



TOWN OF LANCASTER, MASSACHUSETTS
EMPLOYMENT APPLICATION
An Equal Opportunity / Affirmative Action Employer



In compliance with Federal and State Equal Employment 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, ex-offender status, prior psychiatric treatment or military status. 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.

PERSONAL DATA

PLEASE PRINT AND COMPLETE ALL INFORMATION ON BOTH SIDES OF THIS APPLICATION, PLEASE ATTACH A RESUME, IF AVAILABLE.			
Name: Last	First	Middle Initial	Social Security Number
Date of Application:	Posting #:	Position Title:	
Address: Street	City	State	Zip Code
Home Phone: (Area Code & Number)		Work Phone: (Area Code & Number)	
How were you referred to the Town?			
Have you any relatives working for the Town of Lancaster?		Yes _____	No _____
Have you ever worked for the Town of Lancaster?		Yes _____	No _____
Are you legally authorized to work in the U.S.? Yes ___ No ___	Veteran of U.S. Armed Forces?		Yes ___ No ___
What was your attendance record at your prior place of employment?			

EDUCATION

School	Name & Address of School	Course of Study	Years Completed				Did you Graduate?	Diploma or Degree
			1	2	3	4		
High School or Equivalent								
College or University								
Graduate School								
Other								
Additional training or skills (languages, computer skills, special licenses, certifications, etc.):								
Professional Affiliations:								

EMPLOYMENT HISTORY

Please list your most recent position first and account for all periods of time. You may include volunteer, internship or military experience.

Employer's Name	From Mo/Yr	To Mo/Yr	# of Hours Week	Starting Salary	Final Salary
Number & Street			Reason For Leaving		Supervisor
City & State & Zip Code			Title/Duties Performed		
Area Code & Phone Number					
May we contact this employer? Yes No					
Employer's Name	From Mo/Yr	To Mo/Yr	# of Hours Week	Starting Salary	Final Salary
Number & Street			Reason For Leaving		Supervisor
City & State & Zip Code			Title/Duties Performed		
Area Code & Phone Number					
May we contact this employer? Yes No					
Employer's Name	From Mo/Yr	To Mo/Yr	# of Hours Week	Starting Salary	Final Salary
Number & Street			Reason For Leaving		Supervisor
City & State & Zip Code			Title/Duties Performed		
Area Code & Phone Number					
May we contact this employer? Yes No					
Employer's Name	From Mo/Yr	To Mo/Yr	# of Hours Week	Starting Salary	Final Salary
Number & Street			Reason For Leaving		Supervisor
City & State & Zip Code			Title/Duties Performed		
Area Code & Phone Number					
May we contact this employer? Yes No					

For the purpose of facilitating reference information, are your employment or educational records under any other name? If yes, please indicate other name and the date of change:
 Former Name _____ Date of Change _____

Any applicant for employment with a sealed record on file with the commissioner of probation may answer "no record" with respect to any inquiry herein relative to prior arrest, criminal court appearances or convictions. In addition, any applicant may answer "no record" with respect to any inquires relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a criminal conviction.

Have you ever been convicted of a felony? Yes ___ No ___ If yes, please give date and explain. _____

Have you been convicted of a misdemeanor within the past 5 years? (Do not include a first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace.) Yes ___ No ___ If yes, please give date and explain _____

I certify that the information given above is true and complete and I understand that misrepresentation and/ or withholding of information on this application or resume will result in the the rejection of this application and discharge if discovered after employment begins.

Applicant's Signature _____

_____ Date