

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

M.I.

EMPLOYMENT APPLICATION

Please read this before filling out 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.

Date: Position Applied For:

PERSONAL INFORMATION:

Name:

First

All questions should be answered completely and if handwritten, clearly. If you need more space, please attach a separate sheet.

Street Address

Last:

City State Zip

e-mail Telephone

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 Self Please list referred to us?

Newspaper or Other Publication

Please list publication or employee making referral

Employee Referral By School/ College Other

Have filed an application with the Town of Wellfleet

before? If yes, please provide date.

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

permit?

Have you ever been employed by the Town of Wellfleet before? If yes, please provide date.

Are you employed now?

May we contact your present employer?	If no, please provide reason below:	
Immediately?		
After acceptance of employment?		
No, If no, please give reason		
EMPLOYMENT EXPERIENCE		
Start with your present or last job. Include military service religion, gender, national origin, sexual origin, sexual origin,		anization names that indicate race, color,
Employer 1	From:	То:
Address:		
Job Title:	Work Performed:	
Supervisor:	Telephone:	
Employer 2	From:	То:
Address:		
Job Title:	Work Performed:	
Supervisor:	Telephone:	
Employer 3	From:	То:
Address:		
Job Title:	Work Performed:	
Supervisor:	Telephone:	
If you need additional space, please continue on a separate experience applicable to the job you are seeking.	e sheet of paper. Describe other training, certification	ns, licenses (CDL), etc. or

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

EDUCATION

High School Last Year Freshman Name/Address **Completed**

Sophomore Junior

Senior

College School Last Year Freshman Name/Address

Completed Sophomore

> Junior Senior

> > Graduated

College Major Course of Study, Degree

Other Education or Specialized Training

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. Please include the Name/Title, Company, Telephone and Years Acquainted for each reference.

Name, Title, Company, Telephone & Years Acquainted

AGREEMENT and CERTIFICATION - 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.

I authorize persons, schools, current employer and previous employers and organizations named in this application and (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	Doto
Signature	Date: