

APPLICATION FOR EMPLOYMENT

Town of Mendon
20 Main Street
Mendon, Massachusetts 01756

Position Sought:

1. These forms must be printed or typewritten.
2. All questions must be answered, if applicable. If not applicable, indicate "n/a".
3. 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.
4. 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.
5. 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.
6. If, after submitting this application, you become no longer interested in appointment, please notify the Board of Selectmen.
7. Applicants may include in their report of experience any verified work performed on a volunteer basis.
8. **If you are offered a position that requires driving, you will be asked to provide a certified copy of your driving record.**

I have read and understand the above instructions.

Signature of Candidate: _____

This application for unsuccessful applicants will be held on file for a period of one year.

Date and Time Received: _____

TOWN OF MENDON

HIGHWAY DEPARTMENT

ADDENDUM TO APPLICATION FOR EMPLOYMENT

Do you hold a valid Class II license? _____

Do you hold a valid Hoisting license? _____

Applicable Restrictions: _____

List equipment that you have operated or driven:

List any other experience or ability that you feel is pertinent to qualifying for a position with the Highway Department:

g. If your application is considered favorably, on what date can you start work?

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

Answer only if the position you are applying for requires a drivers' license:

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

j. Was your driver's license in this state, or any state, ever suspended or revoked? Yes [] No []. If yes, give details: _____

II. EDUCATION

- a. List the name and address of the following schools you attended and dates of graduation.

	School Name, Address and Phone Number	Graduated Yes/No Year	Number of Years Attended	Degree	Major
High School					
College					
Graduate					
Other: Equivalency, etc.					
Courses Now Studying:					

- b. List any special abilities, interests, sports or hobbies along with degrees of proficiency:

- c. If applying for an office position, please list any office machines, special equipment, computer systems or computer software experience. Also include your degree of proficiency with each.

III. EMPLOYMENT HISTORY

- a. 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.

Dates		Name and Address of Employment Phone number	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 and Address of Employment Phone Number	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 and Address of Employment Phone Number	Rates of Pay		Supervisor's Name and Title
From Mo./Yr	To Mo./Yr		Start	Finish	
Your Position or Title:					
Reason for Leaving:					

f

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

b. Have you ever been fired or forced to resign because of misconduct or unsatisfactory employment? Yes [] No []. If yes, give details:

IV. CRIMINAL RECORD

Note: With regard to questions contained in this section, under Massachusetts Law, you may answer “no record” if any of the following circumstances are applicable:

- (1) *You have never been arrested for violation of a criminal statute;*
- (2) *You have been arrested but have never been tried for a criminal offense;*
- (3) *You have been tried for a criminal offense but were not convicted;*
- (4) *You have a first conviction for any of the following misdemeanors:*
 - (a) *drunkenness*
 - (b) *simple assault*
 - (c) *speeding*
 - (d) *minor traffic violation*
 - (e) *affray or*
 - (f) *disturbance of the peace;*
- (5) *You have not been convicted of a criminal offense within the five years before the date of this application and you have been convicted of misdemeanors where the date of conviction or the termination of incarceration, if any, occurred more than five years before the date of this application;*
- (6) *You have felony or misdemeanor convictions which have been sealed pursuant to Massachusetts Law; or*
- (7) *You have juvenile delinquency or child in need of services complaints which were not transferred to Superior Court for prosecution.*

a. Have you ever been convicted of a felony? Yes [] No []. If yes, please explain

e. Have you ever been convicted of a sexual offense? Yes [] No [] If you have answered yes, please explain.

f. Have you ever been convicted of a narcotic drug offense? Yes [] No [] If you have answered yes, please explain.:

i. Have you ever been or are you currently the subject of any petition for restraining order requested or issued pursuant to c. 209A or other abuse prevention statutes, of the Massachusetts General Laws or any other domestic violence, abuse prevention or “no contact” order in this or any other state? Yes [] No [] If you have answered yes, please explain when and where.

THIS PAGE TO BE USED ONLY FOR POSITIONS RELATING TO CHILDREN AND/OR ELDERLY PERSONS OR A POSITION THAT REQUIRES THE EMPLOYEE TO BE BONDED.

V. REFERENCES

- a. List three references (not relatives, in-laws, former or present employers) 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 Does This Person Know You? _____

How Long Has This Person Known You? _____

Second Reference

Name: _____

Address: _____

Phone: _____

How Does This Person Know You? _____

How Long Has This Person Known You? _____

Third Reference

Name: _____

Address: _____

Phone: _____

How Does This Person Know You? _____

How Long Has This Person Known You? _____

VI. MILITARY SERVICE

- a. Have you ever served on active duty in the Armed Forces of the United States or the National Guard?

Yes ☐ No ☐ If yes, what was the highest rank attained?

If yes, please complete each of the following:

Branch of Military Service	Serial Number	Dates of Active Duty
<hr/>	<hr/>	From: <hr/>
		To: <hr/>
Type of Discharge	Date of Discharge	Member of
Reserve?		
<hr/>	<hr/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Branch: <hr/>

- b. Was any type of disciplinary action taken against you in the Military Service?
Yes ☐ No ☐ If yes, explain:

- c. Are you now or were you formerly in the National Guard?
☐ Present ☐ Former ☐ Never

If you are a member of the National Guard and attend drills, meetings, or camps, give the name of the unit and location.

