



DATE: \_\_\_\_\_

### APPLICATION FOR EMPLOYMENT

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

**Instructions:** Complete all necessary information. You may be asked to provide additional information on another form. This application will be kept on file. It is to your advantage to periodically check to keep it correct and active. Be sure to sign and date the application. **Please Print.**

#### PERSONAL BACKGROUND

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

DO YOU WISH TO WORK PART-TIME \_\_\_\_\_ FULL-TIME \_\_\_\_\_

DATE YOU CAN START: \_\_\_\_\_ SALARY DESIRED: \_\_\_\_\_

ARE YOU WILLING TO WORK OVERTIME AS NECESSARY? YES \_\_\_\_\_ NO \_\_\_\_\_

HAVE YOU EVER APPLIED TO THIS TOWN BEFORE? \_\_\_\_\_ DATE: \_\_\_\_\_

#### EDUCATIONAL BACKGROUND

| SCHOOL NAME AND LOCATION    | COURSE OF STUDY | DID YOU GRADUATE? | DEGREE OR DIPLOMA |
|-----------------------------|-----------------|-------------------|-------------------|
| Grammar School              |                 |                   |                   |
| High School                 |                 |                   |                   |
| College                     |                 |                   |                   |
| Graduate School             |                 |                   |                   |
| Vocational Training – Other |                 |                   |                   |

#### SPECIAL TRAINING OR SKILLS

Shorthand \_\_\_\_\_ w.p.m. Typing \_\_\_\_\_ w.p.m.

Other office equipment \_\_\_\_\_

Are there any other experiences, skills or abilities that you feel especially qualify you for work with the Town?  
\_\_\_\_\_

Are you legally authorized to work in the United States? YES \_\_\_\_\_ NO \_\_\_\_\_

If hired, you will be required to verify your identity and work authorization in compliance with the Immigration Reform and Control Act (IRCA).

Are you over the age of 18? YES \_\_\_\_\_ NO \_\_\_\_\_ If not, can you furnish a work permit. \_\_\_\_\_

Have you ever served in the U. S. Armed Forces? YES \_\_\_\_\_ NO \_\_\_\_\_

**MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS** (Exclude those which may disclose your race, color, religion or national origin.): \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

Place an **X** by the employer(s) you do **not** want us to contact. Your work experience may include any verifiable volunteer work you have performed. List your most recent employer first.

1. Employer \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

2. Employer \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

3. Employer \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**PERSONAL REFERENCES (NOT FORMER EMPLOYERS OR RELATIVES)**

1. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_
  2. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_
  3. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_
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Read carefully and sign below. Thank you for your interest.

I understand and agree that:

The information that I have provided on this application is true and complete to the best of my knowledge. Any falsification, misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification of refusal of employment, or, if employed, termination from the Town of Hanover.

Any offer of employment I may receive from the Town of Hanover is contingent upon my successful completion of the Town 's receiving references that it considers satisfactory, and my satisfactory completion of any post offer pre-employment medical examination that the Town my require. I also agree, if employed, to submit to a medical examination at any time at the Town's request. I hereby consent to having the results of any post offer pre-employment or post-employment medical exams I may be required to take disclosed to the Town of Hanover.

I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drug screening at any time at the discretion of the Town. I hereby consent to having the results of an alcohol and/or drug screening I may be required to undergo disclosed to the Town of Hanover.

In processing my application for employment, the Town may verify all the information provided by me, or may procure or have prepared a consumer or an investigative consumer report for this purpose concerning my prior employment, military record, and mode of living. I understand that upon written request to the Town, I will be informed whether an investigative consumer report was requested and given full information as to the nature and scope of this investigation.

I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities and other qualities pertinent to my qualifications for employment, hereby releasing them and the Town of Hanover from any and all liability and/or damages arising from furnishing the requested information.

Should I be employed by the Town, I agree to comply with the policies, rules, regulations, and procedures of the Town and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the Town or myself. I further understand that no manager or representative of the Town, other than the Selectmen, or specific Board or Department has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement if made shall not be enforceable unless it is in writing and signed by me and by one of the individuals designated above.

I understand that receipt of this application does not imply that I will be employed.

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 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 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 liability.*

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The Town of Hanover as part of its commitment to Affirmative Action/Equal Employment Opportunity policies invites you to provide the following information. All applicants will be considered without regard to race, color, religion, gender, national origin, age, marital or veteran status, medical condition or disability. The information is voluntary and refusal to provide it will not have any bearing on our employment decision. The data is confidential and will be filed separately. It will be available only to authorized personnel and is used to further the Town's Affirmative Action/Equal Employment Opportunity policies. Your cooperation is appreciated.

1. Position Title: \_\_\_\_\_

2. Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

3. Ethnic Origin:

White – all persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Black – all persons having origins in any of the black racial groups of Africa.

Hispanic – all persons Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race.

Asian or Pacific Islander – all persons having origins in any of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes for example, China, Japan, Korea, the Philippine Islands and Samoa.

American Indian or Alaskan Native – all persons having origins in any of the original people of North America maintaining cultural identification through tribal affiliations or community recognition.

Cape Verdean – all persons having origins on the Cape Verde Islands.

4. National Origin: \_\_\_\_\_

5. Veteran Status: \_\_\_\_\_ Yes \_\_\_\_\_ No

Vietnam Era, 1962 – 1975 \_\_\_\_\_ Yes \_\_\_\_\_ No

6. Disabled: \_\_\_\_\_ Yes \_\_\_\_\_ No