TOWN OF WINCHESTER
71 MT. VERNON STREET
WINCHESTER, MA 01890

TOWN USE ONLY

Date Received: _____

Initial Review By: _____

EMPLOYMENT APPLICATION

The Town of Winchester is an Equal Employment Opportunity /Affirmative Action Employer

_____
Position

Last Name	First Name		Middle
Street Address	City	State	Zip
Home Phone		Other Phone (cell)	

Are you currently employed by the Town of Winchester or the Winchester School District? Yes ____ No___

If yes, which department? _____

If hired, can you provide proof of US citizenship or the legal right to work in the United States? Yes____ No____

If you are under the age of 18, you will also need to provide a Work Permit.

Professional licenses, certifications, registrations:

_____

_____

_____

_____

How did you learn of this employment opportunity? Newspaper (please name)_____

Job Announcement_____ Town Website _____ Other website (please name) _____

EDUCATION

High School Last Attended High School Location Did you graduate?

University, College, Business or Trade School	Location	Major	Degree/Certificate

EMPLOYMENT BACKGROUND (including volunteer work)

List present employment first. Account for the past ten (10) years. Include United States military service. A resume or supplemental sheet may be included, however, this section must be completed. You may include any verified volunteer employment.

	EMPLOYER	SUPERVISOR	REASON FOR LEAVING	SALARY
From:	Name:	Name:		Wk.
To:	Address:	Title:		Mo.
Yrs. Mos.	Phone:			Hrly.
Title:		Duties:		

	EMPLOYER	SUPERVISOR	REASON FOR LEAVING	SALARY
From:	Name:	Name:		Wk.
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To:	Address:	Title:		Mo.
Yrs. Mos.	Phone:			Hrly.
Title:		Duties:		

Have you retired from any Massachusetts municipality? Yes ____ No ____

If so, which one? _____

FAMILY RELATIONSHIP

In order to prevent bias or favoritism because of family relationships, the following information is required.

Do you have any family members who are employed by the Town of Winchester or the Winchester School District? Yes ____ No ____

If yes, indicate the name of the related employee and the department they work for:

Employee's Name, Relationship and Department_____

Employee's Name, Relationship and Department_____

REFERENCES

1. Name: _____ Business Address: _____

   Title: _____ Phone: _____

2. Name: _____ Business Address: _____

   Title: _____ Phone: _____

3. Name: _____ Business Address: _____

   Title: _____ Phone: _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY:

1. It is a violation of Massachusetts General Law to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law is subject to criminal penalties and civil liability.
2. I understand that any offer of employment that I receive from the Town of Winchester is contingent upon my successful results of the pre-employment screening process including, but not limited to, the Town of Winchester receiving satisfactory references, a satisfactory criminal history and Criminal Offense Record Inquiry (CORI) and/or credit check if required, satisfactory verification of driver's license or other certifications or licensing, and satisfactory results of any required post-offer pre-employment drug test or physical examination.
3. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, including contacting present and former employers, and I authorize present and former employers and references to provide information to the Town as needed to consider my application. I hereby release the Town, my present and former employers and all individuals contacted for factual information about me from any and all liability for damages arising from furnishing the requested information.

I certify that all statements made by me on this application are true, complete and correct to the best of my knowledge and understand that any falsifications or omissions may be cause for forfeiture on my part of all rights to employment with the Town of Winchester and may subject me to disqualification or dismissal.

Applicant Signature: _____

Date: _____

*******FOR TOWN USE ONLY *******

Reference 1: Applicant received interview: Yes No

Date Called: _____ Person Calling: _____

Comments:

_____

_____

_____

Reference 2:

Date Called: _____ Person Calling: _____

Comments:

_____

_____

_____

Reference 3:

Date Called: _____ Person Calling: _____

Comments:

_____

_____

_____

Hiring Date: _____ Start Date: _____

Position: _____ Department: _____