



# TOWN OF UXBRIDGE

## EMPLOYMENT APPLICATION

*All information must be typed or printed in legible writing.*

The Town of Uxbridge recognizes the right of an individual to work and to advance on the basis of merit, ability and potential without regard to race, color, religion, national origin, age, gender orientation, veteran status, marital status or maiden name, political affiliation or the presence of a non-job-related medical condition or handicap.

**Date of application:**

\_\_\_\_\_

**Position Applying for and Department:** \_\_\_\_\_

**Availability:** (Full Time, Part Time, seasonal): \_\_\_\_\_

### SECTION I: PERSONAL INFORMATION

**Name:** \_\_\_\_\_

Last

First

Middle

**Address:** \_\_\_\_\_

Number & Street

Town/City

State

Zip Code

**Email:** \_\_\_\_\_

**Telephone:** Home \_\_\_\_\_ Cell \_\_\_\_\_

**If hired, can you provide proof of citizenship or legal right to work?** YES \_\_\_\_\_ NO \_\_\_\_\_

**Are you 18 years old or older?** YES \_\_\_\_\_ NO \_\_\_\_\_

**Have you worked for the Town of Uxbridge before?** YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, give dates of employment From: \_\_\_\_\_ To: \_\_\_\_\_

Which Department: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Having reviewed the duties of the job, which have been provided to you via the job description, are you capable of performing all the duties of the job?** YES \_\_\_\_\_ NO \_\_\_\_\_

If no, which duty (ies) are you not capable of performing? \_\_\_\_\_

**Are you Currently Employed:** YES \_\_\_\_\_ NO \_\_\_\_\_

**Are you on a layoff and subject to a recall?** YES \_\_\_\_\_ NO \_\_\_\_\_

## SECTION II: EMPLOYMENT HISTORY

**Employer's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Dates Employed: From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Describe work you performed:** \_\_\_\_\_

**Immediate Supervisor's Name and job title:** \_\_\_\_\_

**May we contact this employer?** YES \_\_\_\_\_ NO \_\_\_\_\_

**Reasons for leaving or seeking other employment:**

\_\_\_\_\_  
\_\_\_\_\_

**Employer's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Dates Employed: From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Describe work you performed:** \_\_\_\_\_

**Immediate Supervisor's Name and job title:** \_\_\_\_\_

**May we contact this employer?** YES \_\_\_\_\_ NO \_\_\_\_\_

**Reasons for leaving or seeking other employment:**

\_\_\_\_\_  
\_\_\_\_\_

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Describe work you performed: \_\_\_\_\_

Immediate Supervisor's Name and job title: \_\_\_\_\_

May we contact this employer? YES \_\_\_\_\_ NO \_\_\_\_\_

Reasons for leaving or seeking other employment:

\_\_\_\_\_  
\_\_\_\_\_

List here any verified work performed on a volunteer basis:

\_\_\_\_\_  
\_\_\_\_\_

### SECTION III: EDUCATION

Circle the highest grade completed: 5 6 7 8 9 10 11 12

College: 1 2 3 4 5 6 +

	Name & Location of School	Dates Attended	Course of Study Major/Minor	Diploma, Degree or Certificate	
				Yes	No
High School / GED				Yes	No
Vocational, Technical or Correspondence				Yes	No
College/University				Yes	No
Graduate/Professional				Yes	No

**Driver's Licenses:**

List all unexpired motor vehicle operator's licenses you hold:

License #	Issuing Date	Expiration Date	License Type

Describe specialized Training, Apprenticeship License, Special Awards or Commendations, Foreign Language Skills, Skills and Extra Curricular Activities:

---

---

List office machines, heavy equipment, vehicles and other machinery you can operate:

---

---

**SECTION IV: COMPUTER SKILLS (PLEASE CHECK)**

<i>SKILL</i>	<i>BEGINNER</i>	<i>INTERMEDIATE</i>	<i>ADVANCED</i>
Word Processing			
Excel/Spreadsheets			
Databases			
Outlook/Email			
Online Research			
PowerPoint			
Accounting Systems			
Typing/Keyboard			

**SECTION V: MILITARY HISTORY**

Veteran of U.S. Armed Forces? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, which Branch: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_ Discharge Status: \_\_\_\_\_

Present Military Status: \_\_\_\_\_

Describe any training which would be relevant to the position for which you are applying:

---

---

**SECTION VI: REFERENCES, MISCELLANEOUS**

List profession, trade, business or civic activities and offices held. (you may exclude those which indicate race, color, religion, gender orientation, national origin, age, marital or veteran’s status):

---

---

---

State any additional information you feel may be helpful to us in evaluating your application:

---

---

Please supply three (3) references who are not related to you:

Name and Occupation	Full Address	Relationship	Phone Number

## SECTION VII: APPLICANT'S ACKNOWLEDGEMENT

*PLEASE READ CAREFULLY BEFORE SIGNING THIS EMPLOYMENT APPLICATION.*

I CERTIFY that all entries on this application for employment, and attachments, are true and complete, and, that I understand that any falsification of information herein, material half-truths, misstatements or omissions, regardless of their time of discovery, may cause forfeiture on my part to any employment with the Town of Uxbridge. In the event of employment, I understand that false or misleading information given in my application and/or attachments thereto, or interview(s) may result in discharge. I understand that all information on this application is subject to verification and I consent to the contacting of references, former employers and educational institutions regarding this application. I understand that an offer of employment may be conditioned upon the results of a medical screening exam, pre-employment drug screening, criminal records check, and/or a background check.

I AUTHORIZE the Town of Uxbridge to obtain any information from schools, employers, or individuals relating to my activities. This information may include, but is not limited to academic, achievement, performance, attendance, personal history, disciplinary. Further, I hereby authorize all references, persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume or other documents supplied by me) to provide the Town of Uxbridge any relevant information that may be required to arrive at an employment decision. I understand that the information release is for the Town of Uxbridge's use only.

I UNDERSTAND that all appointments are probationary and that I must demonstrate my ability for continued employment. I understand that, if appointed, my employment will be at-will, for an indefinite period, and can be terminated at any time by the Town, unless otherwise stated in a collective bargaining agreement or employment agreement which covers the position to which I am appointed.

I RELEASE any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may, at any time, happen to me as a result of compliance and/or attempts to comply with this authorization.

I ACKNOWLEDGE that I have read and fully understand the foregoing and seek employment under these conditions.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**APPLICANT DO NOT WRITE BELOW THIS LINE**

---

**Interview Date:** \_\_\_\_\_ **Interviewer:** \_\_\_\_\_

**Remarks:** \_\_\_\_\_

---

**Action Taken:** \_\_\_\_\_