



TOWN OF HOPKINTON

HUMAN RESOURCES DEPARTMENT

TOWN HALL
18 MAIN STREET
HOPKINTON, MASSACHUSETTS 01748

MARYROSE DEGROOT
Human Resources Director

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APPLICATION FOR SEASONAL EMPLOYMENT-Summer 2008

All Applicants MUST submit a completed application to be considered for employment at The Town of Hopkinton. Incomplete applications will not be accepted.

The Town of Hopkinton is an equal opportunity employer and considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, sexual orientation, disability, marital or veteran status, or any other status protected under local, state or federal laws

| | | | | |
|---------------------------|--|--|------|----------------|
| Position (s) applied for: | | Date of Application: | | |
| Last Name | | First Name | | Middle Initial |
| Street Address | | Unit# | City | State Zip |
| Telephone Number(s) | | Social Security Number (Voluntary) and other name(s) records might be listed under | | |
| E-Mail: | | Best Time To Reach You: | | |

Are you legally eligible to work in the United States Yes No
(Proof of eligibility will be required upon offer of employment)

Are you over 18 years of age? Yes No
(If no, you may be required to provide authorization)

Can you perform the essential functions of this job with or without reasonable accommodation? Yes No
(If you have any questions about the functions of this job, please ask the interviewer before answering this question)

Have you ever been employed with us before? Yes No
If yes, give date(s): _____

Are you related to anyone employed by The Town of Hopkinton? Yes No
If yes, state name, relationship and location _____

| | |
|-------------------------------|---------------------------|
| Date Available to Start Work: | Date planning to end work |
|-------------------------------|---------------------------|

Days and Hours Available:

| Day | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----|--------|---------|-----------|----------|--------|----------|--------|
| AM | | | | | | | |
| PM | | | | | | | |

Are you currently employed? Yes No

May we contact your present employer? Yes No

Do you have a valid driver's license?(For driving positions only.) Yes No

If yes, please provide number: _____

SPECIAL NOTICES

LIE DETECTOR NOTICE

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 is subject to criminal penalties and civil liability.

SEALED RECORD NOTICE

Have you ever been convicted of a felony? ___ Yes ___ No If yes, please explain:

Have you been convicted of a misdemeanor within the past five years*? ___ Yes ___ No

If yes, please explain:

***Important:** You may omit any information or answer "no record" to the following questions. A first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace; or any conviction where there is a sealed record on file with the commissioner of probation. In any case of delinquency or child in need of services complaint which did not result in a complaint transferred to the superior court for criminal prosecution.

A conviction record would not necessarily be a bar to employment for all positions. Factors such as age and time of offense, seriousness and nature of the violation and rehabilitation will be taken into account.

PRIVACY ACT OF 1974

Title 5, United States Code Section 552a of the Privacy Acts generally prohibits federal governmental agencies from disclosing information in its possession concerning an individual's education, financial transactions, or criminal and employment history. You will be asked to initial and sign a statement appended to this application, which will ask you to waive specific rights and authorize the Town of Hopkinton as well as other individuals or organizations to release information to allow for evaluation of your suitability for the employment you seek.

Indicate languages you speak, read, and/or write:

| | Fluent | Good | Fair |
|-------|--------|------|------|
| Speak | | | |
| Write | | | |
| Read | | | |

EDUCATION

| School | Name & Town of School | Course of Study | # of Years Completed | Diploma/Degree |
|---------------|-----------------------|-----------------|----------------------|----------------|
| High School | | | | |
| Undergraduate | | | | |

| |
|---|
| Please list any academic honors, scholarships, offices held, etc. <i>(Please do not list any which reflect your race, color, religion, gender, national origin, age, or any items covered in Title VII of the Civil Rights Act)</i> |
| |
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|--|
| Please describe any specialized training, apprenticeships, licenses or skills, including computer skills |
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| |

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| Have you received any job-related training in the United States Military? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please give dates and explanations below.</i> |
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| |

Employment Experience:

Start with your last job. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin.

Dates Employed

| Employer: | From | TO | Work Performed |
|---------------------|------|----|----------------|
| Telephone: () | | | |
| Address: | | | |
| Job Title: | | | |
| Supervisor: | | | |
| Reason for Leaving: | | | |
| Hourly Rate Salary: | | | |

Dates Employed

| Employer: | From | TO | Work Performed |
|---------------------|------|----|----------------|
| Telephone: () | | | |
| Address: | | | |
| Job Title: | | | |
| Supervisor: | | | |
| Reason for Leaving: | | | |
| Hourly Rate Salary: | | | |

REFERENCES

Fill in below the names of two (2) persons not related to you. All persons you name as reference may be asked to appraise your character, ability, experience, personality and other qualities.

FIRST REFERENCE

Name: _____

Address: _____

Phone: _____

How long and in what capacity has this person known you? _____

SECOND REFERENCE

Name: _____

Address: _____

Phone: _____

How long and in what capacity has this person known you? _____

Applicant Statement

Please read this statement carefully and initial each paragraph before signing. If you have any questions, please ask a personnel representative before signing.

I hereby authorize the Town of Hopkinton, its agents and representatives to investigate my references, work records, education and other matters related to my suitability for employment. I authorize my current and former employers to disclose to the Town of Hopkinton any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. ____

I understand and agree that nothing contained in the application or conveyed to me during any interview which may be granted is intended to create an employment contract, implied or explicit, between me and the Town of Hopkinton. ____

I understand and agree that The Town of Hopkinton is proud to be an equal opportunity employer. All qualified applicants will receive consideration without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected BY LAW. ____

I understand and agree that *if offered employment*, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States. ____

I understand and agree that *if I accept employment*, I will follow Human Resources policy regarding Harassment/Sexual Harassment, the Town of Hopkinton Drug Free Workplace policy and other policy as established as a condition of employment for all town employees. ____

I hereby certify that the information and answers given by me are true and complete to the best of my knowledge. I further affirm that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. My signature below certifies that I have read and understand this statement and that I agree to the terms and conditions outlined in this document.

Signature _____

Date: _____

Name and number of person completing this form if other than applicant: _____