



**HUMAN RESOURCES**  
 Town of Acton  
 472 Main Street  
 Acton, Massachusetts, 01720  
 Phone: 978-929-6613  
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 Email: [HR@acton-ma.gov](mailto:HR@acton-ma.gov)

**TOWN OF ACTON  
 APPLICATION FOR EMPLOYMENT**

*(Please Print)*

**AN EQUAL OPPORTUNITY EMPLOYER**

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis, including age, sex, sexual orientation, color, race, creed, national origin, religious persuasion, marital status, political belief, disability or any other class protected by federal or state law.

Position(s) Applied for: \_\_\_\_\_ Date: \_\_\_\_\_

**I. Personal Information**

Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Present Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Date Available: \_\_\_\_\_ Type of employment desired: \_\_\_\_\_ F/T \_\_\_\_\_ P/T \_\_\_\_\_ Seasonal \_\_\_\_\_ Temp \_\_\_\_\_

**Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, green card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.**

Are you legally eligible for employment in this country? Yes No

If you are under 18, and it is required, can you furnish a work permit? Yes\_No

Please specify if you are using aliases or nicknames: \_\_\_\_\_

Do you have any relatives who are presently (or have formerly been) employed by the Town of Acton? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name(s): Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

How were you referred to the Town? \_\_\_\_\_

## II. Educational History

	School Name/Location	Years Complete	Degree/Diploma
Elem/Jr. High			
High School			
College			
Tech. Training			
Other			

## II. Employment Record *Please include all employment for the last five years starting with your current or most recent employer. You may include any verified work performed on a voluntary basis in your work history.*

1. \_\_\_\_\_  
 Company Name \_\_\_\_\_ Position \_\_\_\_\_  
 \_\_\_\_\_  
 Address \_\_\_\_\_ Dates Employed (From – To) \_\_\_\_\_  
 \_\_\_\_\_  
 Manager/Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
 May we contact your current employer? \_\_\_\_ Yes \_\_\_\_ No If not, explain: \_\_\_\_\_

2. \_\_\_\_\_  
 Company Name \_\_\_\_\_ Position \_\_\_\_\_  
 \_\_\_\_\_  
 Address \_\_\_\_\_ Dates Employed (From – To) \_\_\_\_\_  
 \_\_\_\_\_  
 Manager/Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

3. \_\_\_\_\_  
 Company Name \_\_\_\_\_ Position \_\_\_\_\_  
 \_\_\_\_\_  
 Address \_\_\_\_\_ Dates Employed (From – To) \_\_\_\_\_  
 \_\_\_\_\_  
 Manager/Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

**NOTE:** List additional employers, if necessary, on page 4. We may contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for exclusion:

\_\_\_\_\_  
 Name of Employer \_\_\_\_\_ Reason \_\_\_\_\_  
 \_\_\_\_\_  
 Name of Employer \_\_\_\_\_ Reason \_\_\_\_\_

**III. References** Please do not include relatives or former employers.

1. \_\_\_\_\_  
 Name \_\_\_\_\_ Years Known \_\_\_\_\_  
 \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 \_\_\_\_\_  
 Occupation \_\_\_\_\_

2. \_\_\_\_\_  
 Name \_\_\_\_\_ Years Known \_\_\_\_\_  
 \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 \_\_\_\_\_  
 Occupation \_\_\_\_\_

3. \_\_\_\_\_  
 Name \_\_\_\_\_ Years Known \_\_\_\_\_  
 \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 \_\_\_\_\_  
 Occupation \_\_\_\_\_

**IV. Work Availability**

- 1. Do you have any objections to working overtime?     Yes  No
- 2. Can you work overtime without prior notice?        Yes  No
- 3. Can you work on Saturday?                                Yes  No. Respond only if the position requires it
- 4. Can you work on Sunday?                                 Yes  No. Respond only if the position requires it
- 5. Can you travel, if required?                              Yes  No

**V. Salary/Hourly Rate Requirements**

If your application receives favorable consideration, what salary/hourly rate would you require?

Yearly \_\_\_\_\_ Hourly \_\_\_\_\_

I understand that if I am employed, any misrepresentations or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers and educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations that furnish such information.

It is unlawful in Massachusetts to administer a lie detector test as a condition of employment. An employer who violates this law shall be subject to criminal prosecution or civil liability.

The Town of Acton does not discriminate and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only one year. At the conclusion of this time, if I have not heard from the employer and I still wish to be considered for employment, it will be necessary to complete a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice. The employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as required by law. This application does not constitute an agreement or contract of employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand that it is the Town's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA or the state fair employment practices law.

I understand that the Town of Acton is a “drug free” workplace and that substance abuse screening will be part of my physical exam if hired, and could also be administered at any time due to reasonable suspicion. Positive results will result in termination of employment.

I also understand that if I am hired, I will be required to provide prove of identity and legal work authorization.

**I REPRESENT AND WARRANT THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING AND SEEK EMPLOYMENT UNDER THESE CONDITIONS.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Additional Employment Information/Continuation**

Horizontal lines for additional information/continuation.