

## Town of Fairhaven Massachusetts Human Resources Office

40 Center Street Fairhaven, MA 02719

Tel: (508) 979-4023 HR@Fairhaven-MA.gov

## APPLICATION FOR EMPLOYMENT

Thank you for your interest in employment with the Town of Fairhaven. The Town is an Equal Opportunity/Affirmative Action Employer. We assure you that your opportunity for employment with the Town will be based only on your merit, without regard to race, religion, sex, age, national origin, or disability.

<u>PLEASE NOTE:</u> The Town accept applications for advertised positions only. Applications must be either emailed or mailed to the email/physical address listed below. Either digital submission or hard copy submission is acceptable; it is not necessary to submit both ways.

<u>INSTRUCTIONS</u>: Each question should be fully and accurately answered. Please fill out the form, then print, sign, and either email or mail to:

## HR@Fairhaven-MA.gov or;

Town of Fairhaven Human Resources 40 Center Street Fairhaven, MA 02719

A separate application must be submitted for each position for which you are applying.

GENERAL

Position applying for:\_\_\_\_\_\_\_\_ Date of application: \_\_\_\_\_\_\_ (mm/dd/yyyy)

Referral source:

Newspaper Ad Online Ad Town of Fairhaven employee Relative
Employment Agency School website Town website Other

Name of source (if applicable): \_\_\_\_\_\_\_

Date available for work: \_\_\_\_\_\_\_ (mm/dd/yyyy)

PERSONAL
First name: \_\_\_\_\_\_ Last name: \_\_\_\_\_\_\_

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

Are you age 18 or older? Yes No If no, list date of birth: (mm/dd/yyyy)

Have you worked for the Town of Fairhaven before? Yes No

If yes, which department?

Dates of service with the town: From:	To:	(mm/yyyy)
Were you in the U.S. Armed Forces? Yes	□ No □	
If yes, which branch?		_
Dates of service: From: To:		(mm/yyyy)
Do you have a family member(s) currently	working for	the Town? Yes \[ \] No \[ \]
If yes, please list their name(s) and departs	ment(s):	
Name:	_ Depart	ment:
PRESENT AND PRIOR EMPLOYM	MENT	
Please list below employers in consecutive Account for all periods of time between er		resent or most recent employer listed first.
A resume may be attached but DO NOT reapplication. Use additional sheets of paper		
MOST RECENT EMPLOYMENT		
EMPLOYER  Name:  Street address:  City: State:  Phone:		
Type of Business:	`o:	(mm/yyyy)
	oyment:	
EMPLOYER  Name:  Street address:  City: State:		May we contact this employer?  Yes No
Phone: Type of Business: Supervisor:		
POSITION Title: Temployment Dates: From: T	o:	(mm/yyyy)

Description of duties:		
Reason for leaving or seeking other	employment:	
EMPLOYER		M
Name:		
Street address: State		_
Phone:	; <b>z</b> ıp	<del></del>
Phone:Type of Business:	_	
Supervisor:		
POSITION		<del></del>
Title:		
Employment Dates: From: Description of duties:	_ To:	(mm/yyyy)
EMPLOYER Name: Street address:		_
City: State		
Phone:	_	
Type of Business:		
Supervisor:		
POSITION Title:		
Title: Employment Dates: From: Description of duties:	_ To:	(mm/yyyy)
Reason for leaving or seeking other	employment:	
EMPLOYER Name:		May we contact this employer? \( \subseteq \text{Yes} \subseteq \text{No}
Name:		May we contact this employer? Tes No
Street address: State	· 7in·	_
Phone: State		
Type of Business:		
Supervisor:		
POSITION		<del></del>
Title:		_
Employment Dates: From: Description of duties:		
Reason for leaving or seeking other	employment:	

Word Processing: Yes No If yes, which program(s):	n professional organizations: (mm/dd/yyyy) Class: perating:  Graduated?
Database: Yes No If yes, which program(s): List any other computer programs you are proficient in:  Special qualifications and skills (licenses or certificates, memberships in  This box for Tree department and Public Works positions:  Driver's license # State: Expires:  List any machinery or heavy equipment that you are experienced in op	n professional organizations: (mm/dd/yyyy) Class: perating:  Graduated?
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List any machinery or heavy equipment that you are experienced in op  EDUCATION  High School  Name:	Graduated?
EDUCATION High School Name:	Graduated?
High School Name:	
High School Name:	
High School Name:	
Name:	
Name:	Vac D No D
Address:	Yes No
Address.	
Vesstional Calcal	Graduated?
Vocational School	Yes No
Name:	res 🗀 No 🗀
Address:	
Undergraduate College	Graduated?
Name:	Yes No
Address:	
	G 1 10
Graduate College	Graduated?
Name:	Yes No
Address:	

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Please provide three (3) PROFESSIONAL references. References should include at least one former
supervisor who can comment on your past job performance. You will be notified before references are
contacted.

Name and Occupation	Company	<u>Phone</u>			
<u>1.</u>					
<u>2.</u>					
<u>3.</u>					
OTHER INFORMATION					
Are you able to provide documented proof of U.S. citizenship or valid work permit as required upon					
employment to work in the United States? Yes \[ \] No \[ \]					
Please review the functions of the position as outlined in the job description. Are you able to perform all					
the essential duties of the positi	ion for which you are apply	ring? Yes   No			

## APPLICANT'S CERTIFICATION

I certify, under penalty of perjury, that the statements made in this application are true and correct. I authorize the Town of Fairhaven to investigate all statements made as part of this application and to secure any necessary information from all prior employers, references, and academic institutions I release all of those persons, employers, references, and academic institutions from any and all liability arising from their giving and receiving information about my employment history, academic credentials, or qualifications. I understand that any false answers, or statements, or misrepresentations by omission made by me as part of my application will be sufficient for rejection of my application or for my immediate dismissal, should one be discovered after I am employed. I understand that federal law prohibits the employment of unauthorized aliens and that the Town has an obligation to make sure all employees, regardless of citizenship or national origin, are allowed to work in the United States. I understand that, if selected as a finalist, a background check including, but not limited to, a criminal records background check, will be conducted. All persons hired must submit proof of citizenship, permanent resident status, or employment authorization in the form of an Employment Authorization Document, I understand that failure to submit satisfactory proof of identity and employment authorization will result in a denial of employment. I understand that my employment with the Town, should I be hired, is a voluntary one. Nothing in this employment, in the Town's statements or personnel guidelines, or in my communication with any Town employee or official is intended to create an employment contract between the Town and me. I acknowledge that employment is not guaranteed for a definite period of time and that some positions regarded as part-time and/or temporary are paid for actual hours worked and are not entitled for benefits offered to full-time positions (except FICA and Workers' Compensation).

There is nothing to keep me	e from fulfilling the duties of the job for which I have applied.
Signature:	Date:

The Civil Rights Act of 1964 prohibits discrimination in employment practices because of race, color, religion, sex, or national origin. PL90-202 prohibits discrimination because of age.