



# Town of East Longmeadow

## Application for Employment

Equal Opportunity Employer/Affirmative Action Employer

Contact Information	
<b>Name:</b>	
	<i>Last</i> <i>First</i> <i>Middle</i>
<b>Address:</b>	
	<i>City</i> <i>State</i> <i>Zip</i>
<b>Phone:</b>	
	<i>Home</i> <i>Cell</i>
<b>E-Mail:</b>	

General Instructions
<ul style="list-style-type: none"> <li>Type or print in ink this application in its entirety.</li> <li>Specify the position for which you are applying.</li> <li>Submit your application to the office announcing the vacancy no later than the close of business on the announce deadline date.</li> <li>Sign your name in the Certification Section (Page ###). All submitted information is subject to verification.</li> <li>Notify the agency's hiring authority in advance if you require special disability accommodations to participate in the employment process.</li> </ul>

Eligibility	
Are you a U.S. citizen or are you legally authorized to work in the U.S.? <i>If a conditional employment offer is made, you will be required to provide proof of citizenship or authorization to work in the U.S.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Position Applied For	
Department:	
Job Title:	
Requested Salary:	
Requested Start Date:	
How did you learn of the position?	

Licenses	
<b>Driver's License:</b>	
	<i>Number</i> <i>State</i> <i>Class</i>
Equipment Operators License (if applicable):	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>Class</i>
If you are under the age of 18, can you furnish a work permit?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Licensure, Registration, Certification <i>Examples: Teacher Certification, RN, CPA, Hoisters License, CDL, etc.</i>				
License/Registration/Certification	Number	Date Received	Expiration Date	Licensing Authority

Education			
School	Name, Address, City, State	Did you graduate?	Degree
High School			
College			
Other			

FOR OFFICIAL USE ONLY	
_/_/_	
Received	Receiving Dept.



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### Employment History

Describe all work experience in detail, beginning with your current or most recent job. Include military service (indicate rank), internships, and job-related volunteer work if applicable. Use a separate block to describe each position or gap in employment. If needed, attach additional sheets using the same format as on the application. All information in this section must be completed. Resumes may be attached to provide additional information.

<b>1</b>	Employer: _____	Employed From: _____	Employed To: _____
	Address: _____		
	Job Title: _____	Supervisor's Name: _____	
	Phone No.: _____	Salary Starting: _____	Salary Ending: _____
	Duties and Responsibilities: _____ _____		
	Reason for Leaving: _____ May We Contact your present employer?: _____		

<b>2</b>	Employer: _____	Employed From: _____	Employed To: _____
	Address: _____		
	Job Title: _____	Supervisor's Name: _____	
	Phone No.: _____	Salary Starting: _____	Salary Ending: _____
	Duties and Responsibilities: _____ _____		
	Reason for Leaving: _____		

<b>3</b>	Employer: _____	Employed From: _____	Employed To: _____
	Address: _____		
	Job Title: _____	Supervisor's Name: _____	
	Phone No.: _____	Salary Starting: _____	Salary Ending: _____
	Duties and Responsibilities: _____ _____		
	Reason for Leaving: _____		



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Knowledge / Skills / Abilities (KSA's)
<i>List KSAs you possess and believe are relevant to the position you seek, such as additional languages, computer skills, hobbies, etc.</i>

Professional References <i>List 3 people not related to you who can comment on your work performance</i>				
Name	Address	Occupation	Telephone Number	Years Acquainted

Military Service Information <i>This information is voluntary</i>	
Are you a Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of Service:	_____ to _____ Branch: _____
Are you a member of any armed forces reserve/National Guard unit? <i>Please specify</i>	
_____	

IN CASE OF EMERGENCY, PLEASE NOTIFY			
Name:		Relationship:	
Phone:		Phone:	
Name:		Relationship:	
Phone:		Phone:	



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### RELEASE AND CERTIFICATION

#### **PLEASE READ BEFORE SIGNING**

I understand that the foregoing will be verified in order to expedite my application for employment with the Town of East Longmeadow. I hereby authorize the town to conduct a full investigation into my background.

