

TOWN OF MILLVILLE

MASSACHUSETTS 01529

290 Main Street Tel: 508-883-8433 Fax: 508-883-2994

APPLICATION FOR EMPLOYMENT

The Town of Millville is an equal opportunity employer. We are committed to a policy of non-discrimination in our employment practices. Applicants are considered for all positions without regard to race, color, religion, sex, sexual orientation, national origin, age, marital or veteran status, disability(ies) or any other legally protected status.

INSTRUCTIONS: Please print and complete all information on this Application. Position Applying For: ______ Date: _____ Name: ______ (First) (Middle) Telephone: Home: _____ Cell: _____ If you are under age 18, can you furnish an employment permit? Yes _____No Have you ever been employed by the Town of Millville before? ______Yes ______No If yes, give date(s) ______ Reason for Leaving: _____ Are you employed now? _____ Yes _____ No If Yes, may we contact your present employer? _____ Yes ____ No ____Yes _____No Can you verify your legal rights to work in the United States? (Proof of citizenship or immigration status will be required upon employment.) Are you currently on lay-off and subject to a recall? _____Yes _____No Can you travel if the job requires it? _____Yes _____No Are you available to work: Full-Time _____ Part-Time _____ Temporary _____

What date are you available to start working:

Education: (See Job Description for educational requirements necessary for position.) (You may attach a Resume in lieu of completing this section.)

Name of School	Course of Study	Years Studied	Diploma/Degree
High School			
College			
Other			
Describe specialized to	raining, apprenticeships, skills or	activities relevant to the po	osition.
Describe any job-relat	ed training received in the United	l States Military.	
	ne, address, company and telepho eparate sheet of References in lie		
1			
2			
3			
Employment Experien	ce: (Start with your present or m (You may attach a Resume i		ction.)
1.			
Employer			
Address		Telephone Nui	mber

Job Title	
Supervisor	
Reason for Leaving	
Dates Employed	Salary/Hourly Rate
2.	
Employer	
Address	Telephone Number
Job Title	
Supervisor	
Reason for Leaving	
Dates Employed	Salary/Hourly Rate
3.	
Employer	
Address	Telephone Number
Job Title	
Supervisor	
Reason for Leaving	
Dates Employed	Salary/Hourly Rate

APPLICANT'S STATEMENT

The information provided in this application for employment or on any attached Resume or list of References, 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 submittal 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 Millville 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 Millville any relevant information that may be required to arrive at an employment decision. I understand that the information released is for the Town of Millville's use only.

I hereby voluntarily release, discharge and exonerate the Town of Millville, 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 Millville.

I understand that all appointments are probationary and that I must demonstrate my ability for continued employment. 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. I hereby understand and acknowledge that unless otherwise defined by applicable law, any employee relationship with the Town of Millville is of an "at will" nature, which means that the Town may discharge the Employee at any time, with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Town of Millville. I understand that in the event of employment, I am required to abide by all applicable laws which govern the Town of Millville.

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 eligibility under the Immigration Reform and Control Act of 1986 within three days of the date of hire.

I represent that I have read and fully understand the for	regoing and seek employment under these conditions.
Signature of Applicant	Date