

APPLICATION FOR EMPLOYMENT

Notice to Applicants

All applicants will be given equal consideration regardless of race, color, religion, sex, sexual orientation, ancestry, age, disability, handicap, genetic information, service in the military, gender identity, or membership in any other group protected by applicable law.

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.

| Personal Information | | | | | | |
|--|------------------------------|--------------------|-------------------|--|--|--|
| Date: | | | | | | |
| | | | | | | |
| Name: | | | | | | |
| (last) | (first) | t) (middle) | | | | |
| Address: | | | | | | |
| City, State, Zip Code: | Phone: | | | | | |
| Position Desired: | Department: | | | | | |
| Desired Salary/Hourly Rate: \$ | | | | | | |
| How did you hear about this career oppor | rtunity? | | | | | |
| Have you ever been employed by the Town of Conway before? \Box Yes \Box No | | | | | | |
| Date (s):Prior Position(s): | | | | | | |
| Reason for Leaving: | | | | | | |
| | | | | | | |
| | Education | | | | | |
| | | Degree/No. of Yrs. | | | | |
| School/Institution | Major/Area of Specialization | Completed | Did You Graduate? | | | |
| Graduate: | | - | ☐ Yes ☐ No | | | |
| College: | | | ☐ Yes ☐ No | | | |
| Business/Trade/Technical: | | | ☐ Yes ☐ No | | | |
| High School: | | | ☐ Yes ☐ No | | | |

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Employment History

Please give accurate, complete, full-time and part-time employment record. Start with your most recent employer. You may also include any verified work performed as a volunteer in this listing.

| employer. Tou may also illefude any verified work perform | |
|--|--|
| Company Name | Telephone |
| Address: | Employed (State Month & Year) |
| Name of Supervisor | From: To: |
| State Job Title and Describe Your Work | Weekly Pay |
| | Start \$ Last\$ |
| | Reason for Leaving |
| | |
| Company Name | Telephone |
| Address: | Employed (State Month & Year) |
| Name of Supervisor | From: To: |
| State Job Title and Describe Your Work | Weekly Pay |
| | Start \$ Last\$ |
| | Reason for Leaving |
| | |
| | |
| Company Name | Telephone |
| Company Name Address: | Telephone Employed (State Month & Year) |
| | |
| Address: | Employed (State Month & Year) |
| Address: Name of Supervisor | Employed (State Month & Year) From: To: |
| Address: Name of Supervisor | Employed (State Month & Year) From: To: Weekly Pay |
| Address: Name of Supervisor | Employed (State Month & Year) From: To: Weekly Pay Start \$ Last\$ |
| Address: Name of Supervisor | Employed (State Month & Year) From: To: Weekly Pay Start \$ Last\$ |
| Address: Name of Supervisor | Employed (State Month & Year) From: To: Weekly Pay Start \$ Last\$ |
| Address: Name of Supervisor State Job Title and Describe Your Work | Employed (State Month & Year) From: To: Weekly Pay Start \$ Last\$ Reason for Leaving |
| Address: Name of Supervisor State Job Title and Describe Your Work Company Name | Employed (State Month & Year) From: To: Weekly Pay Start \$ Last\$ Reason for Leaving Telephone |
| Address: Name of Supervisor State Job Title and Describe Your Work Company Name Address: Name of Supervisor | Employed (State Month & Year) From: To: Weekly Pay Start \$ Last\$ Reason for Leaving Telephone Employed (State Month & Year) |
| Address: Name of Supervisor State Job Title and Describe Your Work Company Name Address: | Employed (State Month & Year) From: To: Weekly Pay Start \$ Last\$ Reason for Leaving Telephone Employed (State Month & Year) From: To: |
| Address: Name of Supervisor State Job Title and Describe Your Work Company Name Address: Name of Supervisor | Employed (State Month & Year) From: To: Weekly Pay Start \$ Last\$ Reason for Leaving Telephone Employed (State Month & Year) From: To: Weekly Pay |

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|---|-------------------|-----------|--------------|--|--|
| References | | | | | |
| Name | Address | Telephone | Relationship | | |
| | | | | | |
| 1 | | | | | |
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| 2 | | | | | |
| | | | | | |
| 3 | | | | | |
| | Other Information | | | | |
| Name of friends and/or relatives employed by the Town: | | | | | |
| | | | | | |
| Acknowledgement Statement | | | | | |
| I hereby certify that the information contained in this application form and in any attachments listed or attached, hereinafter made a part of this application, and to the best of my knowledge are true and correct unless I have indicated to the contrary. I authorize the references listed above to provide the Town any and all information concerning my previous employment and I further indemnify and hold harmless the Town from any and all liability and/or damages that may result from furnishing and/or disclosing such information to the Town. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, in my dismissal from employment. I also understand and agree that no representative of the Town has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized Town representative. I understand, also, that I am required to abide by all rules and regulations of the Town. I understand that if I am hired, the nature of my relationship with the Town will be that of an atwill employee and that either I or the Town may terminate the employment relationship with or without cause or notice. | | | | | |
| Applicant's Signature: | | | | | |
| Date:// | | | | | |