

! Town Clerk	- 1
1 TOWN OICH	- 1
L	_ 1

*The Town of Oakham is an Affirmative Action / Equal Employment Opportunity Employer

	F	Persor	nal Information	n		
1. Date of Application:	Date of Application: 2. Position Applying For:					
3. Name:First						
First			Middle	Last		
4. Address:						
Number		Street		Apartme	nt Number	
City/Town	1		State		Zip Code	
5. Telephone Number: Home:			D	Paytime:		
5. Telephone Number: Home:	Area Co	ode / Nun	nber	Area Coo	de / Number	
6. Email Address:		_	-	alid driver's license? 🛘 YE		
			List any special	endorsements:		
8. If hired, can you provide proof of	citizenship or le	gal right	to work? YES	□ NO		
9. Are you under 18 years of age? [) YES	□ NO				
10. Are you currently/have you ever	been employed	by the To	own before?	I YES □ NO		
If yes, when?		In whic	h department?			
Are you retired from any Massachuse	tts state or loca	l governr	ment position? No	Yes(which agency:_)	
			Education			
11.						
Name / Location	Course of Stu	dy	Years Completed	Did you graduate?	Degree / Date	
High School			Completed	☐ YES ☐ NO		
College				☐ YES ☐ NO		
Graduate School				☐ YES ☐ NO		
Business/Technical				☐ YES ☐ NO		
12. Do you possess the following sk	l ills? Please list i	n detail a	 that apply.			
Specialized Training?	□ YES	□ NO		rse:		
Professional Licenses?	□ YES	□ NO	5.			
Professional Memberships?	□ YES	□ NO		s:_		
Computer Software?	□ YES	□ NO	· ·	<u> </u>		
Office Equipment?	☐ YES	□ NO				

Employment History

List present employer first. A resume or supplemental sheet may be included, however, this section still must be completed.

13. Employer's Name:	
Address:	Telephone Number:
Job title:	
Immediate Supervisor's Name and Job Title:	
Salary: / Starting Ending	May we contact this employer? ☐ YES ☐ NO
Describe the work you performed:	
Reason(s) for leaving:	
14 . Employer's Name:	
Address:	Telephone Number:
Job title:	Worked From:To:
Immediate Supervisor's Name and Job Title:	
Salary:/ Starting Ending	May we contact this employer? ☐ YES ☐ NO
Describe the work you performed:	
Reason(s) for leaving:	
15 . Employer's Name:	
Address:	Telephone Number:
Job title:	
Immediate Supervisor's Name and Job Title:	
Salary: / Starting Ending	May we contact this employer? ☐ YES ☐ NO
Describe the work you performed:	
Reason(s) for leaving: 16 . Employer's Name:	
• •	
Address: Job title:	
Immediate Supervisor's Name and Job Title:	
•	May we contact this employer? ☐ YES ☐ NO
Salary: / Starting Ending	May we contact this employer?
Describe the work you performed:	
Reason(s) for leaving:	

If more room is required, an additional sheet may be attached.

References

Please provide professional and/or business references only. Note that references listed in this section will be contacted.

. Reference #1			
Name:	_Address:		
Business Relationship:	_Telephone	Home:	
Reference #2		Work:	
Name:	_Address:		
Business Relationship:	_Telephone	Home:	
		Work:	
Reference #3			
Name:	_Address:		
Business Relationship:	_Telephone	Home:	
. Reference #4		Work:	
Name:	_Address:		
Business Relationship:	_Telephone	Home:	
		Work:	
. How did you learn about the job for which you are applying	? □ Wall	c-in	☐ Town Employee
☐ Newspaper; title	_□ Professional 、	Journal; title	
☐ Posted Town Bulletin	☐ the Internet; v	vebsite	

Agreement

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 Oakham 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 Oakham any relevant information that may be required to arrive at an employment decision. I understand that the information released is for the Town of Oakham's use only.

I hereby voluntarily release, discharge and exonerate the Town of Oakham 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 Oakham.

I understand that all appointments are probationary and that I must demonstrate my ability for continued employment. 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 eligibility under the Immigration Reform and Control Act of 1986 within three days of the date of hire.

represent that I have read and fully	inderstand the foregoing and seek employment under these conditions	•
Signature:	Date:	

Discrimination against any person in any practice or procedure in advertising, recruitment, referrals, testing, hiring, transfer, promotion or any other term, condition or privilege of employment which limits or adversely affects employment opportunities, because of political or religious opinions or affiliations, or because of race, color, sex, sexual orientation, national origin, marital status, pregnancy, parenthood, age or handicap which is unrelated to the person's occupational qualifications or any other non-merit factor which is not a bona fide occupational qualification is prohibited.

It is unlawful in Massachusetts to require a lie detector test as a condition of employment or continued employment. An employer who violates that law shall be subject to criminal penalties and civil liabilities.

Date: ____

I_____a candidate for the position of_____hereby authorize the Town of Oakham to investigate all statements in my application and to secure any necessary information from all my employers, references, and academic institutions. I hereby release all of those employers, references, academic institutions, and the Town of Oakham from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the Town of Oakham. I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my academic credentials and employment references. I further understand that any false or misleading statements will be sufficient cause for rejection of my application if the Town of Oakham has not yet employed me and for immediate dismissal if the Town of Oakham has employed me. I also authorize the Town to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency, or other party having legal and proper interest, and I hereby release the Town of Oakham from any and all liability for its providing this information. In the event of my employment with the Town of Oakham I will comply with all rules, regulations, and policies set forth in the Town of Oakham's Personnel Policies and Bylaw or other communications distributed by the Town of Oakham. I understand that nothing in this employment application, in the Town of Oakham's policy statements or personnel guidelines, or in my communications with any Town of Oakham official is intended to create an employment contract between the Town of Oakham and me. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the Town of Oakham unless it is made in writing and signed by a Town of Oakham official.

I hereby acknowledge that I have read and understand the preceding statement.

[Signature of Applicant]

Town of Oakham Release

Signed:____

Voluntary Affirmative Action Request Form

The Town of Oakham as part of its commitment to Affirmative Action / Equal Employment Opportunity policies invites you to provide the following information. All applicants will be considered without regard to race, color, religion, creed, gender, national origin, age, marital or veteran status, sexual orientation, medical condition or disability. The information is voluntary and refusal to provide it will not have any bearing on our employment decision. The data is confidential and will be filed separately. It will be available only to authorized personnel and is used to further the Town's Affirmative Action / Equal Employment Opportunity policies. Your cooperation is appreciated.

Appl	icant Name:						_		
1.	Position Applie	ed for:					_		
2.	Gender:	☐ Male		□ F	emale				
3.	Ethnic Origin:								
		☐ White – All person the Middle East.	s hav	ing origin	s in any	y of the origi	inal peoples o	f Europe, North A	Africa or
		☐ Black – All persons having origins in any of the black racial groups of Africa.							
		☐ Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American or o Spanish culture or origin regardless of race.							an or othe
		☐ Asian or Pacific Islander – All persons having origins i Southeast Asia, the Indian Subcontinent, or the Pacific Isla China, Japan, Korea, the Philippine Islands and Samoa.					slands. This a		
	American Indian or Alaskan Native – All persons having ori of North America maintaining cultural identification through triba recognition.								
		☐ Cape Verdean – A	dl per	sons havi	ing orig	ins on the C	ape Verde Isl	ands.	
4.	Veteran Status Vietnam Era, 1			YES YES	<u> </u>	NO NO			
5.	Disabled:			YES		NO			