

# TOWN OF ACUSHNET Employment Application

www.acushnet.ma.us

122 MAIN STREET, ACUSHNET, MASSACHUSETTS 02743-1548 Phone: 5085-998-0200 Fax: 508-998-0203

#### An Equal Opportunity/Affirmative Action Employer

The Town of Acushnet is an equal opportunity employer and does not discriminate against any applicant because of race, color, religion, sex, marital status, national origin, age, disability, sexual orientation, protected genetic information, gender identity, or any other class protected by federal, state or local law. Any person who needs assistance in fully participating in the application process should contact the Town of Acushnet Selectmen's Office.

A fully completed application is required for each position applied for. Also, "see resume" is not acceptable in any field.

I. Contact Information. Name Date # and Street City and State Zip Code Address Home Telephone Cell Phone email II. Position Applying For (Please specify position title or job category). How did you hear about the position? ☐ Part-time ☐ Other Are you available to work Full-time Have you ever been employed by the Town of Acushnet? When? What department? Do you have any relatives working for the Town? If "yes", who? ☐ Yes ■ No If hired, can you provide proof of citizenship or legal right-to-work? □ No ☐ Yes Are you on a layoff and subject to recall? ☐ Yes □ No Are you a veteran of the U.S. Armed Services? III. Education. Diploma, School Name, Address, City, State **Dates Attended** Degree/Certification High School College Graduate School Trade, Business, **Night Courses** Military Service, Other **Training** 



Do you have a valid driver's license (Class D Auto)?	✓Yes	√No	If yes, enter expirati	ion date
Do you have a valid CDL license (Class A or B)?	✓Yes			
Do you have a valid Hydraulic license?	✓Yes			
What other valid licenses or certifications do you posse				
what other valid licenses of certifications do you posse	ess (Job Telateu)	:		
V. Office Skills (If applicable).	Check	the column	that you feel best describe	s your knowledge:
Skill	✓Begir	nner	✓Intermediate Level	✓ Advanced Level
Knowledge of Word Processing				
Knowledge of Spreadsheets				
Knowledge of Databases				
Automated Accounting System Knowledge				
Bookkeeping				
Graphics				
Technology (website, networking, etc.)				
VII. Employment History. (please do not write "se Please account for the last 4 positions you have held. any verifiable work performed as an intern or voluntee	Start with you	r present or	last employer. You may i	include military service and
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Please account for the last 4 positions you have held. any verifiable work performed as an intern or voluntee  Employer	Start with you	Address		include military service and
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Please account for the last 4 positions you have held. any verifiable work performed as an intern or voluntee  Employer  Telephone  Supervisor  Reason for Leaving	Start with you	Address Title		include military service and
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Employer	Address	
Telephone	Title	
Supervisor	Dates Worked	
Reason for Leaving		
Description of Primary duties:		
	T	
Employer	Address	
Telephone	Title	
Supervisor	Dates Worked	
Reason for Leaving		
Description of Primary duties:		
Employer	Address	
Telephone	Title	
Supervisor	Dates Worked	
Reason for Leaving		
Description of Primary duties:		



VIII. Business References: (a minimum of 3 references is required. Please do not write "see resume")

Name	Address	Phone	Relationship
Name	Address	Phone	Relationship
Name	Address	Phone	Relationship

#### IX. Employment of Minors.

The Town of Acushnet is subject to certain child 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 age 18? If yes, please indicate your age:
X. Citizenship or Immigration Status.  Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
YESNO
Proof of citizenship or immigration status will be required upon employment.

#### 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. Applicant's Statement

CAREFULLY READ ALL PARTS OF THIS APPLICATION FORM BEFORE SIGNING.

- A. I understand that acceptance of this application by the Town of Acushnet does not imply that I will be employed.
- B. The information that I have provided is true and complete. In the event of employment, 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.
- C. I understand that any offer of employment that I receive from the Town of Acushnet is contingent upon my successful completion of the pre-employment screening process including but not limited to the Town of Acushnet 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.
- D. In processing my application for employment, the Town of Acushnet 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.
- E. I authorize investigation of all statements contained in this application and the release of any pertinent information regarding my education, past employment history and background. I authorize the Town of Acushnet to obtain any



information from schools, employers or individuals relating to my activities. This information may include, but is not limited to: academics, achievement, performance, attendance, personal history and discipline.

Further, I hereby authorize all references, persons, schools, my current employer (if applicable) and previous employers and organizations named in this application, unless otherwise stated, to provide the Town of Acushnet any relevant information that may be required to arrive at an employment decision. I understand that the information released is for the Town of Acushnet's use only.

- F. I hereby release my present and former employers and all individuals contacted for factual information about me from any and all liability for damages arising from furnishing the requested information.
- G. If employed by the Town of Acushnet, I understand that as a condition of employment, I may be required to furnish additional or updated medical information, that I may be required to undergo a physical examination, psychological examination (if required), that I may be subject to drug and/or alcohol testing, that the Town may request a Criminal Offense Record Inquiry (CORI check) on me, investigate my driving record or verify my license(s) or certification(s) as required for employment at any time during my employment. As a condition of employment an employee may be required to provide additional or updated information especially if this employee has been on workers compensation and may require both drug testing and an employment physical in order to allow us to have the necessary information for making a proper decision or reasonable accommodations, if necessary.
- H. I understand all appointments are probationary and that I must demonstrate my ability for continued employment. I understand that, if appointed, that the Town of Acushnet is an at-will employer and I am employed for an indefinite period of time. 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.
- I. I understand that any employment offer by the Town is conditional upon my ability to establish employment under the Immigration Reform and Contract Act of 1986 within three (3) days of the date of hire.

My signature certifies that I have read and agree with the ab for employment and seek employment under these condition	ove statements and all statements contained in this applicatior ns.
Applicant Signature	Date
Applicant Namo (Ploaco Print)	

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 or religious opinions or affiliations, or because of race, color, sex, gender identity, genetic information, sexual orientation, national origin, ancestry, marital status, military status, pregnancy, parenthood, age or handicap which is unrelated to a person's occupational qualifications or any other non-merit factor which is not a bona fide occupational qualification, or any other protected class under the law, is prohibited



#### COMPLETION OF THIS FORM IS OPTIONAL

#### TO BE USED BY THE TOWN OF ACUSHNET'S EEO/AA REPORTING REQUIREMENT

#### INVITATION

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, creed, religion, sex, sexual orientation, national origin, age, marital or veteran status, medical condition or handicap. The Town of Acushnet, as part of its commitment to equal employment opportunity and to its affirmative action program, invites all applicants to provide the following information.

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 for research, reporting and evaluation purposes. The information is needed to document the hiring practices of the Town of Acushnet and to assess the effectiveness of its affirmative action program. Your cooperation would be appreciated but is entirely voluntary.

Position Ap	oplied For:		Date:	
SEX:		AGE:	ORIGIN	
	■ Male	☐ under 16		□ White
	☐ Female	□ 16-39		□ Black
		□ 40-69		☐ Hispanic
		□ 70+		☐ Asian/Pacific Islander
				☐ American Indian
				□ Alaskan Native
				☐ Cape Verdean
HANDICA	<b>\</b> P	VIETNAM ERA VETERA	N	
	■ Mental	☐ Yes		
	□ Physical	□ No		
	☐ None			

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