCE

Start with you present or lost job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/ Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer ¹	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/ Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/ Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/ Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills and extra circular activities.

Describe any job-related training received in the United States Military.

List professional, trade, business or civic activities and offices held.

You may exclude membership which reveal gender, race, religion, national origin, age, ancestry, disability or other product status.

ADDITIONAL INFORMATION

Other Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (Skills/ Equipment Operated)

GENERAL / ADMINISTRATIVE

- Terminal
- PC/ MAC
- Copier
- Facsimile
- Scanner
- Spreadsheets
- Word Processing
- Typing [WPM _____]

ENGINEERING / SURVEYING

- Plotter
- Total Station
- Level
- Data Collector

OTHER (list)

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. Yes No

PERSONAL/ PROFESSIONAL REFERENCES Do not include family members or past 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.

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