



**TOWN OF MENDON**  
**PARKS & RECREATION DEPARTMENT**

20 Main Street  
Mendon, Massachusetts 01756  
Phone: (508) 473-0600 Fax: (508) 478-8241  
Email: [parkcomm@mendonma.gov](mailto:parkcomm@mendonma.gov)  
[mendonma.gov/parks](http://mendonma.gov/parks)

**Employment Application**

**Position Sought:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (town) (state) (zip)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please list any conflicts between June 15<sup>th</sup> and Sept. 1<sup>st</sup>.  
When can you start work and what is the last day you can work?  
Please list any Vacations, other jobs, school/college, sports, etc...

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I can satisfy the following mandatory minimum job requirements:

**Yes** \_\_\_ **No** \_\_\_

*Please Note: All employees will have to pass a criminal background check*

Lifeguard	Snack Shack	Rec Program	Maintenance	Jr. Maintenance
16+ Years Old	18+ Years Old	16+ Years Old	18+ Years Old	16+ Years Old
Lifeguard Cert.*			Driver's License	
CPR/First Aid Cert*				

\*or proof of enrollment in Lifeguard course to be completed by 6/10/15

**APPLICATION DEADLINE: February 22<sup>nd</sup>, 2016 by 12:00pm**

**Return Completed Applications to:** Mendon Parks Department

**In Person or By Mail:** 20 Main St. Mendon, MA 01756

**OR**

**By Email:** [parkcomm@mendonma.gov](mailto:parkcomm@mendonma.gov)

Questions? Email, or Call: 508-473-0600

**Please fill out the attached application packet**

**Instructions:**

***To The Applicant:***

**READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS.**

1. All questions must be answered, if applicable. If not applicable, indicate “n/a”.
2. Failure to answer any and all (non-optional) questions truthfully, accurately or completely may result in the applicant's disqualification, or, if discovered after an individual is hired, termination from employment.
3. If the space provided is not sufficient for complete answers, or you wish to make additional comments, attach sheets the same size as these forms and indicate to which question those sheets pertain.
4. You are applying for a responsible position. It is essential that you follow instructions specifically as directed. Make sure all dates and information are absolutely accurate.
5. If, after submitting this application, you become no longer interested in appointment, please notify the Parks Dept. in writing.
6. Applicants may include in their report of experience any verified work performed on a volunteer basis.
7. **By submitting this application you affirm that you are lawfully eligible for employment in the United States of America.**  
(Upon hire you will be asked to complete the I-9 Employment Eligibility Verification form)
8. All applicants will be contacted after the deadline regarding interviews.
9. Applications from applicants not selected will be held on file for a period of one year.

The Federal Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, national origin or disability, (As does the Americans with Disabilities Act). Federal Law also prohibits discrimination on the basis of age with respect to certain individuals. The Laws of Massachusetts also prohibit some or all of the above-stated discrimination as well as some additional types, such as discrimination based upon ancestry, sexual orientation and marital status.

**I have read and understand the above instructions.**

**Initial:** \_\_\_\_\_

1. **Work Experience:** In reverse chronological order, (i.e. starting with the most recent), list all employments. Applicants may also include verifiable work performed on a volunteer basis.

**Please feel free to attach additional pages if desired**

Dates		Name, Address, & Phone of Employment	Rates of Pay		Supervisor's Name and Title
From Mo./Yr.	To Mo./Yr		Start	Finish	
<b>Your Position or Title:</b>					
<b>Reason for Leaving:</b>					
<hr/>					
Dates		Name, Address, & Phone of Employment	Rates of Pay		Supervisor's Name and Title
From Mo./Yr.	To Mo./Yr		Start	Finish	
<b>Your Position or Title:</b>					
<b>Reason for Leaving:</b>					
<hr/>					
Dates		Name, Address, & Phone of Employment	Rates of Pay		Supervisor's Name and Title
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<hr/>					
Dates		Name, Address, & Phone of Employment	Rates of Pay		Supervisor's Name and Title
From Mo./Yr.	To Mo./Yr		Start	Finish	
<b>Your Position or Title:</b>					
<b>Reason for Leaving:</b>					

2. **Education:** Please list your education experience in the following table.