Summer Camp or Similar Training Attendance From:

 To:

Location:

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.

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 completing this application and your interest in employment with
Town of Mendon***

**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.

Date

Signature of Applicant

GENERAL RELEASE

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

I, _____, born at _____
on _____, having filed an application for employment
with the Town of Mendon, consent to have an investigation made as to my moral
character, reputation and fitness for the position for which I have applied. I agree to give
any further information that may be required during the conduct of that investigation.

I also authorize and request every person, firm, company, corporation, partnership,
governmental agency, court, association, school, college, or branch of the military having
control of any documents, records, reports or other information pertaining to me, to
cooperate and allow inspection or provide copies of such documents, records, reports, or
other written information to the Mendon Police Department or its agents or
representatives.

I hereby release, exonerate, and discharge any person, firm, company, partnership,
governmental agency, court, association, school, college, or branch of the military and
any other person or entity so furnishing information from any and all liability of every
nature and kind arising out of the furnishing or inspection of such documents, records,
reports or other written information to the Mendon Police Department or its agents or
representatives.

I understand that any information obtained during this background investigation will
become the property of the Mendon Police Department, and will not be returned or
otherwise made available to me. I further understand that the sources of information, for
the purposes of this investigation, are confidential and will not be revealed to me.

I understand that a photocopy of this release will be valid as an original hereof, even
though said photocopy does not contain an original writing of my signature. It has been
explained to me, and I fully understand, that refusal to sign this authorization will not
necessarily void my application.

This authority shall continue for one year from the date signed, unless sooner revoked by
me in writing.

Signed _____
Date _____

REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER ON ALCOHOL & CONTROLLED SUBSTANCES TESTING**SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

I, (Print Name) _____
First, M.I., Last _____ Social Security Number _____
hereby authorize that:

Previous Employer: _____
Street: _____ Telephone: _____
City, State, Zip: _____ Fax No.: _____

may release and forward information requested by section 2 of this document concerning my Alcohol and Controlled Substances Testing records to:

Prospective Employer: _____
Attention: _____
Street: _____ Telephone: _____
City, State, Zip: _____ Fax No.: _____

Applicant Signature Date

This is in compliance with §382.405(f) and (h), which state:

(f) Records shall be made available to a subsequent employer upon receipt of a written request from a driver. Disclosure by that subsequent employer is permitted only as expressly authorized by the terms of the driver's request.

(h) An employer shall release information regarding driver's records as directed by the specific, written consent of the driver authorizing release of the information to an identified person. Release of such information by the person receiving the information is permitted only in accordance with the terms of the employee's consent.

§382.413(a)(b)(c)(e)(f) further state:

(a) An employer may obtain, pursuant to a driver's written consent, any of the information concerning the driver which is maintained under this part by the driver's previous employer.

(b) An employer shall obtain, pursuant to a driver's consent, information

on the driver's alcohol tests with a concentration of 0.04 or greater, positive controlled substances test results, and refusals to be tested, within the preceding two years, which are maintained by the driver's previous employer under §382.401(b)(1)(i) through (iii).

(c) The information in paragraph (b) of this section must be obtained and reviewed by the employer no later than 14 calendar days after the first time a driver performs safety-sensitive functions for an employer.

(e) The prospective employer must provide to each of the driver's employers within the two preceding years the driver's specific written authorization for release of the information in paragraph (b).

(f) The release of any information under this part may take the form of personal interviews, telephone interviews, letters, or any other method of obtaining information that ensures confidentiality. Each employer must maintain a written, confidential record with respect to each past employer contacted.

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

COMPLETE THIS SECTION AS IT PERTAINS TO PART 382. SEE SECTION 382.413(b), ABOVE:

YES NO

1. Has this person ever tested positive for a controlled substance in the last two years?

☐ ☐

2. Has this person ever had an alcohol test with a Breath Alcohol Concentration 0.04 or greater in the last two years?

☐ ☐

3. Has this person ever refused a required test for drugs or alcohol in the last two years?

☐ ☐

If **YES** to any of the above questions, please give the SAP's (Substance Abuse Professional) name, address and phone number for further reference.

Name: _____

Street: _____

City, State, Zip: _____ Telephone: _____

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) ☐ Faxed to previous employer. ☐ Mailed to previous employer.

Date: _____

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: ☐ Fax ☐ Mail ☐ Phone

Date: _____ ☐ Personal Interview

SHOULD BE PREPARED IN TRIPLICATION:

ONE COPY IS COMPLETED AND RETURNED TO PROSPECTIVE EMPLOYER, ONE COPY IS TO BE RETAINED BY PREVIOUS EMPLOYER, THE THIRD RETAINED BY THE PROSPECTIVE EMPLOYER UNTIL SUCH TIME AS INFORMATION IS OBTAINED FROM PREVIOUS EMPLOYER