

# TOWN OF EAST BROOKFIELD



# APPLICATION FOR EMPLOYMENT

# IMPORTANT

## Instructions for completing the application form.

1. Type or print clearly in black or blue ink.
2. Answer every question fully and accurately.
3. As an applicant for employment the Town of East Brookfield will review, if applicable:
  - Criminal Offender Record Information (C.O.R.I) and;
  - The Central Registry of Child Abuse/Neglect reports maintained in accordance with M.G.L. Chapter 119, Section 51 B.
4. If an offer of employment is made to you, the Town of East Brookfield may identify that it is contingent upon the results of a medical exam and/or a tax and background check.
5. FALSE OR MATERIALLY INACCURATE INFORMATION ON THIS APPLICATION WILL BE CAUSE FOR DISQUALIFICATION FOR EMPLOYMENT OR DISMISSAL AT ANY TIME AFTER EMPLOYMENT.
6. Read certification and releases carefully before signing.
7. Return completed application.
8. If you need an alternative version of this form, please contact the Board of Selectmen.

**This application will be kept on file for at least 30 days.**



# TOWN OF EAST BROOKFIELD

## APPLICATION FOR EMPLOYMENT

### WE ARE AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of the Town of East Brookfield to afford equal employment opportunity to all qualified persons regardless of race, color, religion, national origin, age, military status, sexual orientation, disability, or gender, except where age or sex is a bonafide occupational qualification as allowed by the Civil Rights Act of 1964.

PERSONAL INFORMATION	
Name (First)                      (Middle)                      (Last) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Home Telephone Number
Mailing Address (Street)                      (City)                      (State)                      Zip(Postal) Code	Business or Message Phone:
Home Address (if different from mailing address)	E-Mail Address:
Are you authorized to work in the U.S. on an unrestricted basis? YES <input type="checkbox"/> NO <input type="checkbox"/>	National ID (SS #) (optional)
Are you over age 18? YES <input type="checkbox"/> NO <input type="checkbox"/>  If applying for Police Officer or Firefighter positions, please indicate date of birth:	Who referred you to us? Agency <input type="checkbox"/> Employee <input type="checkbox"/> Newspaper advertisement <input type="checkbox"/> Other: _____
Have you been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> (Conviction will not necessarily disqualify an applicant from employment.) If yes, please explain.*	
Have you been convicted of a misdemeanor other than a first misdemeanor conviction for drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace within the last 5 years? YES <input type="checkbox"/> NO <input type="checkbox"/> (Conviction will not necessarily disqualify an applicant from employment.) If yes, please explain.*	
*“An applicant for employment with a sealed record on file with the Commissioner of Probation may answer ‘no record’ with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer ‘no record’ with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.” <i>M.G.L. Chapter 276, Section 100A.</i>	

EMPLOYMENT DESIRED	
POSITION APPLIED FOR:	Date you can start
NAME OF TOWN OF EAST BROOKFIELD DEPARTMENT WHERE POSITION IS LOCATED:	
Have you worked for the Town of East Brookfield before? YES <input type="checkbox"/> NO <input type="checkbox"/>	Starting salary desired:
Are you available for full time work? YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you available for part time work? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you reviewed the essential functions of the job as listed on the job posting? YES <input type="checkbox"/> NO <input type="checkbox"/>	
In addition to your work history, what other experiences, skills or qualifications would qualify you for work with the Town?	

EDUCATION				
Name of School	Location City                      State	Main Course of Study	Did you Graduate	Degree

List any additional education or training:  
\_\_\_\_\_

PROFESSIONAL REFERENCES (not personal): List 3 people not related to you who can comment on your work performance.				
Name	Address	Occupation	Telephone Number	Years Acquainted
1				
2				
3				

**MILITARY SERVICE INFORMATION**  
This information is furnished on a voluntary basis.

Check all that apply to you:     Veteran                       Disabled Veteran                       Vietnam Era Veteran

Dates of Service: \_\_\_\_\_ to \_\_\_\_\_ Branch: \_\_\_\_\_

If Vietnam Era Veteran, have you been certified by the State Office of Affirmative Action? YES  NO

If yes, what is the Certification #? \_\_\_\_\_

(Please attach Form DD214 or a copy of SOAA certification.)

**IMMEDIATE FAMILY WORKING IN TOWN GOVERNMENT**

Please disclose any immediate family members, including those related to your immediate family by marriage, who are employed by the Town of East Brookfield. You are required to complete the information below. "Immediate family" is defined as a spouse, child, parent, and sibling; and the spouse's child, parent and sibling. Include those employed in all branches of state government: judicial, legislative, executive, higher education and state authorities; and those employed as regular or contract employees, or elected officials. This "sunshine disclosure" is intended to ensure that the citizens of our Town have full confidence in their government and its hiring process. The disclosure will not be used to exclude any qualified applicant seeking a position within the Town from receiving full consideration based on the merits of his/her credentials and the requirements of the job. Attach additional pages if needed.

