



TOWN OF LANESBOROUGH

NEWTON MEMORIAL TOWN HALL, P.O. BOX 1492, LANESBOROUGH, MA 01237 PHONE: 413-442-1167, Ext. 20.

EMPLOYMENT APPLICATION

ALL APPLICATIONS TO BE RETURNED TO THE PERSONNEL OFFICE

The Town of Lanesborough is an equal employment opportunity/affirmative action employer. Applicants are considered for all positions without regard to race, color, religion, gender orientation, sexual orientation, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

(PLEASE PRINT)

Date of Application: _____

Position Applying For: _____

Referral Sources: Advertisement Friend Relative Town Employee
 Employment Agency Other:

Name: _____
Last First Middle

Address: _____
Number Street City State Zip Code

Telephone: (_____) _____ Social Security Number: ____/____/____
Area Code

If employed and you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If yes, give date: _____

Have you ever been employed here before? Yes No If yes, give date: _____

Are you employed now? Yes No May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Proof of citizenship or immigration status will be required upon employment). Yes No

On what date would you be available for work? _____

Are you available to work Full Time Part Time Shift Work Temporary

Are you on a lay-off and subject to recall? Yes No

Can you travel if job requires it? Yes No

EMPLOYMENT EXPERIENCE

Begin with your present or most recent job. Include military service assignments and verifiable volunteer activities. You may exclude organization names which indicate race, color, religion, gender orientation, sexual orientation, national origin, age, marital, or veteran status.

1. Employer: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Supervisor: _____ Reason for Leaving: _____

Dates Employed: from _____ to _____

Work Performed: _____

2. Employer: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Supervisor: _____ Reason for Leaving: _____

Dates Employed: from _____ to _____

Work Performed: _____

3. Employer: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Supervisor: _____ Reason for Leaving: _____

Dates Employed: from _____ to _____

Work Performed: _____

4. Employer: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Supervisor: _____ Reason for Leaving: _____

Dates Employed: from _____ to _____

Work Performed: _____

Special Skills & Qualifications: Summarize special skills, qualifications, and certifications acquired from employment or other experiences:

EDUCATION

	HIGH SCHOOL	COLLEGE/UNIVERSITY	GRADUATE/ PROFESSIONAL
SCHOOL NAME & LOCATION			
DIPLOMA/DEGREE EARNED			
SPECIAL SKILLS, TRAINING, CERTIFICATES, ETC.			

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

List professional, 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):

Give name, relationship, and telephone number of three (3) references (unrelated to you)

1. _____
2. _____
3. _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the Company.

Signature of Applicant

Date

The information provided in this application for employment is true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I authorize investigation of all statements contained in this application and the release of any pertinent information regarding my education, past employment history and background. I authorize the Town of Lanesborough to obtain any information from schools, employers or individuals relating to my activities. This information may include, but is not limited to: academics, achievement, performance, attendance, personal history and discipline. Further, I hereby authorize all references, persons, schools, my current employer (if applicable) and previous employers and organizations named in this application, unless otherwise stated, to provide the Town of Lanesborough any relevant information that may be required to arrive at an employment decision. I understand that the information released is for the Town of Lanesborough's use only.

I hereby voluntarily release, discharge and exonerate the Town of Lanesborough, its agents and representatives, and any person so furnishing information from any and all liabilities of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of the Town of Lanesborough.

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 which covers the position to which I am appointed. I also understand that I must be available from time to time to work outside normal business hours, as the needs of the department require.

If required for the position I am seeking. I agree to take a physical examination, which may include testing for drugs or a psychological examination, as required, and recognize that any offer of employment may be contingent upon the results of such an examination.

I understand that any employment offer by the Town is conditional upon my ability to establish employment under the Immigration Reform and Control Act of 1986 within three (3) days of the date of hire. I represent that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant

Date



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CRIMINAL OFFENDER RECORD INFORMATION (CORI) **ACKNOWLEDGEMENT FORM**

The **Town of Lanesborough** is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the **Town of Lanesborough** to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the **Town of Lanesborough** with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The **Town of Lanesborough** may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the **Town of Lanesborough**, must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject: _____

Date: _____

SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk(*) are required fields.

* First Name _____ Middle Initial _____

* Last Name _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last **SIX** digits of Social Security Number: ____ -- ____ [] No Social Security Number

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issuance: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ * City: _____ * State: _____ * Zip _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date