Town Of Oak Bluffs

PO Box 1327 Oak Bluffs MA 02557

An Equal Opportunity/Affirmative Action Employer. Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, disability, veteran status or sexual orientation

Position(s) Applied For: Date of Application:

Last Name: First Name: Middle Name:

How did you learn about us?

_____ Advertisement _____ Friend _____ Inquiry

_____ Employment Agency _____ Relative _____ Other _____

Mailing Address City State Zip Code

Telephone Number(s) Social Security Number:

Home:

Cell: Email:

Best time to contact you at home is: _____ AM _____ PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ YES ☐ NO

Have you ever filed an application with us before? ☐ YES ☐ NO

If yes, give date _____

Have you ever been employed with us before? ☐ YES ☐ NO

If yes, give date _____

If yes, state name, relationship & location _____

Are you currently employed? ☐ YES ☐ NO

May we contact your present employer? ☐ YES ☐ NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? ☐ YES ☐ NO

Proof of citizenship or immigration status will be required upon employment.

Date available for work _____ What is your desired salary range? _____

Are you available to work: Full time _____

Part time _____

Temporary _____ (give dates)

Are you currently on "lay-off" status and subject to recall?		YES		NO
Can you travel if job requires it?		YES		NO

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:						
Starting/Present Job Title	To:						
Supervisor	Hourly Rate/Salary Starting	Final					
Reason of Leaving			May we contact?				
					YES		NO

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

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

Employer	Dates of Employment		Work Performed				
Address	From:						
Starting/Present Job Title	To:						
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 activates 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.

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.

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 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.

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 _____