I authorize the town to obtain my previous work records, employment records, character references and any other information concerning character, ability and habits and all other necessary information. Further I grant authority to the keeper of these records to release said records to the Town of East Longmeadow for the purpose of making its hiring decision. I agree that the town shall not be liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statement, omissions or answers made by me on this application. I agree that my previous employers shall not be liable with regard to any information provided by them in connection with this release.

I certify under the pains and penalty of perjury that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing, which, if disclosed, would affect this application unfavorably. I understand that any false statements, omissions or answers made by me on this application can result in my immediate termination.

In compliance with the Immigration and Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on or before my first day of employment. I have received the list of approved documents with this application.

I understand that unless I attain permanent status pursuant to MGL Chapter 31, am subject to the terms of a collective bargaining agreement, my employment will be at-will, which means that both the Town of East Longmeadow and I are free to terminate the employment relationship at any time for any non-statutorily prohibited reason or for no reason at all, with or without notice. I hereby acknowledge that I have read in full and understand the above statements and conditions of employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



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### Internal Applicant Records Release

By signing this document I am agreeing to release any and all records of employment including but not limited to my personnel file.

\_\_\_\_\_  
Signed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Department to Release files



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### Criminal Offender Record Information (C.O.R.I.)

**PLEASE READ BEFORE SIGNING**

If employed, I agree to abide by all rules and regulations of the Town of East Longmeadow. I understand if convicted of a felony, I will notify my supervisor immediately. I agree to furnish such additional information and complete such examination as may be required to complete an employment process and understand that this application for employment in no way obligates the Commonwealth to employ me. I acknowledge that the Commonwealth will, if applicable, review the Criminal Offender Record Information (C.O.R.I.) and the Central Registry of Child Abuse/Neglect reports in accordance with M.G.L., Chapter 119, Section 51B.

I hereby acknowledge that I have read in full and understand the above statement.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date of Birth



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### **Pre-Employment Physical & Drug Screening Notice**

If an offer of employment is made to you, the Commonwealth may specify that it is contingent upon the results of a medical exam. I freely and voluntarily agree to submit to a pre-employment physical and/or drug screen, as it relates to the requirements of a specific job, as part of my pre-employment application to the Commonwealth. I understand that either refusal to submit to such screening or failure to qualify according to the minimum standards established by the Commonwealth for this screening may disqualify me from further consideration for employment. Further, I understand that any positive drug test results will be communicated in a confidential manner.

I hereby acknowledge that I have read in full and understand the above statements.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



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### **IMMIGRATION REFORM AND CONTROL ACT REQUIREMENT**

In compliance with the Immigration and Reform and Control Act of 1986, you will be required to provide approved documentation that verifies your right to work in the United States prior to beginning work here at this agency. Please be prepared to provide any of the following documentation if you are offered and accept a position with us:

Any **one** of the following: (These establish both identity and employment authorization)

1. U.S. Passport
2. Certificate of U.S. citizenship (issued by Immigration & Naturalization Service)
3. Certificate of Naturalization (issued by INS)
4. Current foreign passport with valid endorsement authorizing employment
5. Resident alien card or other alien registration card, with photo or other approved identifying information, which evidences employment authorization

**OR** one from List A and one from List B:

**LIST A** These establish employment authorization:

1. Social Security Card (unless it specifies that it does not authorize employment)
2. Certificate of U.S. birth or other documentation which establishes U.S. nationality or birth
3. Other approved documentation

**LIST B** These establish identity:

1. Driver's license or similar state I.D. card with photo or other approved identifying information
2. Other approved documentation of identity for applicants under age 16 or from a state which does not issue an I.D. card (other than a driver's license)

**THIS VERIFICATION PROCESS IS REQUIRED FOR ALL EMPLOYEES HIRED ON OR AFTER NOVEMBER 6, 1986.**