



APPLICATION FOR EMPLOYMENT

Town of Lakeville
346 Bedford Street
Lakeville, MA 02347

Position Sought:

1. These forms must be printed or typewritten.
2. All questions must be answered, if applicable. If not applicable, indicate "n/a".
3. Failure to answer any and all (non-optional) questions truthfully, accurately or completely may result in the applicant's disqualification, or, if discovered after an individual is hired, termination from employment.
4. If the space provided is not sufficient for complete answers, or you wish to make additional comments, attach sheets the same size as these forms and indicate to which question those sheets pertain.
5. You are applying for a responsible position. It is essential that you follow instructions specifically as directed. Make sure all dates and information are absolutely accurate.
6. If, after submitting this application, you become no longer interested in appointment, please notify the Board of Selectmen.
7. Applicants may include in their report of experience any verified work performed on a volunteer basis.
8. **If you are offered a position that requires driving, you may be asked to provide a certified copy of your driving record.**

I have read and understand the above instructions.

Signature of Candidate: _____

This application for unsuccessful applicants will be held on file for a period of one year.

Date and Time Received: _____

f. If your application is considered favorably, on what date can you start work?

g. Have you previously submitted an application for employment with this municipality? Yes [] No []. If yes, give the name of the department and when.

Answer only if the position you are applying for requires a drivers' license:

h. Do you possess a valid driver's license from the Commonwealth of Massachusetts? Yes [] No [].

i. Was your driver's license in this state, or any state, ever suspended or revoked?

Yes [] No []. If yes, give details: _____

This space intentionally left blank

II. EDUCATION

a. List the name and address of the following schools you attended and dates of graduation.

	School Name, Address and Phone Number	Graduated Yes/No	Number of Years Attended	Degree	Major
High School					
College					
Graduate					
Other: Equivalency, etc.					
Courses Now Studying:					

b. List any special abilities, interests, sports or hobbies along with degrees of proficiency:

c. If applying for an office position, please list any office machines, special equipment, computer systems or computer software experience. Also include your degree of proficiency with each.

III. EMPLOYMENT HISTORY

- a. In reverse chronological order, i.e. starting with the most recent, list all employments. Applicants may also include verifiable work performed on a volunteer basis.

Dates		Name and Address of Employment Phone number	Supervisor's Name and Title
From Mo./Yr.	To Mo./Yr		
Your Position or Title:			
Reason for Leaving:			

Dates		Name and Address of Employment Phone Number	Supervisor's Name and Title
From Mo./Yr	To Mo./Yr		
Your Position or Title:			
Reason for Leaving:			

Dates		Name and Address of Employment Phone Number	Supervisor's Name and Title
From Mo./Yr	To Mo./Yr		
Your Position or Title:			
Reason for Leaving:			

Dates		Name and Address of Employment Phone Number	Supervisor's Name and Title
From Mo./Yr	To Mo./Yr		
Your Position or Title:			
Reason for Leaving:			

Dates		Name and Address of Employment Phone Number	Supervisor's Name and Title
From Mo./Yr	To Mo./Yr		
Your Position or Title:			
Reason for Leaving:			

Dates		Name and Address of Employment Phone Number	Supervisor's Name and Title
From Mo./Yr	To Mo./Yr		
Your Position or Title:			
Reason for Leaving:			

b. Have you ever been fired or forced to resign because of misconduct or unsatisfactory employment? Yes [] No []. If yes, give details:

V. REFERENCES

- a. List three references (not relatives, in-laws, former or present employers) who are responsible adults. All persons to whom you refer may be asked to appraise your character, ability, experience, personality and other qualities.

First Reference

Name: _____

Address: _____

Phone: _____

How Does This Person Know You? _____

How Long Has This Person Known You? _____

Second Reference

Name: _____

Address: _____

Phone: _____

How Does This Person Know You? _____

How Long Has This Person Known You? _____

Third Reference

Name: _____

Address: _____

Phone: _____

How Does This Person Know You? _____

How Long Has This Person Known You? _____

VI. MILITARY SERVICE

- a. Have you ever served on active duty in the Armed Forces of the United States or the National Guard?

Yes No If yes, what was the highest rank attained?

If yes, please complete each of the following:

Branch of Military Service	Serial Number	Dates of Active Duty
_____	_____	From: _____ To: _____
Type of Discharge	Date of Discharge	Member of Reserve?
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Branch: _____

- b. Was any type of disciplinary action taken against you in the Military Service?

Yes No If yes, explain:

- c. Are you now or were you formerly in the National Guard?

Present Former Never

If you are a member of the National Guard and attend drills, meetings, or camps, give the name of the unit and location.

Summer Camp or Similar Training Attendance From: _____ To: _____

Location: _____

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.

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

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 the rules and regulations of the employer.

Signature of Applicant

Date

*Thank you for completing this application and your interest in employment with
Town of Lakeville.*

**PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW
INDICATING THAT YOU UNDERSTAND AND AGREE TO THE TERMS AS
STATED.**

I understand that a physical, which includes a drug screening urinalysis, may be required after an employment offer has been made. I understand that this is not a contract of employment and the municipality or I may sever the employment relationship at any time for any reason. Any oral or written statement to the contrary, including any which are made by a City/Town representative, are disavowed and may not be relied upon by any prospective or existing employee.

I understand also that this position has occasional evening and weekend hours for which I must be available. I further understand that any appointment tendered me will be contingent upon the results of a complete background investigation, and I am aware that willfully withholding information or making false statements on this application will be the basis for rejection of my application or dismissal from employment with the Town of Lakeville. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge. I hereby give the Town of Lakeville, through its agents, employees and Police Department, authorization to contact any person reasonably related to the background investigation. I also authorize any person contacted to share written and oral information that is reasonably related to the public position for which I am applying.

Finally, I hereby release, discharge and exonerate this municipality, its agents and representatives, and any person furnishing or receiving information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, or other information or investigations made by or on behalf of this municipality. This authority shall continue until revoked in writing by the undersigned.

Date

Signature of Applicant