



**APPLICATION FOR EMPLOYMENT  
COMMONWEALTH OF MASSACHUSETTS**

***Town of Colrain***

**ALL APPLICATIONS TO BE RETURNED TO THE TOWN ADMINISTRATOR'S OFFICE**

TOWN WHERE A U.S. FLAG WAS FIRST  
RAISED OVER A PUBLIC SCHOOL. MAY, 1812

Applicants are considered for all positions without regard to race, color, religion, gender orientation, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

(PLEASE PRINT)

Date of Application \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

Referral Sources:  Advertisement  Friend  Relative  Walk-In  
 Employment Agency

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number Street City State Zip Code

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Area Code

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 May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Proof of citizenship or immigration status will be required upon employment).  Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you available to work  Full Time  Part Time  Shift Work  Temporary

Are you on a lay-off and subject to recall?  Yes  No

Can you travel if job requires it?  Yes  No

Have you been convicted of a felony in the past 7 years?  Yes  No

(Conviction will not necessarily disqualify applicant from employment.)

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AN EQUAL OPPORTUNITY EMPLOYER

### ***EMPLOYMENT EXPERIENCE***

**Start with your present or last job.** Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender orientation, national origin, age, marital, or veteran status.

1. Employer: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Supervisor: _____ Reason for Leaving: _____
<b>Dates Employed:</b> from: _____ to: _____ Work Performed: _____
_____
_____
Hourly/Salary Rate: starting: _____ final: _____

2. Employer: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Supervisor: _____ Reason for Leaving: _____
<b>Dates Employed:</b> from: _____ to: _____ Work Performed: _____
_____
_____
Hourly/Salary Rate: starting: _____ final: _____

3. Employer: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Supervisor: _____ Reason for Leaving: _____
<b>Dates Employed:</b> from: _____ to: _____ Work Performed: _____
_____
_____
Hourly/Salary Rate: starting: _____ final: _____

### ***ADDITIONAL SPACES PROVIDED ON NEXT SHEET***

Special Skills and Qualifications: Summarize special skills and qualifications acquired from employment or other experience:

\_\_\_\_\_

\_\_\_\_\_

4. Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
**Dates Employed:** from: \_\_\_\_\_ to: \_\_\_\_\_ Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Hourly/Salary Rate: starting: \_\_\_\_\_ final: \_\_\_\_\_

5. Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
**Dates Employed:** from: \_\_\_\_\_ to: \_\_\_\_\_ Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Hourly/Salary Rate: starting: \_\_\_\_\_ final: \_\_\_\_\_

6. Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
**Dates Employed:** from: \_\_\_\_\_ to: \_\_\_\_\_ Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Hourly/Salary Rate: starting: \_\_\_\_\_ final: \_\_\_\_\_

7. Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
**Dates Employed:** from: \_\_\_\_\_ to: \_\_\_\_\_ Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Hourly/Salary Rate: starting: \_\_\_\_\_ final: \_\_\_\_\_



EDUCATION:

Elementary						High	College/University	Graduate/Profession
School Name								
Years Completed: (circle)	4	5	6	7	8			
Diploma/Degree								
Describe Course Of Study:								
Describe Specialized Training, Apprenticeship, Skills, and Extracurricular Activities								
Honors Received:								

State any additional information you feel may be helpful to us in considering your application: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*The information provided in this application for employment is true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.*

*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 Colrain 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 Colrain any relevant information that may be required to arrive at an employment decision. I understand that the information released is for the Town of Colrain's use only.*

*I hereby voluntarily release, Discharge and exonerate the Town of Colrain, its agents and representatives, and any person so furnishing information from any and all liabilities of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of the Town of Colrain.*

*I understand that all appointments are probationary and that I must demonstrate my ability for continued employment. I understand that, if appointed, my employment will be at-will, for an indefinite period, and can be terminated at any time by the Town, unless otherwise stated in a collective bargaining agreement which covers the position to which I am appointed. I also understand that I must be available from time to time to work outside normal business hours, as the needs of the department require.*

*If required for the position I am seeking. I agree to take a physical examination, which may include testing for drugs or a psychological examination, as required, and recognize that any offer of employment may be contingent upon the results of such an examination.*

*I understand that any employment offer by the Town is conditional upon my ability to establish employment under the Immigration Reform and Control Act of 1986 within three (3) days of the date of hire.*

*I represent that I have read and fully understand the foregoing and seek employment under these conditions.*

Signature \_\_\_\_\_ Date: \_\_\_\_\_

*“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, genderl orientation, national origin, marital status, pregnancy, parenthood, age or handicap which is unrelated to the person’s occupational qualifications or any other non-merit factor which is not a bona fide occupational qualification is prohibited”.*

*It is unlawful in Massachusetts to require a lie detector test as a condition of employment or continued employment. An employer who violates that law shall be subject to criminal penalties and civil liabilities.*

#### APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the Company.

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

\_\_\_\_\_  
Date

---

#### FOR PERSONNEL DEPARTMENT USE ONLY

Arrange interview  Yes  No

Remarks: \_\_\_\_\_

Employed:  Yes  No Date of employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_ Department: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Name

Indicate languages you speak, read, and/or write:

	Fluent	Well	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and offices held: (you may exclude those which indicate race, color, religion, gender orientation, national origin, age, marital or veterans status): \_\_\_\_\_

\_\_\_\_\_

Give name, address, and telephone number of three (3) references who are not related to you and are not previous employers:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Signature: \_\_\_\_\_

---

FOR PERSONNEL DEPARTMENT USE ONLY

---

Position(s) applied for is open:

Yes

No

Positon(s) considered for: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Notes: