TOWN OF LANCASTER EMPLOYMENT APPLICATION



POSITION AP	PLIED FOR:			
NAME				
	ast	First	Middle	
ADDRESS: _				
- TELEPHONE:				
Best time to conta	nct you at home: [Oo you have any relative	es who work for th	ne Town:
Have you ever be	en employed by us befor	re? If yes, when		
Have you ever bee	en employed by a public	agency or municipality	y in Massachusetts	? If yes,
where and when _				
Are you currently	employed?Ma	y we contact you at wo	rk?	
Are you prevented	d from lawfully becomin	g employed in this cour	ntry because of Vi	sa or immigration
status?	Proof of citizensh	nip or immigration statı	us will be required	upon employment.
Are you able to pe	erform the essential job-1	related functions?	(see Job De	scription)
Have you been co	onvicted of a felony in the	e last seven years?	If yes, pleas	se explain.
Within the last fiv	ve years have you been co	onvicted of a misdemea	anor that was not a	first offense for
drunkenness, simp	ple assault, speeding, mi	nor traffic violation, aff	Fray, or disturbing	the peace?
	If yes, please explain			
EDUCATION	Name & Address	Course of	Years	Degree
	Trume & Tradress	Study	Completed	Begice
High School				
College				
Graduate or Professional				
Other				

EMPLOYMENT HISTORY

Please account for the last 4	positions you have held. W	'e () may () may not contact	your present employer				
Employer		Address					
Telephone		Title					
Supervisor		Dates Worked					
		Reason for Leaving					
Employer		Address					
Telephone		Title					
Supervisor		Dates Worked					
		Reason for Leaving					
Employer		Address					
Employer		radioss					
Telephone		Title					
reteptione		Title					
Supervisor		Dates Worked					
Super (1801							
		Reason for Leaving					
		Teason for Beaving					
<u> </u>		Total					
Employer		Address					
m 1 1		m					
Telephone		Title					
<u> </u>		Dates Westerd					
Supervisor		Dates Worked					
		December 6 and 1 a					
		Reason for Leaving					
OPPLOE GIVE A C							
OFFICE SKILLS (if a		column that best describes your knowle					
	Beginner	Intermediate	Advanced				
Microsoft Word							
Microsoft Excel	_						
Microsoft Access							
Microsoft Power Point Bookkeeping							
Doorveching							

LICENSES & CERTIFICATE					
Туре	Licensing Authority	Number	Expiration		
	11000101109				
BUSINESS/PROFESSIONAL	REFERENCES: Do not	include family memb	ers.		
Name & Address		Phon			
ADDITIONAL INFORMATION: List below any specialized training or job related skills acquired through military, civic, business or other activity, paid or unpaid.					
State any additional information	which might be helpful to	us in considering you	ur application.		
EMPLOYMENT OF MINORS The Town of Lancaster is subject under the age of 18. Further, an I depending on your age.	to certain child labor pro				

CAREFULLY READ ALL PARTS OF THIS APPLICATION FORM BEFORE SIGNING

Are you under age 18? If yes, please indicate your age:

- I understand that acceptance of this application by the Town of Lancaster does not imply that I will be employed.
- The information that I provided is true and complete. I understand that misrepresentation or omission of any fact in my application, resume, or in any other materials or as provided during interviews, can be justification for refusal of employment or can be justification for termination from employment, if employed.
- I understand that any offer of employment that I receive from the Town of Lancaster is contingent upon my successful completion of the pre-employment screening process including but not limited to the Town of Lancaster receiving satisfactory references, a satisfactory criminal history and Criminal Offense Record Inquiry (CORI check) and/or Credit check if required, satisfactory verification of driver's license or certifications where required and satisfactory completion of any required post-offer pre-employment drug test or physical examination.

- In processing my application, the Town of Lancaster 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 to take whatever steps deemed necessary to obtain information regarding my qualifications for employment including contacting: my present and former employers; individuals listed as business, educational or personal references; and other individuals to provide or further clarify information about me.
- I hereby release the Town, my present and former employers and all individuals contacted for factual information about me, from any and all liability for damages arising from furnishing the requested information.
- If employed by the Town of Lancaster, I understand that as a condition of employment, I may be required to furnish additional or updated medical information, that I may be required to a physical examination, that I may be subject to drug and/or alcohol testing, that the Town may request a CORI and/or Credit check on me, investigate my driving record or verify my license(s) or certifications as required for employment at any time during my employment. I hereby authorize the Town to conduct a CORI and/or Credit check on me as a condition of applying for a position with the Town, where applicable, and agree to sign a CORI and/or Credit Request Form reflecting my authorization of the CORI and/or Credit check. I further release the Town and its agents from any and all potential claims associated with the Town's performing a CORI and/or Credit check on me in connection with my application for a position with the Town. As a condition of employment an employee may be required to provide additional or updated information and may require both drug testing and employment physical in order to allow us to have necessary information for making a proper decision or reasonable accommodations, if necessary.
- I understand that the Town of Lancaster is an at-will employer. If employed, I understand that my employment may be terminated with or without cause at any time unless there is an applicable bargaining unit contract provision.

MY	SIGNATURE	CERTIFIES	THAT I	HAVE	READ	AND	AGREED	WITH	THE	ABOVE
STA	TEMENTS ANI	D ALL STAT	EMENTS	CONTA	INED IN	THIS	EMPLOYM	IENT AI	PPLICA	ATION.

Signature of Applicant:	Date :					
Please Print Name:						

The Town of Lancaster is an equal opportunity employer M/F/D/V and does not discriminate based on race, gender, national origin, age, disability, marital or veteran status, sexual preference or any other legally protected status.