



TOWN OF GROTON

173 Main Street
Groton, Massachusetts 01450
978-448-1145

Application for Employment

Please read before filling out this application

Thank you for your interest in employment with the Town of Groton. The Town of Groton is an Equal Opportunity/Affirmative Action Employer. The Town affords equal employment opportunity to all qualified persons regardless of race, color, religion, national origin, age, military status, veteran status, disability, sexual preference, or gender.

Date: _____

PERSONAL INFORMATION

Name: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Telephone: _____

Cell phone: _____

Email address: _____

GENERAL INFORMATION

Position applying for: _____

Date available to start: _____

Are you available: Full Time Part Time Temp until _____

Days Evenings Weekends Year Round Seasonal _____

Referral source: Newspaper ad Online ad Walk-in

Bulletin board School Town website Other

Name of source: _____

Are you over the age of 18? Yes No

Have you filed an application here before? Yes No If yes, give date _____

Have you ever volunteered for the Town of Groton before? Yes No

Have you ever been employed here before? Yes No If yes, give date _____

Were you in the U.S. Armed Forces? Yes No

If yes, which branch? _____ Dates of service: From: _____ To: _____

EDUCATION

High School		Circle Last Year Completed 1 2 3 4
Complete Address		
	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	Major Course
College	Major Course of Study	Circle Last Year Completed 1 2 3 4
Complete Address		
	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree or Certificate Received
Other Schools or Specialized Training	Major Course of Study	Circle Last Year Completed 1 2 3 4
Complete Address		
	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree or Certificate Received

Scholastic Honors, Scholarships, Etc. _____

Do you intend to continue your Education? Yes No

If yes, give details:

EMPLOYMENT EXPERIENCE

Complete all information in full. A resume may not be substituted but may be included as a supplement.

Begin with your most recent employment, including any present employment. Your present employer will not be contacted without your permission. You may include any verifiable work performed such as military service or volunteer activities. Any gaps in employment must be briefly explained.

Employer Name, Address, Phone: _____

Job Title & Work Performed: _____

Supervisor: _____

Dates Employed: _____ Scheduled hours per week: _____

Salary: Starting _____ Ending _____

Reason for Leaving: _____ May we contact? Yes No

Employer Name, Address, Phone: _____

Job Title & Work Performed: _____

Supervisor: _____

Dates Employed: _____ Scheduled hours per week: _____

Salary: Starting _____ Ending _____

Reason for Leaving: _____ May we contact? Yes No

Employer Name, Address, Phone: _____

Job Title & Work Performed: _____

Supervisor: _____ Scheduled hours per week: _____

Dates Employed: _____

Salary: Starting _____ Ending _____

Reason for Leaving: _____ May we contact? Yes No

May we contact your present employer? Immediately After acceptance of employment

No If no, please explain: _____

If you need additional space please attach an additional page.

REFERENCES (Please exclude relatives)

Give the name of three professional or work-related references:

Name	Company	Title	Years Acquainted	Telephone No.

Job-Related Skills and Aptitudes

List computer skills:

Please list professional, trade or organizations of which you are a member. You may omit those which indicate race, color, religion, sex, national origin, or any other legally protected status.

Certification and Licenses: List any professional licenses, registrations or certifications that you possess.

Driver's Licenses

Please list all licenses you possess that relate to the position you seek. A valid license is a condition of employment where required.

License	Yes/No	If yes, enter state of issue, number, and expiration date
Valid driver's license (Class D Auto)		
Valid CDL license (Class A or B)		
Valid Hydraulic License		
Other:		

Other Information

Are you able to provide documented proof of U.S. citizenship or valid work permit as required upon employment to work in the United States? Yes: _____ No: _____

POLYGRAPH TESTS

"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 liability." *MGL Ch. 149, Section 19B*

AGREEMENT / AUTHORIZATION

NOTE: If you have any questions regarding the following statements, please ask before signing.

I hereby certify that the information on this application and all other information otherwise provided is true and correct. I understand that any misrepresentation or omissions will result in denial or termination of employment at any time.

I understand that receipt of this application and the granting of an interview does not imply that a job offer offer be extended. I agree that the Town of Groton shall not be liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statements, omissions or answers made by me on this application

If employed, I understand and agree that unless I am hired into a position falling within a bargaining unit, or unless otherwise provided by law, I would be employed on an at-will basis. This means that either the Town of Groton or I may end the employment relationship at any time for any or no reason.

I authorize the Town of Groton to verify statements on my employment application and/or resume and any other information I have provided, to make inquiries regarding my employment, education, and criminal or driving record and to obtain any and all information it deems necessary in order to evaluate my application for employment. I authorize any employer, school, and/or other individual or entity that has knowledge of me or my records to release such information to and communicate freely with The Town of Groton. In consideration of the Town of Groton's review of my application for employment, I hereby release any individual, entity, and the Town of Groton from all claims or liabilities whatever that might arise from the inquiry into or disclosure of such information, including claims under any federal, state, or local civil rights law and any claims for defamation or invasion of privacy.

I am submitting this application with the full knowledge that any offer of employment may be contingent upon my successfully passing any screening test specifically required by local, state or federal law. Such testing may include, but is not limited to, drug screening and fitness for duty. I freely and voluntarily agree to participate in such screenings as required.

Public Law 99-603 requires the Town of Groton to demonstrate a "good faith effort" in complying with the illegal alien employment statutes. Should you be hired for a position with the Town of Groton, you will be required to present evidence of employment eligibility.

Signature of Applicant: _____ Date: _____

Town of Groton is an Equal Opportunity Employer.



TOWN OF GROTON

173 Main Street
Groton, Massachusetts 01450-1237
Tel: (978) 448-1145
Fax: (978) 448-1115

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CORI REQUEST FORM

Town of Groton has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for _____, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant/Employee Signature

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH

____-____-____
SOCIAL SECURITY NUMBER
(Requested, not required)

*ID Theft Index PIN
(if applicable)

MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES:

SEX: _____ HEIGHT: ____ ft. ____ in. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____
(Include state of issue)

***THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF
GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: _____

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

*The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.

All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.