

***Town of Worcester***  
***Application for Employment***

The Town of Worcester is an equal opportunity employer. The Town considers applicants for all positions without regard to race, color, religion, sex, HIV status, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

*PLEASE PRINT*

Date of Application \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

Are you applying for: temporary work – such as summer or holiday work?  yes  no  
Regular part-time work?  yes  no Available starting when? \_\_\_\_\_  
Regular full-time work?  yes  no Available starting when? \_\_\_\_\_

Are you available to work overtime?  yes  no Comment? \_\_\_\_\_

Referral source:  Advertisement  Friend  Relative  Walk-in  
 Employment Agency  Other

Name \_\_\_\_\_  
Last First Middle Initial

Street Address \_\_\_\_\_  
Number Street City State Zip Code

Mailing Address \_\_\_\_\_  
(if different from above)

Email Address \_\_\_\_\_

Telephone Number: \_\_\_\_\_  home phone  cell phone

Are you over the age of 18?  yes  no (If under 18, hire is subject to verification of minimum legal age.)

Have you filed an application here before?  yes  no If yes, give date \_\_\_\_\_  
Have you ever been employed here before?  yes  no If yes, give date \_\_\_\_\_

Are you employed now?  yes  no May we contact your present employer?  yes  no

Salary desired: \$ \_\_\_\_\_ If hired, would you be able to present evidence that you legally can work in the United States?  yes  no

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?  yes  no

If no, please describe the functions that **cannot** be performed: \_\_\_\_\_  
\_\_\_\_\_.

*(Note: The Town of Worcester complies with the American for Disabilities Act and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)*

**EDUCATION**

High School, Trade, Business school, College or Graduate School Attended	No. of Yrs/Grades Completed	Degrees earned or expected.	Major Courses of Study	GPA/ Major

Describe Specialized Training, Apprenticeships, Skills, you have acquired and any extra-curricular activities you participated in: \_\_\_\_\_  
\_\_\_\_\_.

**EMPLOYMENT HISTORY and U.S. MILITARY SERVICE**

Please complete this section even if you have attached a resume. Give a complete account of your job duties. Begin with your *present* or *most recent* positions and *work backwards*.

- Employer's name and address: \_\_\_\_\_  
Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_  
Main duties \_\_\_\_\_  
\_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_.

Why did you leave? \_\_\_\_\_.

2. Employer's name and address: \_\_\_\_\_

Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_

Main duties \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_

Why did you leave? \_\_\_\_\_.

3. Employer's name and address: \_\_\_\_\_

Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_

Main duties \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_

Why did you leave? \_\_\_\_\_.

Which of these jobs did you like best and why? \_\_\_\_\_

Special Skills and Qualifications: Please summarize special skills and qualifications acquired from employment or other experience: \_\_\_\_\_

Do you have and are maintaining a valid CDL driver's license? \* Class \_\_\_\_\_  yes  no

Do you have a current medical card for CDL licensure? \*  yes  no

\*Must submit copy of Driving Record and Medical Card

Are you a veteran of the U.S. military service?  yes  no If yes, branch \_\_\_\_\_

Dates of service: \_\_\_\_\_

Please list and professional, trade, business or civic activities and offices held or currently being held that may provide relevant experience for the position under consideration. *(Note: you may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status):* \_\_\_\_\_

**REFERENCES:** Please provide three (3) references who are not related to you and who can respond to questions about your work capabilities and character.

1.			
	Name (First, last)	Mail Address	Telephone number
2.			
	Name (First, last)	Mail Address	Telephone number
3.			
	Name (First, last)	Mail Address	Telephone number

**Applicant’s Statement**

I certify that answers given herein are true and complete to the best of my knowledge. I understand omissions or misrepresentations may be cause for rejection or, if employed, may be just cause for immediate dismissal. I hereby authorize any former employer, person, firm, corporation or educational institution listed hereon, including this municipality, to answer any and all questions and to provide documents and agree to hold all persons harmless for giving any and all truthful information within their knowledge or records.

I understand that submission of an application does not guarantee employment. I understand that neither this document nor any offer of employment from the Town of Worcester constitutes an employment contract unless a specific document to that effect is executed by and between the Town and me, as employee, in writing. Furthermore, in the event I am employed by the Town of Worcester, my employment shall be completely voluntary and may be terminated at will at any time for any non-discriminatory reason upon notice by either myself or the municipality.

I understand that if offered a position by the Town of Worcester, I will be required to submit to a pre-employment controlled substances screening and background check as a condition of employment. I understand unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of pre-employment screening will result in withdrawal of any employment offer or constitute grounds for termination of employment if I am already employed. I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to the Town of Worcester, its representatives or agents, and I further release all parties involved from any and all liability for any and all damages that may result from provision of such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period, I must fill out and submit a new application.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

\_\_\_\_\_

**Signature of Applicant**

\_\_\_\_\_

**Date**