

**TOWN OF HOLLISTON
APPLICATION FOR EMPLOYMENT**

Date Filed: _____

Position Desired: _____ Full Time ___ Part Time ___

Mr. _____
Ms. _____
Last Name First Name Middle Initial

Permanent Address _____
Number and Street City State Zip Phone

Present Address _____
Number and Street City State Zip Phone

Social Security No. _____ Veteran of U.S. Armed Forces? Yes ___ No ___

If hired, can you furnish proof that you are eligible to work in the United States? _____

Have you ever worked for the Town of Holliston before?

_____ Department Title Dates

Have you any relatives working for the Town of Holliston?

_____ Department Title Dates

PERSONAL REFERENCES: List at least three persons who have known you for more than two years who may be contacted.

1. Name _____ Occupation _____
Address _____ Phone _____

2. Name _____ Occupation _____
Address _____ Phone _____

3. Name _____ Occupation _____
Address _____ Phone _____

Have you ever been convicted of a felony? Yes _____ No _____ Give details of past felony convictions.

Have you ever been convicted of a misdemeanor within the last five years other than a first conviction for drunkenness, simple assault, affray, speeding, a minor traffic violation, or disturbance of the peace?

Yes _____ No _____ Give details of past felony convictions. _____

Conviction will not necessarily disqualify an applicant from employment. An applicant for employment with a sealed record on file with the Commissioner of Probation may answer "no record" with respect to an inquiry herein relative to prior convictions. In addition, any applicant for employment may answer "no record" with respect to any inquiry relative to prior adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the Superior Court for criminal prosecution.

QUALIFICATIONS AND EXPERIENCE

EDUCATION:

Name & Location of School	Did You Graduate	Type of Curricula	Dates
Elementary			From To

Junior High

Senior High

College	Major Subject	Degree or Credits
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Graduate School

Other Training, Schools, Courses, etc.

Name or Class of any Certificate, License or Rating you hold: Certificate or License No.:

Other Skills, Talents, Proficiencies, etc., which may be applicable:

EXPERIENCE

(In listing prior work experience, you may include work performed on a volunteer basis.)

Title of Present or Last Position: Name & Address of Employer: Full Time____Part Time____

Type of Business	Period Employed	Salary or Wage
	From To	Starting Per Final

\$ _____ \$ _____

Number & Kind of Employees Supervised by You: Name of Your Supervisor:

Description of Duties: Reason for Leaving:

MAY WE CONTACT? YES_____ NO_____

Title of Next Previous Position: Name & Address of Employer: Full Time____Part Time____

Type of Business	Period Employed	Salary or Wage
	From To	Starting Per Final

\$ _____ \$ _____

Number & Kind of Employees Supervised by You: Name of Your Supervisor:

Description of Duties: Reason for Leaving:

Title of Next Previous Position: Name & Address of Employer: Full Time____Part Time____

Type of Business	Period Employed	Salary or Wage
	From To	Starting Per Final

\$ _____ \$ _____

Number & Kind of Employees Supervised by You: Name of Your Supervisor:

Description of Duties: Reason for Leaving:

Title of Next Previous Position: Name & Address of Employer: Full Time____Part Time____

Type of Business	Period Employed		Salary or Wage		
	From	To	Starting	Per	Final

Number & Kind of Employees Supervised by You: _____ \$ _____ \$ _____
Name of Your Supervisor: _____

Description of Duties: _____ Reason for Leaving: _____

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 (Massachusetts General Laws Chapter 149, Section 19B).

The answers to the foregoing are true and accurate to the best of my knowledge. I hereby authorize my prospective employer to verify the accuracy of all my pre-employment qualifications contained in this application. I understand that employment depends on acceptable results of a physical examination.

Applicant's signature _____ Date: _____

PERSONNEL USE ONLY:

Job Title _____ Grade &
Step _____

Starting Date _____ Starting Salary \$ _____

Prior Service Time Credited _____

Employing Department/Agency _____