<b>Education:</b>	<b>School Name, Address and Phone Number</b>	<b>Graduated Yes/No Year</b>	<b>Number of Years Attended</b>	<b>Degree / Major</b>
<b>High School</b>				
<b>College</b>				
<b>Graduate</b>				
<b>Military Experience</b>	(Service Branch, Rank, Dates Served, etc...)			
<b>Other: Equivalency, Additional Coursework, etc.</b>				

3. Please list any special abilities, interests, sports, activities, or hobbies that are relevant to this position: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Please list any certifications or licenses that you hold. (Please attach copies of any relevant documents to the end of this application): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Please list any relevant experience, skills, and proficiencies with any relevant systems, machines, equipment, software, etc: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Background Information:**

6. Do you have a relative employed by this municipality? Yes [ ] No [ ]  
If yes, please give name, relationship, department and position: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

8. Have you previously submitted an application for employment with this municipality?  
Yes [ ] No [ ]  
If yes, give the name of the department and when: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Questions 9 & 10 are for positions requiring a Driver's License (Maintenance)**

9. Do you possess a valid driver's license from the Commonwealth of Massachusetts?  
Yes [ ] No [ ]

10. Was your driver's license in this state, or any state, ever suspended or revoked?  
Yes [ ] No [ ]

If yes, give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Have you ever been fired or forced to resign because of misconduct or unsatisfactory employment?  
Yes [ ] No [ ]

If yes, give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References:**

12. List at least 2 references (not relatives) who are responsible adults. All persons to whom you refer may be asked to appraise your character, ability, experience, personality, and other qualities.

**First Reference:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ How Long Has This Person Known You? \_\_\_\_\_

How Does This Person Know You? \_\_\_\_\_

**Second Reference:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ How Long Has This Person Known You? \_\_\_\_\_

How Does This Person Know You? \_\_\_\_\_

**Third Reference:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ How Long Has This Person Known You? \_\_\_\_\_

How Does This Person Know You? \_\_\_\_\_

**Criminal Record:**

All employees of the Mendon Parks Department will be required to undergo a criminal background check (CORI) and Sex Offender Registry Information check (SORI) as a condition of employment.

If you have any questions regarding this policy please contact the Parks Dept.

**PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW INDICATING THAT YOU UNDERSTAND AND AGREE TO THE TERMS AS STATED.**

I understand that a physical, which includes a drug screening urinalysis, may be required after an employment offer has been made. I understand that this is not a contract of employment and the municipality or I may sever the employment relationship at any time for any reason. Any oral or written statement to the contrary, including any which are made by a City/Town representative, are disavowed and may not be relied upon by any prospective or existing employee.

I understand also that this position has occasional evening and weekend hours for which I must be available. I further understand that any appointment tendered me will be contingent upon the results of a complete background investigation, and I am aware that willfully withholding information or making false statements on this application will be the basis for rejection of my application or dismissal from employment with the Town of Mendon. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge. I hereby give the Town of Mendon, through its agents, employees and Police Department, authorization to contact any person reasonably related to the background investigation. I also authorize any person contacted to share written and oral information that is reasonably related to the public position for which I am applying.

Finally, I hereby release, discharge and exonerate this municipality, its agents and representatives, and any person furnishing or receiving information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, or other information or investigations made by or on behalf of this municipality. This authority shall continue until revoked in writing by the undersigned.

**Applicant's Statement**

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

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 the rules and regulations of the employer.

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

\_\_\_\_\_  
Date

***Thank you for your interest in an employment opportunity with Mendon Parks Department.***

**Please follow the instructions on the first page to return this application**