

APPLICATION FOR EMPLOYMENT



TO APPLICANT: We appreciate your expression of interest in our Town and your application will be given serious consideration. The Town of Braintree is an Equal Opportunity Employer which prohibits discrimination because of age, sex, race, marital status, physical or mental condition, religion, national origin, or other category protected by state or federal law.

General Instructions:

1. Print in ink or type information requested.
2. Failure of the applicant to furnish all information and records requested below may result in rejection of the application. ALL INFORMATION IS SUBJECT TO VERIFICATION.
3. If additional space be needed to fully complete any part of this application, continue on plain white paper. Identify the question being continued, and place your name on the paper along with the title of the position you are applying for.

POSITION DATA

Title of position being applied for: _____

Type of employment (check any of interest): Full Time Temporary Part Time

PART I

BIOGRAPHICAL DATA

Name: _____ Phone Number: _____

Physical address: _____

Mailing address (if different): _____

Previous address (if less than 3 years ago): _____

Are eighteen or older? Yes No (If no, employment is subject to verification that you are of minimum legal age.)

Are you legally permitted to work in the United State? Yes No

Have you been convicted of crimes during the past seven years, excluding juvenile offenses, crimes which were annulled, and offenses which carried no potential jail sentence? Yes No (Conviction is not an absolute bar to employment.)

If yes, describe in full: _____



PART II

DRIVING HISTORY DATA

Questions in Part II must be answered by all applicants for positions requiring a motor vehicle operator's license to establish minimum qualifications pursuant to the position classification description. Indicate "None" where appropriate.

List ALL motor vehicle operator's licenses not expired:

State: _____ Type: _____ License No.: _____ Expiration Date: _____

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Provide a COMPLETE accident record for the past 3 years:

Dates	Nature of Accident (head-on, rear-end, etc.)
Last Accident: _____	_____
Next Previous: _____	_____
Next Previous: _____	_____

Indicate ALL traffic convictions for the past 3 years (other than parking violations):

Location: _____ Date: _____ Description: _____

Location: _____ Date: _____ Description: _____

Indicate dates of ALL license suspensions or forfeitures for the past 3 years.

Suspensions: _____ Forfeitures: _____

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PART III

PERSONAL REFERENCES
(Not former employers or relatives)

Name	Address	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART IV

SPECIALIZED TRAINING



Indicate any specialized training you have received, other than high school or college level credit courses: _____

PART V

RECORD OF EDUCATION

High School - Name: _____ Address: _____

Dates attended: _____ Did you graduate? Yes No

College – Name: _____ Address: _____

Course of study (major): _____ Dates attended: _____

Did you graduate? Yes No Diploma/Degree: _____

Other (specify): _____ Address: _____

Course of study (major): _____ Dates attended: _____

Did you graduate? Yes No Diploma/Degree: _____

PART VI

EMPLOYMENT

LIST BELOW YOUR EMPLOYMENT FOR THE PAST TEN YEARS.
(Included military service as employment)

Present or Last Employer:

Name: _____ Type of business: _____

Address: _____ Supervisor: _____

Phone #: _____ Position held: _____ From: _____ To: _____

Reason for leaving: _____

Job responsibilities: _____

May we contact your present employer? Yes No



Previous Employer:

Name: _____ Type of business: _____

Address: _____ Supervisor: _____

Phone #: _____ Position held: _____ From: _____ To: _____

Reason for leaving: _____

Job responsibilities: _____

Previous Employer:

Name: _____ Type of business: _____

Address: _____ Supervisor: _____

Phone #: _____ Position held: _____ From: _____ To: _____

Reason for leaving: _____

Job responsibilities: _____

Previous Employer:

Name: _____ Type of business: _____

Address: _____ Supervisor: _____

Phone #: _____ Position held: _____ From: _____ To: _____

Reason for leaving: _____

Job responsibilities: _____

*feel free to make as many copies of this page as necessary



Have you ever been employed by the Town of Braintree? Yes No

If yes: How many years? _____ From (dates): _____ To: _____

What department? _____ What position? _____

Identify any of your relative who presently work for the Town of Braintree:

Name	Department	Nature of Relationship
_____	_____	_____
_____	_____	_____

PART VII SKILLS INVENTORY

Identify below any equipment, tools, or computer programs that you can operate or use with proficiency. Along with any special skills, licenses or certifications that you possess which relate to the type of work you are applying for.

Equipment: (trucks, loaders, dozers, copier, recorders, etc.) _____

Tools: (powered and manual) _____

Computer programs (Outlook, Microsoft Word/Excel, etc.) _____

Licenses/Certification: (electrician, first aid certification, etc.) _____

Skills/abilities/honors/award: _____

How much weight are you comfortable lifting? _____

ALL APPLICATIONS MUST SIGN THE FOLLOWING CERTIFICATION:

I certify that there are no misrepresentations or falsifications of the above statements and answers to questions. I understand that should investigation disclose such misrepresentations or falsifications, my application will be rejected and should I be employed, my services will be terminated.

I also certify that any addendums to this application are truthful.

Signature of Applicant

Date