



TOWN OF ROCKPORT
APPLICATION FOR EMPLOYMENT

PLEASE READ BEFORE FILLING OUT THIS APPLICATION:

The Town does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex, ancestry or sexual orientation; or on the basis of age, as defined by law, or handicap. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

In processing this employment application, the Town may request that an investigative consumer report be prepared, which may include information as to your character, general reputation, and personal characteristics, obtained through personal interviews with neighbors, friends, and associates. In addition, information may be obtained from former employers and educational institutions which you have attended. A credit bureau report may also be obtained as part of this application.

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 liabilities.

PLEASE ANSWER EVERY QUESTION. USE INK.

[PRINT]

_____	_____	_____	_____
(FIRST)	(MIDDLE)	(LAST)	(DATE)
_____	_____	_____	_____
(NUMBER)	(STREET)		(TELEPHONE NUMBER)
_____	_____	_____	_____
(CITY)	(STATE)	(ZIP CODE)	(LENGTH OF TIME AT THIS ADDRESS)

List previous addresses within the United States, except Military, if address changed during the past 5 years.

_____	_____	_____	_____	_____	_____
(NO.)	(STREET)	(CITY)	(STATE)	FROM (DATE)	TO
_____	_____	_____	_____	_____	_____
(NO.)	(STREET)	(CITY)	(STATE)	FROM (DATE)	TO

In case of emergency, notify:

_____	_____	_____
(NAME)	(ADDRESS)	(PHONE)

Type of work desired: _____ Salary Requirements _____

How were you referred to us? _____ Date available for work _____

EMPLOYMENT HISTORY*

Include summer and part-time work, and any periods of unemployment. You may include in your work history, verified work performed on a volunteer basis. List only employment within the United States.

List Below the Name and Business Address of All Your Former Employers Beginning With your Last Position	Time Employed From To Mo/yr Mo/yr	Nature of Work	Earnings Per Week When Leaving	Reason for Leaving	Name of Immediate Supervisor
1.					
2.					
3.					
4.					

May we contact the employers listed above? _____ If not, indicate by number which one(s) you do not wish us to contact. _____
 Were you ever dismissed from a job? _____ If yes, give details _____

* Attach additional sheets if necessary.

EDUCATION*

Type of School	Name of School	City/State	Course Majored In	Highest level Completed	Graduate? Give Degrees
High School					
College					
Graduate					
Other (Trade, Corres., Night)					

*Do not answer if not relevant to the requirements of the position for which you are applying.

Please read the paragraph below and then answer the questions which follow.

Any applicant for employment with a sealed record on file with the Commissioners of Probation may answer "no record" with respect to any inquiry herein relative to prior arrests, criminal court appearances, or convictions. An applicant for employment with a sealed record on file with the Commissioner of Probation may answer "no record" to any inquiry here in relative to prior arrests or criminal court appearances. In addition, any applicant for employment may answer "no record" with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the Superior Court for criminal prosecution.

1. Have you ever been convicted of a felony? If so, please give details. *

* Conviction of a felony does not necessarily bar an applicant from employment.

Should you be appointed to a position with the Town of Rockport your employment may be conditional upon a criminal history investigation, and/or a physical exam to determine your fitness to do the essential functions of the position, with or without a reasonable accommodation.

Any offer of employment is conditioned upon the satisfactory completion of the verification process as required by the Immigration Reform and Control Act of 1986; the Town will hire only those individuals who are legally authorized to work in the United States and who present acceptable proof of their lawful employment status and identity.

PLEASE READ CAREFULLY BEFORE SIGNING. If you have any questions regarding these statements, please ask them before signing.

In the event of employment to a position with the Town, I will comply with all Town By-laws, and the rules and regulations as set forth in communications distributed to all employees, which may be changed without notice at the discretion of the Town; Additionally, I authorize the Town to supply my employment record in whole or in part, subject to Massachusetts General Law and rules and regulations promulgated by the Supervisor of Public Records, to any prospective employer, government agency, or other party.

I hereby authorize my present and/or former employers, educational institutions, credit bureaus, references, neighbors and friends to disclose to the Town any and all information concerning my previous employment and any other pertinent information they may have, personal or otherwise, and I release all parties from any liability whatsoever resulting from such disclosure.

I understand that should such investigation reveal any false statements made by me or other derogatory information, I may be disqualified from employment or subsequently dismissed. I understand I have the right to request that the reporting agency provide me with the details of the report.

I understand and agree that if I am offered employment, it will be as an employee-at-will, subject to any Collective Bargaining Agreement under which the employee is covered; and subject to Massachusetts General Laws, Chapter 31; and the Salary Administration Plan; and that no employment contract rights have been created. I also understand and agree that my employment may be terminated at any time with or without cause, again subject to the above, and the so-called 'Loudermill Decision'. I also understand that no supervisor, manager or other representative of the Town has any authority to enter into any expressed or implied contract for employment for any specific period of time.

I further understand that, if I am hired, subsequent consumer reports may be requested without additional notice to me, in connection with the continuation of my employment.

I certify that all answers given and statements made by me on this application are true, accurate and complete to the best of my knowledge and I understand that any false or misleading answers, or any omission or concealment of facts that would if disclosed, affect this application unfavorably, will disqualify me from consideration for employment or may result in my immediate discharge.

I hereby acknowledge that I have read the above statements and understand the same.

Signature of Applicant

Date

ADDITIONAL INFORMATION:

FOR TOWN OF ROCKPORT USE ONLY

Position and Department for which the applicant is being considered _____

Interview

Date and Time _____

Date and Time _____

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen or national of the United States
- A Lawful Permanent Resident (Alien #) A _____
- An alien authorized to work until _____
(Alien # or Admission #)

Employee's Signature	Date (month/day/year)
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Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name		Date (month/day/year)
Harvard University Health Services 75 Mt. Auburn St. Cambridge, MA 02138		

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____	Document #: _____
Expiration Date (if any): _____	

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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