TOWN OF UXBRIDGE, MA.

21 South Main Street, Uxbridge MA 01569

Application for Employment

(please print or type)

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, sex, color, mental or physical limitation, religious creed, national origin or ancestry, age, veteran status, sexual orientation, marital status or maiden name, or political affiliation. NOTE: *If you will require special accommodation in order to apply for this position, please notify the Town Manager's Office prior to the deadline for submitting applications.*

PERSONAL INFORMATION

Date of Application: / / How did you hear of this position opening?

Position Applied for and Department:

Availability (full-time, part-time, seasonal):

Full Name (first, middle, last):

Address (street/city/state/zip):

Home Phone: ( ) Work Phone: ( )

Have you ever been employed with the Town before? NO ( ) YES ( )

If YES, please provide:

Title of Position Held: Termination Date:

Reason for Leaving:

List your relatives who currently work for the Town of Uxbridge:

Name	Department	Relationship

If you are under 18 years of age, can you provide required proof of your eligibility to work? NO ( ) YES ( )

Are you a citizen of the United States? NO ( ) YES ( )

If NO, can you provide proof that you are eligible to work in the United States, in accordance with the Immigration Reform and Control Act? NO ( ) YES ( )

EDUCATION

Circle the highest grade completed: 5 6 7 8 9 10 11 12 College: 1 2 3 4 5 6 6+

	School (name, city, state)	Diploma/Degree	Dates Attended	Course of Study Major/Minor
High School/GED		Yes ( ) No ( )	To: From:	
Undergraduate College/University		Yes ( ) No ( )	To: From:	
Graduate College/University		Yes ( ) No ( )	To: From:	
Other Education, i.e. Technical, Business		Yes ( ) No ( )	To: From:	

EMPLOYMENT HISTORY

(Please list your most recent employer first, and account for any gaps in employment.)

Company:	
Full Address:	
Your Title:	
Employed From:	Employed To:
Salary or Rate of Pay Starting:	Ending:
Responsibilities:	
Supervisor's Name:	Phone Number: ( )
Reason for Leaving:	
May we contact your present employer? NO ( ) YES ( )	

Company:	
Full Address:	
Your Title:	
Employed From:	Employed To:
Salary or Rate of Pay Starting:	Ending:
Responsibilities:	
Supervisor's Name:	Phone Number: ( )
Reason for Leaving:	

Company:	
Full Address:	
Your Title:	
Employed From:	Employed To:
Salary or Rate of Pay Starting:	Ending:
Responsibilities:	
Supervisor's Name:	Phone Number: ( )
Reason for Leaving:	

IF NEEDED, PLEASE ATTACH ADDITIONAL SHEETS
TO INCLUDE ADDITIONAL EMPLOYMENT HISTORY.

MILITARY SERVICE

Have you ever served in the U.S. Armed Forces? YES ( ) NO ( )

If YES, what branch?

Type of Discharge: Date of Discharge:

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

SPECIFIC SKILLS

List technical/professional licenses or certifications you hold:

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

Indicate any specialized training you have received:

DRIVER'S LICENSES

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

License #	Issuing State	Expiration Date	License Type

REFERENCES

List three (3) personal references who are not former employers or related to you:

Name and Occupation	Full Address	Phone Number	Relationship

PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY

MISCELLANEOUS ADDITIONAL INFORMATION
Have you ever applied for a position with the Town before? YES ( ) NO ( )
If YES, give date and position:
Use this space for any further information you think would help us evaluate your application:

CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

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 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 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.

_____ _____

Applicant's Signature Date

THE TOWN OF UXBRIDGE
IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER