



Town of Montague

1 Avenue A
Turners Falls, MA 01376
413-863-3200
FAX: 413-863-3231

EMPLOYMENT APPLICATION

Please read this before filling out this application.

The Town of Montague does not illegally discriminate in hiring or employment and, in compliance with the Federal and State laws, equal opportunity will be afforded to all applicants regardless of race, color, sex, age, religious creed, disability, national origin, ancestry, sexual orientation, marital status, military status or any other legally protected status. 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 legibly and use ink.

PERSONAL INFORMATION

FULL NAME: _____ **DATE:** _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

E-MAIL: _____

HOME PHONE: _____ **CELL PHONE:** _____

DATE AVAILABLE: _____

POSITION APPLIED FOR: _____

EMPLOYMENT DESIRED: FULL-TIME PART-TIME SEASONAL

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? YES NO

HAVE YOU EVER WORKED FOR THE TOWN OF MONTAGUE? YES* NO

***IF YES, WRITE THE START AND END DATES:** _____

***IF YES, WRITE THE NAME OF DEPARTMENT:** _____

DO YOU HAVE ANY FRIENDS AND/OR RELATIVES EMPLOYED BY THE TOWN OF MONTAGUE? YES* NO

***IF YES, PLEASE EXPLAIN:** _____

ARE YOU CURRENTLY COLLECTING A PENSION FROM THE TOWN OF MONTAGUE OR OTHER SOURCES? YES NO

IF YOU ARE HIRED AND ARE UNDER THE AGE OF 18, CAN YOU FURNISH A WORK PERMIT? YES NO

IF HIRED, ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB YOU ARE APPLYING FOR, WITH OR WITHOUT REASONABLE ACCOMODATION?
 YES NO

ARE YOU EMPLOYED NOW? YES NO* **IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER?** YES NO

***IF NO, PLEASE GIVE REASON:** _____

MILITARY SERVICE

ARE YOU A VETERAN? YES NO

BRANCH: _____ RANK AT DISCHARGE: _____

FROM: _____ TO: _____

TYPE OF DISCHARGE: _____

IF NOT HONORABLE, PLEASE EXPLAIN: _____

EDUCATION

HIGH SCHOOL: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? YES NO DIPLOMA: _____

COLLEGE: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? YES NO DEGREE: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

DRIVER'S LICENSE #: _____ **EXPIRES:** _____
STATE: _____ **CLASS:** _____

OTHER RELEVANT SKILLS/TRAINING/ CERTIFICATIONS/LICENSES:

COMPUTER SKILLS & WORK-RELATED CERTIFICATIONS

Indicate your proficiency level in the boxes below by using 1 to 5 with "5" being "Expert"

	Microsoft Word		Microsoft Excel
	Microsoft Outlook: Email/ Calendar		Microsoft Access
	PDF Adobe		Microsoft Publisher
Other Software			

PREVIOUS EMPLOYMENT

EMPLOYER 1: _____
Company

SUPERVISOR: _____

E-MAIL: _____ **PHONE:** _____

ADDRESS: _____
Street Address Apt/Suite

_____ City State Zip Code

JOB TITLE: _____

RESPONSIBILITIES: _____

FROM: _____ **TO:** _____

REASON FOR LEAVING: _____

EMPLOYER 2: _____
Company

SUPERVISOR: _____

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

_____ City State Zip Code

JOB TITLE: _____

RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 3: _____
Company

SUPERVISOR: _____

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

_____ City State Zip Code

JOB TITLE: _____

RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

REFERENCES (PROFESSIONAL OR WORK-RELATED REFERENCE)

FULL NAME: _____ First Last **RELATIONSHIP:** _____

COMPANY: _____ **POSITION:** _____

E-MAIL: _____ **PHONE:** _____

FULL NAME: _____ First Last **RELATIONSHIP:** _____

COMPANY: _____ **POSITION:** _____

E-MAIL: _____ **PHONE:** _____

FULL NAME: _____ First Last **RELATIONSHIP:** _____

COMPANY: _____ **POSITION:** _____

E-MAIL: _____ **PHONE:** _____

Thank you for completing the employment application. Please read the following carefully and sign below indicating your understanding and agreement. If you have any questions regarding the following statements, please contact Wendy Bogusz at (413) 863-3200 ext. 108.

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ **DATE** _____

PRINT NAME _____

Applicant's Certification, Release and Signature

Please read carefully and check-off box to signify you have read and understand the following statements:

The information that I have provided is true and complete. I understand that misrepresentation or omission of any relevant fact in my application, resume or in any other materials provided during interviews, can be justification for refusal of employment or can be justification for termination from employment, if I am employed.

I understand that any offer of employment that I receive from the Town of Montague is contingent upon my successful completion of the pre-employment screening process which may include but not be limited to, the Town of Montague receiving satisfactory references, a satisfactory criminal history and Criminal Offense Record Inquiry ("CORI check"), and a post-offer pre-employment drug test, or physical examination.

I understand that I must provide proof of citizenship or immigration status within three days of my hire date.

I understand that the Town of Montague may verify all of the information provided by me concerning, among other things, my prior employment or military record, education, character, general reputation and personal characteristics.

I authorize the Town of Montague to take whatever steps deemed necessary to obtain information regarding my qualifications for employment including contacting individuals listed as business, educational or personal references, and by contacting other individuals to provide or further clarify information about me.

I hereby release all of those persons, employers, references, academic institutions and law enforcement agencies from any and all liability arising from their giving and receiving information about my employment history, academic credentials, qualifications, or criminal record in connection with my application for employment in the Town of Montague.

If I am employed by the Town of Montague, I understand that as a condition of continued employment I may be required to furnish additional or updated medical information, that I may be required to undergo a physical or psychological examination, that I may be subject to drug and/or alcohol testing, that the Town of Montague may request a CORI and SORI check on me, investigate my driving record or verify my license(s) or certification(s) as required for employment at any time during my employment.

I understand that nothing in this employment application, in the Town's statements of personnel policies or guidelines or in my communication with any Town employee or official is intended to create an employment contract between myself and the Town other than an applicable collective bargaining agreement.

I understand that the Town of Montague is an at-will employer, which means that if employed, my employment may be terminated with or without cause at any time unless there is an applicable bargaining unit contract provision.

My signature below certifies that I have read and agree with all statements contained in this application for employment.

Applicant's Signature: _____

Date Signed: _____

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. 2-11-15

BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? YES NO