



TOWN OF HOLLISTON

All information must be typed or printed in readable writing. Unreadable application will be discarded.

Personal Information

1. Date of Application: _____ 2. Position Applying For: _____
3. Name: _____ 4. Telephone Number: _____
Last First Middle Area Code / Number
5. Address: _____
Number Street Apartment Number

City/Town State Zip Code
6. Driver's License Number: _____
Class / Number / State
7. Email Address: _____
8. If hired, can you provide proof of citizenship or legal right to work? * YES NO
 * The Town of Holliston does not act as an employer – sponsor for workers with H-1 B or similar Visas.
9. Are you **under** 18 years of age? YES NO If yes, date of birth? _____
10. Have you ever been employed by the Town before? YES NO
 If yes, when? _____ In which department? _____
11. Do you have an immediate family member (i.e. spouse, mother, father, sibling, or child) working for the Town?
 YES NO
 If yes, Employee's Name: _____ Department: _____

Education

Name / Location	Course of Study	# of Years Completed	Did you graduate?	Type of Degree(s)
High School			<input type="checkbox"/> YES <input type="checkbox"/> NO	
College			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Graduate School			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Business/Technical			<input type="checkbox"/> YES <input type="checkbox"/> NO	

12. Do you possess the following skills? Please list in detail all that apply.
- Specialized Training? YES NO Name of Training/Course: _____

Professional Licenses? YES NO

Licenses: _____

Professional Memberships? YES NO

Name of Organizations: _____

Computer Software? YES NO

Name of Programs: _____

Office Equipment? YES NO

Describe Equipment: _____

If more room is required, an additional sheet may be attached.

Employment History

List present employer first. A resume or supplemental sheet may be included, however, this section must be completed.

13. Employer's Name: _____

Address: _____

Telephone Number: _____

Job title: _____

Worked From: _____ To: _____

Immediate Supervisor's Name and Job Title: _____

May we contact this employer? YES NO

Describe the work you performed: _____

Reason(s) for leaving: _____

14 . Employer's Name: _____

Address: _____

Telephone Number: _____

Job title: _____

Worked From: _____ To: _____

Immediate Supervisor's Name and Job Title: _____

May we contact this employer? YES NO

Describe the work you performed: _____

Reason(s) for leaving: _____

15 . Employer's Name: _____

Address: _____

Telephone Number: _____

Job title: _____

Worked From: _____ To: _____

Immediate Supervisor's Name and Job Title: _____

May we contact this employer? YES NO

Describe the work you performed: _____

Reason(s) for leaving: _____

16 . Employer's Name: _____

Address: _____ Telephone Number: _____

Job title: _____ Worked From: _____ To: _____

Immediate Supervisor's Name and Job Title: _____

May we contact this employer? YES NO

Describe the work you performed: _____

Reason(s) for leaving: _____

If more room is required, an additional sheet may be attached.

Volunteer Work History

List present organization first. You do not have to list any volunteer organization if it would indicate your race, color, religion, gender, national origin or membership in any protected class.

17. Organization Name: _____

Address: _____ Telephone Number: _____

Job title: _____ Worked From: _____ To: _____

Immediate Supervisor's Name and Job Title: _____

May we contact? YES NO

Describe the work you performed: _____

Reason(s) for leaving: _____

18 . Organization Name: _____

Address: _____ Telephone Number: _____

Job title: _____ Worked From: _____ To: _____

Immediate Supervisor's Name and Job Title: _____

May we contact? YES NO

Describe the work you performed: _____

Reason(s) for leaving: _____

19 . Organization Name: _____

Address: _____ Telephone Number: _____

Job title: _____ Worked From: _____ To: _____

Immediate Supervisor's Name and Job Title: _____

May we contact?

YES

NO

Describe the work you performed: _____

Reason(s) for leaving: _____

20 . Organization Name: _____

Address: _____

Telephone Number: _____

Job title: _____

Worked From: _____ To: _____

Immediate Supervisor's Name and Job Title: _____

May we contact?

YES

NO

Describe the work you performed: _____

Reason(s) for leaving: _____

References

Please provide professional and/or business references only. Note that references listed in this section will be contacted.

21. Reference #1

Name: _____ Address: _____

Business Position: _____ Telephone _____ Home: _____

Work: _____

22. Reference #2

Name: _____ Address: _____

Business Position: _____ Telephone _____ Home: _____

Work: _____

23. Reference #3

Name: _____ Address: _____

Business Position: _____ Telephone _____ Home: _____

Work: _____

24. Reference #4

Name: _____ Address: _____

Business Position: _____ Telephone _____ Home: _____

Work: _____

25. How did you learn about the job for which you are applying?

Walk-in

Town Employee

Newspaper; title _____ Professional Journal; title _____

Posted Town Bulletin _____ The Internet _____

The Town of Holliston is an Affirmative Action / Equal Employment Opportunity Employer

Agreement/Release

The information provided in this application for employment is true and complete to the best of my knowledge. 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 that the Town may not require, nor may it administer, a lie detector test as a condition of employment.

I authorize investigation of all statements contained in this application and the release of any pertinent information regarding my education, past employment history and background. I authorize the Town of Holliston to obtain any information from schools, employers or individuals relating to my activities. This information may include, but is not limited to: academics, achievement, performance, attendance, personal history and discipline. Further, I hereby authorize all references, persons, schools, my current employer (if applicable) and previous employers and organizations named in this application, unless otherwise stated, to provide the Town of Holliston any relevant information that may be required to arrive at an employment decision. I understand that the information released is for the Town of Holliston's use only.

I hereby voluntarily release, discharge, exonerate, indemnify and hold harmless the Town of Holliston, its agents and representatives, and any person so furnishing information from any and all liabilities of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of the Town of Holliston.

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 from time to time to work outside normal business hours, as the needs of the department require.

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 represent that I have read and fully understand the foregoing and seek employment under these conditions.

Signature: _____

Date: _____

Discrimination against any person in any practice or procedure in advertising, recruitment, referrals, testing, hiring, transfer, promotion or any other term, condition or privilege of employment which limits or adversely affects employment opportunities, because of political or religious opinions or affiliations, or because of race, color, sex, gender identity, genetic information, sexual orientation, national origin, ancestry, marital status, military status, pregnancy, parenthood, age or handicap which is unrelated to the person's occupational qualifications or any other non-merit factor which is not a bona fide occupational qualification, or any other protected class under the law, is prohibited.