

Town of Harwich ~ Employment Application 732 Main St. Harwich, MA 02645

Telephone (508) 430-7513 Fax (508) 432-5039

An Equal Opportunity Employer

PLEASE READ BEFORE FILLING OUT THIS APPLICATION

It is the policy of the Town of Harwich to afford equal employment opportunity to all qualified persons regardless of race, color, religion, national origin, age, military status, sexual orientation, disability, or gender, except where age or sex is a bonafide occupational qualification as allowed by the Civil Rights Act of 1964.

To be sure that your application is properly evaluated, <u>all</u> questions should be answered clearly, completely and accurately. If you need more space, please attach a separate sheet.

Please print <u>clearly</u> in black or blue ink. Also, "see resume" is <u>not</u> acceptable in any field.

Please attach resume and letter of interest if required.

I. CONTACT and PERSONA	T	DATE			
Name					
Las	t		First		Middle
Address					
Number	Street		Town	State	Zip Code
Mailing Address					
(If different) Number		Street	Town	State	Zip Code
(if different) Trumber		Street	TOWII	State	Zip Code
()	()				
Telephone	Cell Phone		Email A	Address	
II DOSITION ADDIVING E	OP (Plage specify r	ragition title).			
II. POSITION APPLYING F	OK (Fieuse specijy p	osmon mie):			
Are you able to work the days	and hours identified	in the advertisemen	nt? YES	NO If no, pleas	se explain
i gan an a an an an a an ga					· · · · · · · · · · · · · · · · · · ·
Have you worked for the Town If yes, Dates of Service: From Is the salary/wages offered acc	n of Harwich before?: To:_	? YES NC	ase list departmen	own Website Other_ t(s)	
III. LICENSES (Please list all lic	censes you possess that ar	re relative to the position	n you seek). A valid li	cense is a condition of employm	ent, where required.
Do you have a valid driver's li	cense (Class D Auto)? Vec	No	If yes, enter expiration of	late
Do you have a valid driver's license (Class D Auto)? Do you have a valid CDL License (Class A or B)?			YesNo If yes, enter expiration date		
Do you have a valid Hydraulic		No	If yes, enter expiration of		
				ir yes, enter expiration e	
What other valid licenses or ce	ertifications do you p	ossess (job related)	?		
IV. OFFICE SKILLS (If appli	<i>cable</i>). Check	the column that you	feel best describes y	our knowledge and specify s	oftware products:
		√Beginner	√ Interm	ediate Level √	Advanced Level
Knowledge of Word Processing					
Knowledge of Spreadsheets					
Knowledge of Databases					
Automated Accounting System K	nowledge				
Bookkeeping Knowledge					
Transcription Ability					
Shorthand/Speedwriting Ability		<u> </u>			

V. EDUCATION	NT	A.1.1		N	D	
School	Name	, Address, City, State		Number of Years Attended	Degree Awarded	
High School						
College						
Graduate School						
Trade, Business, Night Courses						
Military Service, Other Training						
VI. SPECIAL SKILLS. Please list any other ski		you feel are relevant:				
an Employment Permit Are you over age 18? Y IX. IMMEDIATE FAM Please disclose any immedirequired to complete the infet those employed in all branch to ensure that the citizens of complete the complete that the citizens of complete the citizens of citizens of complete the citizens of c	of MINORS s subject to co or Education YES IMMEI atte family membormation below. hes of town gover our town have ful	S. Certain child labor provision Certificate may be require NO If no, DIATE FAMILY WORK DIATE FAMILY DIATE DIATE FAMILY WORK DIATE FAMILY DIATE DIATE FAMILY DIATE DIATE FAMILY DIATE DIATE FAMILY DIATE DIATE DIATE FAMILY DIATE	please indicate your age:	ARWICH are employed by the Town of the spouse's child, parent officials. This "sunshine divill not be used to exclude a	of Harwich. You are and sibling. Include sclosure" is intended iny qualified applican	
			his/her credentials and the requirements Title of Relative's Jo			
rame of Relativ		Keiationsinp	Thic of Relative 5 50	Бера	ar timent	
be included as a suppler	ment.) Please		do not write, "see resume". A reition you have held. Start with yn intern or volunteer.			
The Town of Harw	ich () may or () may	not contact my present en	aployer.		
Employer		Address				
Telephone		Title				
Supervisor			Dates Worked			
Reason for Leaving			1			
Description of Primary	Duties:					

RELEASE AND CERTIFICATION PLEASE READ BEFORE SIGNING

I understand that acceptance of this application by the Town of Harwich does not imply that I will be employed.

The information that I have provided is true and complete. I understand that misrepresentation or omission of any fact in my application, resume, or in any other materials or as provided during interviews, can be justification for refusal of employment or can be justification for termination from employment, if employed.

I understand that any offer of employment that I receive from the Town of Harwich is contingent upon my successful completion of the pre-employment screening process including but not limited to the Town of Harwich receiving satisfactory references, a satisfactory criminal history and Criminal Offense Record Inquiry (CORI) if required, satisfactory verification of driver's license, successful confirmation vote or certifications where required and satisfactory completion of any required post-offer pre-employment drug test or physical examination.

In processing my application for employment, the Town of Harwich may verify all of the information provided by me concerning, among other things, my prior employment or military record, education, character, general reputation and personal characteristics.

I authorize the Town to take whatever steps deemed necessary to obtain information regarding my qualifications for employment including contacting my present and former employers, by contacting individuals listed as business, educational or personal references, and by contacting other individuals to provide or further clarify information about me. The Town of Harwich will also check credit history for applicants with financial responsibilities.

I hereby release my present and former employers and all individuals contacted for any information about me from any and all liability for damages arising from furnishing the requested information.

If employed by the Town of Harwich, I understand that as a condition of employment, I may be required to furnish additional or updated medical information, that I may be required to undergo a physical examination, that I may be subject to drug and/or alcohol testing, that the Town may require a Criminal Offense Record Inquiry (CORI check) or Sexual Offense Record Inquiry (SORI) on me, investigate my driving record or verify my license(s) or certifications(s) as required for employment at any time during my employment. As a condition of employment an employee may be required to provide additional or updated information especially if this employee has been on workers compensation and may require both drug testing and an employment physical in order to allow us to have the necessary information for making a proper decision or reasonable accommodations, if necessary.

I understand that the Town of Harwich is an at-will employer. If employed, I understand that my employment may be terminated with or without cause at any time unless there is an applicable bargaining unit contract provision.

My Signature Certifies that I have read and agree with the above statement and all statements contained in this application for

employment.				
Applicant Name (Please Print)				
Applicant Signature		Date		

"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 pliability." MGL Ch. 149, Section 19B