

**TOWN OF WALPOLE  
EMPLOYMENT APPLICATION**



Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_

Street State Zip Code

Home Telephone # : \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Are you legally eligible for employment in this country?  Yes  No Are you 18 years or older?  Yes  No

**EMPLOYMENT DESIRED**

Position: \_\_\_\_\_ Salary Desired: \$ \_\_\_\_\_

Are you employed now?  Yes  No If so, may we contact your employer for a reference?  Yes  No

Ever applied to this company before? \_\_\_\_\_ When? \_\_\_\_\_

**Referral Source:**

Advertisement  Employee  Walk-in  Relative  Other Referred by : \_\_\_\_\_

**EDUCATIONAL BACKGROUND:**

	Name and Location	Did you Graduate	Subjects Studied
High School			
College		Major/Degree	
Trade, Business or Correspondence School			

**LICENSES & CERTIFICATES:**

Do you have a Commercial Driver's License?  Yes  No; Do you have a Hoisting License?  Yes  No

Type	Licensing Authority	Expiration

**SKILLS & QUALIFICATIONS:** Summarize any special training skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Town of Walpole, 135 School Street, Walpole, MA 02081 (508) 660-7294

AN EQUAL OPPORTUNITY EMPLOYER

**EMPLOYMENT HISTORY***Provide the following information of your past four (4) employers starting with your current or last employer*

Date Month and Year	Name and Address of Employer	Position	Supervisor Name and telephone #	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

Which of these jobs did you like best?

What did you like most about this job?

Comments: Include explanation of any gaps in employment:

names and

	Name and Address	Telephone #	Years Acquainted
1			
2			
3			

**APPLICANT STATEMENT**

I certify that the above information is correct and complete to the best of my knowledge. I agree that any misrepresentation or omission of pertinent facts may be considered cause for termination or the withdrawal of any offer of employment. Further I agree to take a pre-employment physical by the Town physician if required for my position and realize that any offer of employment may be contingent upon the results of such an examination.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

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

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_