



Town of Yarmouth, Massachusetts APPLICATION FOR EMPLOYMENT

The Town is an Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, national origin, age, marital status, sex, sexual orientation, veteran status, disability, gender identity and any other legally protected status.

PERSONAL INFORMATION:

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name: _____
First Middle Last

Address: _____ Phone: _____

City/Town: _____ Alternate Phone: _____

State/Zip: _____ Email: _____

GENERAL INFORMATION:

Position Desired: _____ Date Available: _____

Desired Status (check all that apply):

Full-time Part-time Temporary/Seasonal

Desired Salary: \$ _____ Annually Hourly

How did you hear about this position?

Newspaper or Online Ad (Name): _____

Employee Referral (Name of employee): _____

Social Media (Name): _____

School (Name): _____

Other (Name): _____

Yes No Are you legally authorized to work in the United States?

Yes No Are you at least 18 years of older? (If no, you may be required to provide authorization to work).

Yes No Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?

Yes No Have you ever been terminated from employment or asked to resign by an employer?
If yes, please provide company names and details: _____

Yes No Do you have a family member currently employed with the Town of Yarmouth? **If yes, list name:** _____

EMPLOYMENT HISTORY:

Starting with the most recent position, list the **last 5 employers or at least 10 years work experience.*** You may include work performed on a volunteer basis or job-related military service.

Complete this section in its entirety and attach your resume and pertinent data. Exclude all information indicative of age, sex, sexual orientation, race, religion, color, national origin, marital status, veteran status, disability, gender identity or handicap.

I have no prior work/volunteer experience.

Employer #1	City/State
Title	Telephone
Supervisor	Dates of Employment
Reason for Leaving	May we contact your Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Description of Primary duties:

Employer #2	Address
Telephone	Title
Supervisor	Dates of Employment
Reason for Leaving	May we contact your Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Description of Primary duties:

Employer #3	Address
Telephone	Title
Supervisor	Dates of Employment
Reason for Leaving	May we contact your Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Description of Primary Duties:

Employer #4	Address
Telephone	Title
Supervisor	Dates of Employment
Reason for Leaving	May we contact your Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Description of Primary Duties:

Employer #5	Address
Telephone	Title
Supervisor	Dates of Employment
Reason for Leaving	May we contact your Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Description of Primary Duties: _____

**Attach additional pages if needed*

Yes No Have you ever worked for a government agency? **If yes, please list:**
 Dates of employment: _____
 Agency & Location: _____
 If previously a Town of Yarmouth employee, please list department(s): _____

EDUCATION:

School	Description	Years Attended	Degree/Certifications Received?
High School	Name: Location:		<input type="checkbox"/> Diploma/GED <input type="checkbox"/> None
College	Name: Location: Area of Study:		<input type="checkbox"/> Bachelors <input type="checkbox"/> None
Graduate School	Name: Location: Area of Study:		<input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> None
Trade, Business, Night Courses, Other Training	Name: Location: Area of Study:		Describe:
Military Service	Branch:		Describe:

LICENSES *(Please list all licenses you possess that are relevant to the position you seek)*

Yes No Do you have a valid Driver's license (Class D Auto)?
 Yes No Do you have a valid CDL license? If yes, please identify: Class A Class B
 Yes No Do you have an active DOT Medical Examiners Card
 Yes No Do you have a valid Hydraulic license?

What other valid licenses, training, or certifications do you possess (i.e. OSHA 10)? _____

SPECIAL SKILLS:

Please list all computer or administrative skills applicable to the position (i.e. Word/Excel/Accounting): _____

Please list any machinery or heavy equipment that you have operated proficiently: _____

REFERENCES: Please provide the names of at least 3 persons not related to you, whom you have known at least one year, and who can attest to your credentials/accomplishments. Work references are preferred.

	Reference Information	Address (City/State)	Phone Number/Email	Nature of Relationship
1	Name: Job Title:	Company: Address:		
2	Name: Job Title:	Company: Address:		
3	Name: Job Title:	Company: Address:		

APPLICANT’S CERTIFICATION:

I understand that all statements made in this application (including resume and supporting documentation) are true and complete under pains and penalties of perjury. I understand that any falsified statements, misrepresentations, or omissions made by me as part of my application shall be grounds for ineligibility for employment or immediate dismissal, should one be discovered after I am employed.

I authorize the Town of Yarmouth to investigate all statements made as part of this application and to secure any necessary information from all prior employers, references, academic institutions, and law enforcement agencies. I release all of those persons, employers, references, academic institutions, and law enforcement agencies from any and all liability arising from their giving and receiving information about my employment history, academic credentials, qualifications, or criminal record.

I understand that an offer of employment, depending upon the position for which I am applying and in accordance with applicable laws or continued employment, may be made contingent upon passing: a physical examination; a drug/alcohol screen; a background check, which may include review of my driving record, verification of required licenses or permits; and/or a criminal background check (CORI and/or SORI) background check.

I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity and that failure to submit proof will result in denial of employment.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship is of an “At-will” nature, for no definite term, which means that employment may be terminated, with or without cause, and with or without notice, at any time, at the option of either the employer or the employee. I understand that in the event of employment, I am required to abide by all rules and regulations of my employer. I further understand and acknowledge that this Application does not constitute a contract of employment, nor does it constitute a promise or assurance of employment. This status can only be modified by a written document setting forth such modification, signed by both me and an authorized representative of my employer.

This application for employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period, or wishing to be considered for a position other than the one specified on page one of this form should inquire as to whether or not applications are being accepted for the position of interest at that time.

I acknowledge that I have read this application for employment, requirements, and authorization, fully understand its contents and voluntarily agree to its provisions. I further acknowledge that I am expected to abide by all rules, regulations, policies, written or unwritten, but that such rules, regulations and policies do not create a contract between me and my employer or otherwise restrict the right of either party to terminate the employment relationship.

My signature certifies that I have read and agree with the above statements and all statements contained in this application for employment:

Signature of Applicant

Date