



Town of Wellfleet
300 Main Street
Wellfleet, MA 02667
508-349-0300
fax 508-349-0305
www.wellfleet-ma.gov

EMPLOYMENT APPLICATION

Please read this before filling out this application

The Town of Wellfleet does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, handicap, veteran status, gender, age, sexual orientation or genetic information. No question in this application is intended to secure information to be used for such discrimination.

All questions should be answered clearly, completely and accurately in your own handwriting. If you need more space, please attach a separate sheet. Please print and use ink.

PERSONAL

Date _____

Name _____
Last First Middle

Address _____
Number Street City/Town State Zip Code

Mailing Address _____
(If different) PO Box or Street Address City/Town State Zip Code

E-mail _____ Telephone (____) _____

Position(s) desired _____

Salary desired _____ Date Available _____

Social Security Number may be requested at a later date for a background check with your consent, or if individual is hired.

GENERAL INFORMATION

How were you referred to us?

Self _____ School/college _____

Newspaper or other publication - Name _____

Employee referral - Name _____

Other _____

If you are hired and are under the age of 18, can you furnish a work permit? _____

Have you filed an application with the Town of Wellfleet before? _____

If yes, give date: _____

Have you ever been employed by the Town of Wellfleet before? _____

If yes, give date and department: _____

Are you employed now? _____

May we contact your present employer?

Immediately? _____

After acceptance of employment? _____

No. If no, please give reason _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, gender, national origin, sexual orientation or genetic information.

#1

Employer: _____ Dates: From: _____ To: _____

Address: _____

Hourly rate/salary - Starting _____ Final _____

Job Title _____ Work Performed _____

Supervisor: _____ Telephone: _____

#2

Employer: _____ Dates: From: _____ To: _____

Address: _____

Hourly rate/salary - Starting _____ Final _____

Job Title _____ Work Performed _____

Supervisor: _____ Telephone: _____

#3

Employer: _____ Dates: From: _____ To: _____

Address: _____

Hourly rate/salary - Starting _____ Final _____

Job Title _____ Work Performed _____

Supervisor: _____ Telephone: _____

If you need additional space, please continue on a separate sheet of paper. Describe other training, certifications, licenses (CDL), etc. or experience applicable to the job you are seeking.

If applying for a clerical position, please answer the following questions

Can you type? (WPM) _____ Do you take dictation? (WPM) _____

Can you use a computer? _____ Are you proficient with Microsoft Office? _____

EDUCATION

HIGH SCHOOL Circle Last Year Completed 1 2 3 4

Complete Address _____

Graduated: Yes No Major Course _____

COLLEGE Circle Last Year Completed 1 2 3 4

Major Course of Study

Complete Address

Graduated: Yes No Degree or Certification received

OTHER SCHOOLS OR SPECIALIZED TRAINING

Circle Last Year Completed 1 2 3 4

Major Course of Study

Complete Address

Graduated: Yes No Degree or Certification received

POLYGRAPH TESTS – It is illegal for an employer to utilize a polygraph or any other testing device or written examination for testing truthfulness or honesty of anyone applying for a job or of those who are presently employed.

“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.” (MGL 149 § 19B: Employee Polygraph Protection Act of 1988)

REFERENCES

Please list below the name of three professional or work-related references.

Name and Title	Company	Telephone	Years Acquainted

AGREEMENT

Please read before signing:

I understand that receipt of this application and the granting of an interview does not imply that I will be employed.

CERTIFICATION

I certify that all statements made in this statement are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

I authorize persons, schools, current employer and previous employers and organizations named in this application (and accompanying resume, if any) to provide the Town of Wellfleet with any relevant information which may be required to arrive at any employment decision and I voluntarily release such persons, schools, employers and organizations from all liability for providing such information. I release the Town of Wellfleet against any liability that might result from requesting such information.

Signature _____ Date _____