

**TOWN OF WEYMOUTH**

**APPLICATION FOR EMPLOYMENT**

<i>Please Print</i>		<i>An Equal Opportunity Employer M/F/D/V</i>			<i>Today's Date:</i>			
<b>Personal Information</b>								
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 Ever Been Convicted of a Felony? Yes <input type="checkbox"/> No <input type="checkbox"/>			If Yes, State When, Where and the Nature of the Felony					
<b>Education and Academic Achievements</b>								
College or Post Grad	College/School	Location	Dates From To		Course/ Major	Degree Type Year		GPA
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					
<b>Service in the Armed Services</b>								
Branch and Organization		Date Entered		Highest Rank Attained		Date Discharged		
Specialized Training								
<b>Employment Preference</b>								
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**

<b>Employment and Business Experience (Please list your three most recent positions)</b>					
Company		Address			Type of Business
Position		Department		Hours per Wk	Supervisor
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	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	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, if I have been convicted of a felon, law enforcement agencies, but that no attempt will be made to contract my present employer unless specifically authorized by me to do so.

If I am employed, I agree that my employment is for no definite period of time and may be terminated any time and for any reason by the TOWN OF WEYMOUTH. 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, or physician of your choice and meeting the medical requirements of the position offered to me, and;
- 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.