

Town of Harwich ~ Employment Application 732 Main St. Harwich, MA 02645

Telephone (508) 430-7513 Fax (508) 432-5039

An Equal Opportunity Employer

PLEASE READ BEFORE FILLING OUT THIS APPLICATION

It is the policy of the Town of Harwich to afford equal employment opportunity to all qualified persons regardless of race, color, religion, national origin, age, military status, sexual orientation, disability, or gender, except where age or sex is a bonafide occupational qualification as allowed by the Civil Rights Act of 1964.

To be sure that your application is properly evaluated, <u>all</u> questions should be answered clearly, completely and accurately. If you need more space, please attach a separate sheet.

Please print <u>clearly</u> in black or blue ink. Also, "see resume" is <u>not</u> acceptable in any field.

Please attach resume and letter of interest if required.

I. CONTACT and PERSONAL INFORMATION			DATE			
Name						
Las	t		First		Middle	
Address_						
Number	Street		Town	State	Zip Code	
Mailing Address						
(If different) Number		Street	Town	State	Zip Code	
					•	
()	()					
Telephone	Cell Phone		Email Ac	ldress		
II. POSITION APPLYING F	OR (Please specify p	osition title):				
Are you able to work the days	and hours identified	in the advertiseme	nt? YES	NO If no, please	e explain	
Have you worked for the Town If yes, Dates of Service: From: Is the salary/wages offered acc	n of Harwich before?	YES NO	ease list department(s	wn Website Others)		
III. LICENSES (Please list all lic	censes you possess that are	e relative to the positio	n you seek). A valid licei	nse is a condition of employme	nt, where required.	
Do way have a1: 4 dai2-1:	aanga (Class D. Asts)	\0 \V	No	If was antonii 1-	to.	
Do you have a valid driver's license (Class D Auto)? Do you have a valid CDL License (Class A or B)?			YesNo If yes, enter expiration date YesNo If yes, enter expiration date			
Do you have a valid CDL License (Class A of B)? Do you have a valid Hydraulic license?				If yes, enter expiration da If yes, enter expiration da		
bo you have a vand Hydraune	neense:	105	110	ir yes, enter expiration de	iic	
What other valid licenses or ce	ertifications do you po	ossess (job related))?			
IV. OFFICE SKILLS (If appli	cable). Check	the column that you	feel best describes voi	ar knowledge and specify so	ftware products:	
(J III		√Beginner	√Intermed		Advanced Level	
Knowledge of Word Processing		-				
Knowledge of Spreadsheets						
Knowledge of Databases						
Automated Accounting System K	nowledge					
Bookkeeping Knowledge						
Transcription Ability						
Shorthand/Speedwriting Ability						

	Name,	Address, City, State		Number of Years Attended	Degree Awarded
High School					
College					
Graduate School					
Trade, Business, Night Courses					
Military Service, Other Training					
VI. SPECIAL SKILLS. Please list any other skill	ls or abilities	you feel are relevant:			
employment requiremen A. Drug Testing B. Physical C. CORI and SOR D. Confirmation (VIII. EMPLOYMENT (The Town of Harwich is an Employment Permit of the You over age 18? Y IX. IMMEDIATE FAM Please disclose any immedia required to complete the inforthose employed in all branche to ensure that the citizens of or seeking a position from recommend.	ts, including, CI check if Applicable) OF MINORS. subject to cer or Education C ES ILLY. IMMED te family member to town below. " se of town govern trown have full the terms of the consideration of the considera	train child labor provision Certificate may be require NO If no, ple IATE FAMILY WORK rs, including those related to you commediate family is defined as unent; and those employed as reconfidence in their government deration based on the merits of lease.		ARWICH The employed by the Town of the spouse's child, parent of the street of the st	of 18. Further, If Harwich. You are and sibling. Include sclosure" is intended by qualified applicant pages if needed.
be included as a supplementation include military service a	nent.) Please and any verifi	account for the last 4 posi able work performed as in	do not write, "see resume". A restion you have held. Start with you intern or volunteer. not contact my present em	our present or last emp	
be included as a supplementation include military service a	nent.) Please and any verifi	account for the last 4 posi able work performed as in	tion you have held. Start with you intern or volunteer.	our present or last emp	
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be included as a supplem include military service at the Town of Harwin Employer Telephone	nent.) Please and any verifi	account for the last 4 posi able work performed as in	not contact my present em Address Title	our present or last emp	

Employer		Address	Address			
Telephone		Title	Title			
Supervisor		Dates Worked	Dates Worked			
Reason for Leaving		I				
Description of Primary Du	nties:					
Employer		Address				
Telephone		Title				
Supervisor		Dates Worked	Dates Worked			
Reason for Leaving						
Description of Primary Du	nties:					
-				·		
Employer		Address				
Telephone		Title	Title			
Supervisor		Dates Worked	Dates Worked			
Reason for Leaving						
Description of Primary Du	ities:					
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NAME	ot related to you who we may ADDRESS	PHONE	OCCUPATION	YEARS		
				ACQUAINTED		

RELEASE AND CERTIFICATION PLEASE READ BEFORE SIGNING

I understand that acceptance of this application by the Town of Harwich does not imply that I will be employed.

The information that I have 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 Harwich is contingent upon my successful completion of the pre-employment screening process including but not limited to the Town of Harwich receiving satisfactory references, a satisfactory criminal history and Criminal Offense Record Inquiry (CORI) if required, satisfactory verification of driver's license, successful confirmation vote or certifications where required and satisfactory completion of any required post-offer pre-employment drug test or physical examination.

In processing my application for employment, the Town of Harwich 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, by contacting individuals listed as business, educational or personal references, and by contacting other individuals to provide or further clarify information about me. The Town of Harwich will also check credit history for applicants with financial responsibilities.

I hereby release my present and former employers and all individuals contacted for any information about me from any and all liability for damages arising from furnishing the requested information.

If employed by the Town of Harwich, 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 undergo a physical examination, that I may be subject to drug and/or alcohol testing, that the Town may require a Criminal Offense Record Inquiry (CORI check) or Sexual Offense Record Inquiry (SORI) on me, investigate my driving record or verify my license(s) or certifications(s) as required for employment at any time during my employment. As a condition of employment an employee may be required to provide additional or updated information especially if this employee has been on workers compensation and may require both drug testing and an employment physical in order to allow us to have the necessary information for making a proper decision or reasonable accommodations, if necessary.

I understand that the Town of Harwich 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 agree with the above statement and all statements contained in this application for

	employment.		
Applicant Name (Please Print)			
Applicant Signature		Date	

"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 pliability." MGL Ch. 149, Section 19B