



APPLICATION FOR EMPLOYMENT

TOWN OF AYER

DEPARTMENT OF PUBLIC WORKS
25 Brook Street, Ayer, Massachusetts 01432
T:978.772.8240 F:978.772.8244



An Equal Opportunity Employer

The Town of Ayer is an equal opportunity employer and does not discriminate against any applicant because of race, color, religion, sex, marital status, national origin, age, disability, sexual orientation, genetic information or any other class protected by federal, state or local law.

A fully completed application is required for each position applied for. Responses such as "SEE RESUME" are not acceptable in any field.

POSITION APPLIED FOR: _____ **DATE:** _____

I. Contact Information:

NAME _____
Last First Middle

ADDRESS _____
Number Street Address City State Zip Code

HOME PHONE (_____) _____ **MOBILE PHONE** (_____) _____
Area Code Area Code

II. Personal History:

- a. Are you currently employed? Yes [] No []
- b. May we contact you at work? Yes [] No []
- c. Are you lawfully eligible for employment in the United States? Yes [] No []
Proof of citizenship or immigration status will be required upon employment.
- d. Have you ever been employed by the Town of Ayer in the past? Yes [] No []
If yes, please give department, position, and approximate dates of employment.

- e. Do you have a relative employed by the Town of Ayer? Yes [] No []
If yes, please give name, relationship, department and position:

- f. Do you personally know any employees working for the Town of Ayer? Yes [] No []
If yes, please give name, department and position (if known):

III. Education:

	School Name & Address	Course of Study	Graduated Yes / No Year	Degree
High School				
College				
Graduate				
Other: Equivalency, etc.				
Courses Now Studying				

IV. Employment History:

Please account for the last 3 positions you have held.

Dates of Employment		Hourly Rate of Pay		Name, Address and Phone Number of Employer	
From Mo./Yr	To Mo./Yr	Start:	Finish:		
May we contact this Employer?		Yes [] No []	Your Position or Title:	Supervisor's Name & Title:	
Reason for Leaving:					

Dates of Employment		Hourly Rate of Pay		Name, Address and Phone Number of Employer	
From Mo./Yr	To Mo./Yr	Start:	Finish:		
May we contact this Employer?		Yes [] No []	Your Position or Title:	Supervisor's Name & Title:	
Reason for Leaving:					

Dates of Employment		Hourly Rate of Pay		Name, Address and Phone Number of Employer	
From Mo./Yr	To Mo./Yr	Start:	Finish:		
May we contact this Employer?		Yes [] No []	Your Position or Title:	Supervisor's Name & Title:	
Reason for Leaving:					

VI. Office Skills: (if applicable)

Check the column that best describes your ability:

	✓ Beginner	✓ Intermediate	✓ Advanced
Microsoft Word			
Microsoft Excel			
Microsoft Access			
Microsoft Power Point			
Bookkeeping Ability			
Transcription Ability			
Other:			

VII. Licensure & Certificates:

List all licenses you possess that are relative to the position sought. A valid license is a condition of employment where required.

- a. Do you have a valid driver's license (Class D Auto)? ✓Yes _____ ✓No _____ If yes, expiration date _____
- b. Do you have a valid CDL license (Class A or B)? ✓Yes _____ ✓No _____ If yes, expiration date _____
- c. Do you have a valid Massachusetts Hydraulic license? ✓Yes _____ ✓No _____ If yes, expiration date _____
- d. List other valid licenses or certificates you possess (job related) in the space below:

License Type	Licensing Authority	Number	Expiration Date

VIII. Business / Professional References: (Do not include any family members)

Name	Address	Phone	Relationship

IX. Additional Information:

List any specialized training or job related skills acquired through military, civic, business or other activity, either paid or unpaid.

State any additional information which might be helpful to us in considering your application.

X. Employment of Minors:

The Town of Ayer is subject to certain child labor provisions regarding the employment of persons under the age of 18. Further, an Employment Permit or Educational Certificate may be required, depending on your age.

Are you under age 18? ✓Yes _____ ✓No _____ If YES, please indicate your age _____

CAREFULLY READ ALL PARTS OF THIS APPLICATION FORM BEFORE SIGNING

- I understand that acceptance of this application by the Town of Ayer 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 Ayer is contingent upon my successful completion of the pre-employment screening process including but not limited to the Town of Ayer receiving satisfactory references, a satisfactory CORI check, 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 Ayer 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 Ayer, 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 request a CORI 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 check on me as a condition of applying for a position with the Town, where applicable, and agree to sign a CORI Request Form reflecting my authorization of the CORI check. I further release the Town and its agents from any and all potential claims associated with the Town's performing a CORI 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 all appointments are probationary in accordance with the most recent Collective Bargaining Agreement between the Town of Ayer and AFSCME Local 1703 (DPW). If employed, I understand that my employment may be terminated with or without cause at any time unless there is an appropriate bargaining unit contract covering the position to which I am appointed.

MY SIGNATURE CERTIFIES THAT I HAVE READ AND AGREED WITH THE ABOVE STATEMENTS AND ALL STATEMENTS CONTAINED IN THIS EMPLOYMENT APPLICATION.

Signature of Applicant: _____ Date : _____

Please Print Name: _____

Office use Only		
Application Received:	Date:	Time:
Received by:		