TOWN OF CARVER

EMPLOYMENT APPLICATION

PLEASE READ BEFORE FILLING OUT THIS APPLICATION

The Town of Carver does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, handicap, veteran status, ancestry or on the basis of age. No question on this application is intended to secure information to be used for such discrimination.

To be sure that your application is properly evaluated, all questions should be answered clearly, completely and accurately. If you need more space, please attach a separate sheet. Please print and use ink.

PERSONAL

Date _____

Name _____
Last *First* *Middle*

Address _____
Number *Street* *City* *State* *Zip Code*

Mailing Address _____
(If Different) *Number* *Street* *City* *State* *Zip Code*

Telephone ( ) _____ Social Security No. _____

Position(s) desired _____

Salary desired _____ Date available _____

GENERAL INFORMATION

BY WHOM OR WHAT SOURCE WERE YOU REFERRED TO US?

☐ SELF ☐ SCHOOL ☐ NEWSPAPER Name_____ ☐ EMPLOYEE Name _____ ☐ OTHER _____

If employed and you are under 18, can you furnish a work permit? Yes ☐ No ☐

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 ☐

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Job Title	Hourly Rate / Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

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	From	To	
Address			
Job Title	Hourly Rate / Salary		
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Employer	Dates Employed		Work Performed
	From	To	
Address			
Job Title	Hourly Rate / Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

MAY WE CONTACT YOUR PRESENT EMPLOYER?

☐ IMMEDIATELY ☐ AFTER ACCEPTANCE OF EMPLOYMENT ☐ NO IF NO, GIVE REASON_____

Describe other training, certifications, licenses(CDL,etc.) or experience applicable to the job you are seeking

_____

If applying for a clerical position, please answer the following questions.

Can you type?_____ W.P.M. _____ Do you take shorthand? _____ W.P.M. _____

EDUCATION:

HIGH SCHOOL

CIRCLE LAST YEAR COMPLETED

COMPLETE ADDRESS

1 2 3 4

DATES ATTENDED FROM / TO / GRADUATED ☐ YES ☐ NO DEGREE OR CERTIFICATE RECEIVED

COLLEGE MAJOR COURSE OF STUDY

CIRCLE LAST YEAR COMPLETED

COMPLETE ADDRESS

1 2 3 4

DATES ATTENDED FROM / TO / GRADUATED ☐ YES ☐ NO DEGREE OR CERTIFICATE RECEIVED

OTHER SCHOOLS OR SPECIALIZED TRAINING MAJOR COURSE OF STUDY

CIRCLE LAST YEAR COMPLETED

COMPLETE ADDRESS

1 2 3 4

DATES ATTENDED FROM / TO / GRADUATED ☐ YES ☐ NO DEGREE OR CERTIFICATE RECEIVED

SCHOLASTIC HONORS, SCHOLARSHIPS, ETC.

DO YOU INTEND TO CONTINUE YOUR EDUCATION? IF YES, GIVE DETAILS.

SEALED RECORD NOTICE

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES ☐ NO IF YES, PLEASE EXPLAIN:

You may omit any information or answer "no record" to the following questions regarding: 1. A first conviction for drunkenness, simple assault, speeding, minor traffic violation, affray or disturbance of the peace: or 2. Any conviction where there is a sealed record on file with the commissioner of probation or in any case of delinquancy or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

A conviction record would not necessarily be a bar to employment. Factors such as age and time of offence, seriousness and nature of the violation and rehabilitation will be taken into account.

HAVE YOU BEEN CONVICTED OF A MISDEMEANOR WITHIN THE LAST 10 YEARS? ☐ YES ☐ NO IF YES, PLEASE EXPLAIN:

REFERENCES:

GIVE BELOW THE NAME OF THREE PROFFESSIONAL OR WORK-RELATED REFERENCES.

NAME	COMPANY	TITLE	YEARS ACQUAINTED

AGREEMENT

Please read before signing

NOTE: If you have any questions regarding the following statement, please ask the Personnel Representative before signing.

I understand that receipt of this application and the granting of an interview does not imply that I will be employed.

I herby affirm that the information provided by me on this application (and accompanying resume) is true and complete and I understand that any false information or material omission of fact may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I understand that any offer of employment is conditioned upon satisfactory replies from my references and that employment is for no stated term and may be terminated by me or the Town of Carver at any time.

I authorize persons, schools, current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide the Town of Carver with any relevant information which may be required to arrive at an employment decision and I voluntarily release such persons, schools employers and organizations from all liability for providing such information. I release the Town of Carver against any liability which might result from requesting such information.

Signature _____ Date _____

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 liabilities.

For Personnel Department Use Only

Arrange interview ☐Yes ☐No

Remarks _____

_____ _____ _____

Interviewer Date

Employed ☐Yes ☐No Date of Employment _____

Job Title _____ Hourly Rate/ Salary _____ Department _____

By _____ _____

Name Date

Applicant Data Record - This Information is Voluntary

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veterans status, medical condition or handicap.

As employers / government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data
Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(PLEASE PRINT)

Date_____

Position(s) Applied For_____

Referral source: ☐ Advertisement ☐ Friend ☐ Relative ☐ Walk-In

☐ Employment Agency ☐ Other

Name _____ Phone (_____)_____
Last *First* *Middle* *Area Code*

Address_____
Number *Street* *City* *State* *Zip Code*

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants This data is for analysis and affirmative action only. Submission of information about a handicap is voluntary.

Check one:

☐ Male ☐ Female

Check one of the following:

Race/Ethnic Group: ☐ White ☐ Black ☐ Hispanic ☐ Cape Verdean

☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander

Check if any of the following are applicable:

☐ Vietnam Era Veteran ☐ Disabled Veteran ☐ Handicapped Individual

To: Firefighter Applicants
From: Chief Harriman
Subject: Availability

Please indicate below the hours of each day when you would be available to respond to emergency's within the Town under normal circumstances.
(Example Monday- 5:00 pm to 6:00 am)

Name_____

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Please note below any unique circumstances that you think would be helpful in terms of your availability to respond to calls.

_____

_____

_____

_____

_____