

TOWN OF WEYMOUTH

APPLICATION FOR EMPLOYMENT

Please Print

An Equal Opportunity Employer M/F/D/V

Today's Date:

Personal Information

Name (last) _____ (first) _____ (middle) _____				
Home Address (no. & street) _____ (city) _____ (state) _____ (zip) _____				
Social Security No. _____	Home Phone (include area code) _____	Eligible to work in U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>	Visa Status _____	Alien Registration Card No. _____
Previously Employed by TOWN OF WEYMOUTH? Yes <input type="checkbox"/> No <input type="checkbox"/>	Department & Position _____	From _____ To _____	Your Name Then, If Different _____	
Have you been convicted of or pleaded no contest to a felony within the last five years? Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, State When, Where and the Nature of the Felony. _____		

Education and Academic Achievements

	College/School	Location	Dates		Course/ Major	Degree		GPA
			From	To		Type	Year	
College or Post Grad								
High School								

List Any License(s) And/Or Certification(s) Required or Related to Position Applying For:

Type: _____	Number: _____	State: _____	Expiration Date: _____
Type: _____	Number: _____	State: _____	Expiration Date: _____
Type: _____	Number: _____	State: _____	Expiration Date: _____

Foreign Language Proficiencies _____	Personal Achievements _____
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Service in the Armed Services

Branch and Organization _____	Date Entered _____	Highest Rank Attained _____	Date Discharged _____
Specialized Training _____			

Employment Preference

Type of Employment Desired _____		Date Available _____	
Work Preferred:	First Choice _____	Second Choice _____	
Work Hours/ Shift Preferred: Full Time Yes <input type="checkbox"/> No <input type="checkbox"/>	Part Time Yes <input type="checkbox"/> No <input type="checkbox"/>	Days Yes <input type="checkbox"/> No <input type="checkbox"/>	Evenings Yes <input type="checkbox"/> No <input type="checkbox"/>
Nights Yes <input type="checkbox"/> No <input type="checkbox"/>		Weekends Yes <input type="checkbox"/> No <input type="checkbox"/>	
Were you referred to us by anyone? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please name individual or agency _____	
Do you have any relatives who are Town employees? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please provide name and department _____	

PLEASE COMPLETELY FILL OUT BOTH THE FRONT AND BACK OF THIS FORM

An applicant may include any work experience which was performed on a voluntary basis within the Employment and Business Experience section of this application, provided that this work experience can be verified.

May we contact your present employer? YES _____ NO _____

Employment and Business Experience (Please list your three most recent positions)						
Company		Address			Type of Business	
Position		Department		Hours per Wk	Supervisor	
Courier		Date Left		Reason for Leaving		
Start Date	Starting Salary	Date Left	Last Salary	Reason for Leaving		
Duties/Major Accomplishments						
Company		Address			Type of Business	
Position		Department		Hours per Wk	Supervisor	
Start Date		Starting Salary		Reason for Leaving		
Start Date	Starting Salary	Date Left	Last Salary	Reason for Leaving		
Duties/Major Accomplishments						
Company		Address			Type of Business	
Position		Department		Hours per Wk	Supervisor	
Start Date		Starting Salary		Reason for Leaving		
Start Date	Starting Salary	Date Left	Last Salary	Reason for Leaving		
Duties/Major Accomplishments						
References (list three below, preferably business)						
Reference Name/Relationship		Telephone No.	Firm Name	Address		

Read Carefully Before Signing

I certify that the above information is true and complete to the best of my knowledge, and I authorize you to make a review of my character and ability to perform the job for which I am applying. I understand that in carrying out the review, reports may be solicited from previous employers, schools, credit bureaus, personal and other references and from law enforcement agencies to see if I have been convicted of a felony, but that no attempt will be made to contact my present employer unless specifically authorized by me to do so.

If I am employed, I agree that my employment is "At Will" and for no definite period of time and that wage, benefit and conditions of employment can be changed at any time. Either the employee or the Town of Weymouth may terminate the employment relationship at any time, for any reason, with or without notice or cause. I understand that no representative of the town has the authority to enter into any employment agreement contrary to the foregoing, except in writing by an officer of the town.

I further recognize employment is subject to:

- Your receiving satisfactory reports from all solicited references;
- My undergoing a physical examination administered by a town designated physician.
- Approval of the town's management team.

I also recognize that I will be required to complete the town's employment forms.

Signature of Applicant _____ Date _____

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment.

