

TOWN OF PAXTON, MASSACHUSETTS

697 Pleasant Street, Paxton, MA 01612 Phone: 508-799-7347 Fax: 508-797-0966 Website: https://www.townofpaxton.net/

EMPLOYMENT APPLICATION An Equal Opportunity/Affirmative Action Employer

The Town of Paxton considers applicants for all positions without discrimination on the basis of race, color, religion, sex (including gender identity, sexual orientation, and pregnancy), marital status, national origin, age (40 or older), ethnicity, physical or mental disability, genetic information, ancestry, veteran status or any other class protected by federal, state, or local law. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on any basis prohibited by local, state, or federal law.

I. Contact Information

Last Name	First Name	MI	Application Date
Address (# and Street)	City and State		Zip Code
Home Telephone	Cell Telephone	Er	nail Address
II. Position Applying Fe	or (please specify position title)		
How did you learn about this p	position?		Date available for work

Have you ever been employed by the Town of Paxton? If yes, when and in what department/position.

Are you related to anyone employed by the Town of Paxton? If yes, please provide employee's name and department. (The purpose of this question is to avoid a "conflict of interest" per M.G.L. c.268A.)

III. Education

School	Name, Address, City, State	Number of Years Attended	Degree Received
High School			
College			
Graduate School			
Trade, Business, Night Course			
Military Service, or Other Training			

IV. Licenses

Do you have a valid driver's license (Class D Auto)?	Yes	No	Expiration Date
Do you have a valid CDL license (Class A or B)?	Yes	No	Expiration Date
Do you have a valid hydraulic license	Yes	No	Expiration Date

What other valid licenses or certifications do you possess (job related)?

V. Office Skills (If applicable)

Check the column that you feel best describes your knowledge

	Beginner	Intermediate	Advanced
Microsoft Word			
Microsoft Excel			
Microsoft Access			
Microsoft PowerPoint			
GoogleDocs			
OTHER:	_		
OTHER:	_		

VI. Additional Skills/Training

Please list any other skills or abilities you feel are relevant:

VII. Employment History

Please account for the last 4 positions you have held. Start with your present or most recent employer. You may include military service and any verifiable work performed as an intern or volunteer.

1.	Employer		Address	
	Telephone		Job Title	
	Supervisor	May we contact this E Yes No		Dates Worked
	Work Performed			Reason for Leaving

2.	Employer		Address	
	Telephone		Job Title	
	Supervisor	May we contact this E Yes		Dates Worked
	Work Performed	<u>.</u>		Reason for Leaving

3.	Employer		Address	
	Telephone		Job Title	
	Supervisor	May we contact this E YesN	1 2	Dates Worked
	Work Performed			Reason for Leaving

4.	Employer	Adc	dress	
	Telephone	Job	o Title	
	Supervisor	May we contact this Emplo	oyer?	Dates Worked
	Work Performed			Reason for Leaving

VIII. References: Please list three people with whom you have had a professional relationship and who are able to evaluate your professional knowledge and ability that we may contact.

Name	Address	Phone and Email	Relationship
Name	Address	Phone and Email	Relationship
Name	Address	Phone and Email	Relationship

IX. Employment of Minors

The Town of Paxton is subject to certain labor provisions regarding the employment of persons under the age of 18. Further, an Employment Permit or Educational Certificate may be required, depending on your age.

Are you under 18? Yes____ If yes, please indicate your age_____

X. Legal Right to Work in United Stated

Only US Citizens or other persons who have a legal right to work in the US are eligible for employment. Can you, upon employment, submit documentation verifying your legal identity and legal right to work in the US? Yes____ No____

XI. Lie Detector Test

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.

XII. Signature of Applicant

CAREFULLY READ ALL PARTS OF THIS APPLICATION FORM BEFORE SIGNING

- I understand the acceptance of this application by the Town of Paxton does not imply that I will be employed.
- The information that I have provided is true and complete. I understand that misrepresentation or omission of any fact in my application, resume, or in any other materials or as provided during interviews, can be justification for refusal of employment or can be justification for termination from employment, if employed.
- I have reviewed the duties of the position as outlined in the job posting and I am able to perform all of the essential functions of the position for which I am applying.
- I understand that any offer of employment that I receive from the Town of Paxton is contingent upon my successful completion of pre-employment screening process including but not limited to the Town of Paxton receiving satisfactory references, a satisfactory criminal history and Criminal Offense Record Inquiry if required, satisfactory verification of driver's license or certifications where required, and satisfactory completion of any required post-offer pre-employment drug test or physical examination.
- In processing my application for employment, the Town of Paxton may verify all of the information provided by me concerning, among other things, my prior employment or military record, education, character, general reputation, and personal characteristics.
- I authorize the Town to take whatever steps deemed necessary to obtain information regarding my qualifications for employment including contacting my present and former employers, by contacting individuals listed as business, educational or personal references, and by contacting other individuals to provide or further clarify information about me.
- I hereby release the Town, my present and former employers, and all individuals contacted for factual information about me from any liability for damages arising from furnishing the requested information.
- I understand that all appointments are probationary and that I must demonstrate my fitness for continued employment during the probationary period. I also understand that I may need to be available from time to time for work outside of my normal working hours as the needs of the Town require.
- I understand the Town of Paxton is an at-will employer. If employed, I understand that my employment may be terminated with or without cause at any time unless there is an applicable bargaining unit contract provision.

My signature certifies that I have read and agree with the above statements and all statements contained in this application for employment.

Applicant Printed Name

Applicant Signature

Date

Electronic signature. By checking here _____ I agree that the electronic signature above on this application is the same as a handwritten signature for the purposes of validity, enforceability, and admissibility.