Name of Relative	Relationship	Title of Relative's Job	Town Department

<b>EMPLOYMENT HISTORY</b>		<b>COMPLETE ALL INFORMATION IN FULL</b> (A resume may not be substituted but may be included as a supplement) Begin with your most recent employment, including any present employment. Your present employer <u>will not</u> be contacted without your permission. You may include any verifiable work performed on a volunteer basis. Any gaps in employment must be briefly explained.	
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Company Name		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Telephone	
City & State		Postal Code	
Job Title		Specific Duties	
Supervisor			
Dates Employed:		Reason for Leaving	
From		To	
Salary			
Company Name		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Telephone	
City & State		ZIP (Postal) Code	
Job Title		Specific Duties	
Supervisor			
Dates Employed:		Reason for Leaving	
From		To	
Salary			
Company Name		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Telephone	
City & State		ZIP (Postal) Code	
Job Title		Specific Duties	
Supervisor			
Dates Employed:		Reason for Leaving	
From		To	
Salary			
Company Name		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Telephone	
City & State		ZIP (Postal) Code	
Job Title		Specific Duties	
Supervisor			
Dates Employed:		Reason for Leaving	
From		To	
Salary			

**IF YOU NEED ADDITIONAL SPACE PLEASE ATTACH A SEPARATE SHEET**

**RELEASE AND CERTIFICATION  
PLEASE READ BEFORE SIGNING**

I understand that the foregoing will be verified in order to expedite my application for employment with the Town of East Brookfield. I hereby authorize the Town to conduct a full investigation into my background.

I authorize the Town of East Brookfield to obtain my previous work records, employment records, character references and any other information concerning character, ability and habits and all other necessary information. Further I grant authority to the keeper of these records to release said records to the Town of East Brookfield for the purpose of making its hiring decision. I agree that the Town shall not be liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statement, omissions or answers made by me on this application. I agree that my previous employers shall not be liable with regard to any information provided by them in connection with this release.

I certify under the pains and penalty of perjury that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing, which, if disclosed, would affect this application unfavorably. I understand that any false statements, omissions or answers made by me on this application can result in my immediate termination.

In compliance with the Immigration and Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment. I have received the list of approved documents with this application.

I understand that unless I attain permanent status pursuant to M.G.L. Chapter 31 or am subject to the terms of a collective bargaining agreement, my employment will be at-will, which means that both the Town of East Brookfield and I are free to terminate the employment relationship at any time for any non-statutorily prohibited reason or for no reason at all, with or without notice.

I hereby acknowledge that I have read in full and understand the above statements and conditions of employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

“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.”  
*M.G.L. Chapter 149, Section 19B*

**Criminal Offender Record Information (C.O.R.I)**

**PLEASE READ BEFORE SIGNING**

If employed, I agree to abide by all rules and regulations of the Commonwealth and the Town of East Brookfield. I understand if convicted of a felony, I will notify my supervisor immediately. I agree to furnish such additional information and complete such examination as may be required to complete an employment process and understand that this application for employment in no way obligates the Town to employ me. I acknowledge that the Town will, if applicable, review the Criminal Offender Record Information (C.O.R.I.) and the Central Registry of Child Abuse/Neglect reports in accordance with M.G.L., Chapter 119, Section 51B.

I hereby acknowledge that I have read in full and understand the above statement.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**PRE-EMPLOYMENT PHYSICAL & DRUG SCREENING NOTICE**

**PLEASE READ BEFORE SIGNING**

If an offer of employment is made to you, the Town of East Brookfield may specify that it is contingent upon the results of a medical exam. I freely and voluntarily agree to submit to a pre-employment physical and/or drug screen, as it relates to the requirements of a specific job, as part of my pre-employment application to the Town. I understand that either refusal to submit to such screening, or failure to qualify according to the minimum standards established by the Town of East Brookfield for this screening may disqualify me from further consideration for employment. Further, I understand that any positive drug test results will be communicated in a confidential manner.

I hereby acknowledge that I have read in full and understand the above statements.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

## IMMIGRATION REFORM AND CONTROL ACT REQUIREMENT

In compliance with the Immigration and Reform and Control Act of 1986, you will be required to provide approved documentation that verifies your right to work in the United States prior to beginning work here at this agency. Please be prepared to provide any of the following documentation if you are offered and accept a position with us:

Any **one** of the following: (These establish both identity and employment authorization)

1. U.S. Passport
2. Certificate of U.S. citizenship (issued by Immigration & Naturalization Service)
3. Certificate of Naturalization (issued by INS)
4. Current foreign passport with valid endorsement authorizing employment
5. Resident alien card or other alien registration card, with photo or other approved identifying information, which evidences employment authorization

**OR** one from List A and one from List B:

**LIST A** These establish employment authorization:

1. Social Security Card (unless it specifies that it does not authorize employment)
2. Certificate of U.S. birth or other documentation which establishes U.S. nationality or birth
3. Other approved documentation

**LIST B** These establish identity:

1. Driver's license or similar state I.D. card with photo or other approved identifying information
2. Other approved documentation of identity for applicants under age 16 or from a state which does not issue an I.D. card (other than a driver's license)

**THIS VERIFICATION PROCESS IS REQUIRED FOR ALL EMPLOYEES HIRED ON OR AFTER NOVEMBER 6, 1986.**