



TOWN OF MENDON
PARKS & RECREATION DEPARTMENT

20 Main Street
Mendon, Massachusetts 01756
Phone: (508) 473-0600 Fax: (508) 478-8241
Email: parkcomm@mendonma.gov
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 15th and Sept. 1st.
When can you start work and what is the last day you can work?
Please list any vacations, other jobs, school/college, sports, etc...

Please note the following mandatory minimum job requirements:

All employees will have to pass a criminal background check

Lifeguard	Snack Shack	Rec Program	Maintenance
16+ Years Old	18+ Years Old	16+ Years Old	16+ Years Old
Lifeguard Cert.*		CPR/AED/First Aid**	Driver's License*** (DL Strongly Preferred)
CPR/AED/First Aid**			
<i>*or proof of enrollment in a course to be completed by June of 2017</i>		<i>**CPR/First Aid Certification strongly preferred but not required. Training may be available</i>	

APPLICATION DEADLINE: 2/17/17

Return Completed Applications to: Mendon Parks Department

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

OR

By Email: 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 are no longer interested in appointment, please notify the Parks Department in writing (email is acceptable).
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. Nothing in this application or any job posting or description should be construed as an offer or guarantee of employment.
10. Applications from applicants not selected will be held on file for a period of at least 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	

Your Position or Title:

Reason for Leaving:

Dates		Name, Address, & Phone of Employment	Rates of Pay		Supervisor's Name and Title
From Mo./Yr.	To Mo./Yr		Start	Finish	

Your Position or Title:

Reason for Leaving:

Dates		Name, Address, & Phone of Employment	Rates of Pay		Supervisor's Name and Title
From Mo./Yr.	To Mo./Yr		Start	Finish	

Your Position or Title:

Reason for Leaving:

Dates		Name, Address, & Phone of Employment	Rates of Pay		Supervisor's Name and Title
From Mo./Yr.	To Mo./Yr		Start	Finish	

Your Position or Title:

Reason for Leaving:

2. **Education:** Please list your education experience below.

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

3. Please list any special abilities, interests, sports, activities, or hobbies:

4. Please list any certifications or licenses that you hold relevant to this position:

(Please attach copies of such certifications or licenses to the end of this application)

If you are willing/able to obtain CPR/AED, First Aid, Lifeguard, etc.

Certifications, prior to employment; please also note that here:

5. Please list any relevant experience, skills, certifications, or proficiencies with any relevant systems, machines, equipment, software, etc: _____

Background Information:

***For the purposes of this section a person “affiliated with the Town” shall mean any person who is currently:**

- An Employee of the Town.
- An Elected, Appointed, or Ex-Officio member of any Board, Committee, or Commission.
- A person who has served in any of the above positions within the last year.
- Any person with whom there exists or could exist, the appearance of a financial interest or conflict of interest as defined under the current MA Ethics Regulations.

6. Are you related to any person(s) who is currently affiliated with the Town in any capacity*?

Yes [] No []

If yes, please give name, relationship, department, and position: _____

7. Do you personally know any person(s) currently affiliated with the Town in any capacity*?

Yes [] No []

If yes, please give name, department and position (if known): _____

8. Have you previously submitted an application for employment to the Town of Mendon?

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?

Yes [] No []

10. Was your driver's license in this state, or any state, ever suspended or revoked?

Yes [] No []

If yes, please explain: _____

11. Have you ever been fired or forced to resign because of misconduct or unsatisfactory employment?

Yes [] No []

If yes, please explain: _____

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