

TOWN OF OAK BLUFFS

APPLICATION FOR EMPLOYMENT

Position(s) Applied For:			Date of Application:		
How did you learn about us?					
<input type="text"/> Advertisement		<input type="text"/> Friend		<input type="text"/> Inquiry	
<input type="text"/> Employment Agency		<input type="text"/> Relative		<input type="text"/> Other <input type="text"/>	
Last Name:		First Name:		Middle Name:	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number:		
Home:					
Cell:					

Best time to contact you at home is:		<input type="text"/>	AM	PM
If you are under 18 years of age, can you provide required proof of your eligibility to work?		<input type="text"/>	YES	<input type="text"/> NO
Have you ever filed an application with us before?		<input type="text"/>	YES	<input type="text"/> NO
If yes, give date		<input type="text"/>		
Have you ever been employed with us before?		<input type="text"/>	YES	<input type="text"/> NO
If yes, give date		<input type="text"/>		
If yes, state name, relationship & location		<input type="text"/>		
Are you currently employed?		<input type="text"/>	YES	<input type="text"/> NO
May we contact your present employer?		<input type="text"/>	YES	<input type="text"/> NO
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?		<input type="text"/>	YES	<input type="text"/> NO
<i>Proof of citizenship or immigration status will be required upon employment.</i>				
Date available for work		<input type="text"/>	What is your desired salary range?	
		<input type="text"/>		
Are you available to work:		Full time	<input type="text"/>	
		Part time	<input type="text"/>	
		Temporary	<input type="text"/> (give dates)	
Are you currently on "lay-off" status and subject to recall?		<input type="text"/>	YES	<input type="text"/> NO
Can you travel if job requires it?		<input type="text"/>	YES	<input type="text"/> NO

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

School	Name & Address of School	Course of study	Years completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (specify)				

WORK EXPERIENCE

Start with your present or last job, include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status

Employer	Dates of Employment		Work Performed				
Address	From: To:						
Starting/Present Job Title							
Supervisor	Hourly Rate/Salary Starting Final						
Reason of Leaving							May we contact?
					YES		NO

Employer	Dates of Employment		Work Performed				
Address	From: To:						
Starting/Present Job Title							
Supervisor	Hourly Rate/Salary Starting Final						
Reason of Leaving							May we contact?
					YES		NO

Employer	Dates of Employment		Work Performed				
Address	From: To:						
Starting/Present Job Title							
Supervisor	Hourly Rate/Salary Starting Final						
Reason of Leaving							May we contact?
					YES		NO

Employer	Dates of Employment		Work Performed				
Address	From: To:						
Starting/Present Job Title							
Supervisor	Hourly Rate/Salary Starting Final						
Reason of Leaving							May we contact?
					YES		NO

Comments: Include explanation of any gaps in employment

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job related training received in the United States military

List professional, trade, business or civic activities and offices held

You may exclude membership which would reveal gender, race, religion, national origin, age, disability or other protected status

ADDITIONAL INFORMATION

Other Qualifications *Summarize special job-related skills and qualifications acquired from employment or experience*

SPECIALIZED SKILLS (Skills/Equipment operated)

_____ Computer	_____ Spreadsheet	Machinery (list)	Other (list)
_____ Typewriter	_____ Word Processing	_____	_____
_____ WPM		_____	_____

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

Note to applicants:

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT
THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of activities in such a job or occupation has been given.

☐ YES

☐ NO

PERSONAL/PROFESSIONAL REFERENCES:

Do not include family members or past supervisors

Name:

Phone Number:

Best time to call

Occupation

1
2
3

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law; any employment relationship with the organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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 employer.

Signature of Applicant

Date