

TOWN OF WALPOLE
HUMAN RESOURCES DEPARTMENT
135 School Street, Walpole, MA 02081
508-660-7294 Fax 508-668-2240



EMPLOYMENT APPLICATION

The Town of Walpole is an equal opportunity employer and does not discriminate against any applicant because of race, color, religion, sex, marital status, national origin, age, disability, sexual orientation or any other class protected by federal, state or local law.

Date of Application: _____

PLEASE PRINT:

Position Applying for: _____ Department: _____

Referral Source:

Advertisement Job Posting Website Relative Friend Other; Referred by _____

PERSONAL INFORMATION:

Name _____ Email _____
Last First Middle Initial

Address _____
Number and Street Town State Zip Code

Home Phone _____ Cell Phone _____

If hired, can you provide proof of citizenship or legal right to work? _____ Yes No

Are you 18 years of age or older? _____ Yes No

If you are under eighteen (18) years of age and employed by the Town, you will be required to obtain a work permit.

Have you ever been employed by the Town of Walpole? _____ Yes No

If "Yes", when? What department? _____

If "Yes", reason for leaving: _____

Do you have any relatives working for the Town? _____ Yes No

If yes, state name, relationship and work location: _____

Are you currently employed? _____ Yes No

If "Yes", may we contact your current employer? _____ Yes No

Are you on a layoff or subject to recall? _____ Yes No

EDUCATION:	Name & Address of School	Dates Attended	Degree
High School:	_____	_____	_____
College:	_____	_____	_____
Graduate, trade, Business or other:	_____	_____	_____
Other (Specify)	_____		

LICENSES: (if applicable)

Do you have a valid driver's licenses (class D Auto)? Yes No License # _____ Expiration: _____

Do you have a valid CDL class A license? Yes No License # _____ Expiration: _____

Do you have a valid CDL class B license? Yes No License # _____ Expiration: _____

Do you have a valid hydraulic license? Yes No License # _____ Expiration: _____

Do you have any endorsements? Air brakes Passenger Other _____

Do you have Pesticide License? Yes No; Do you have Municipal Wastewater Operator Grade 2M Yes No

Do you have Drinkwater Operator Grade 2T (Treatment) Yes No; Grade 3T (Treatment) Yes No

OFFICE SKILLS (if applicable)

Check the column that you feel best describes your knowledge

	Beginner	Intermediate Level	Advanced Level
Microsoft Word	_____	_____	_____
Microsoft Excel	_____	_____	_____
Microsoft Access	_____	_____	_____
Microsoft Power Point	_____	_____	_____
Bookkeeping/Accounting Knowledge	_____	_____	_____
Shorthand/Minute Taking Ability	_____	_____	_____
Transcription Ability	_____	_____	_____
GIS	_____	_____	_____

Please describe any specialized training or job-related skills that you have that will help us evaluate your application for employment:

EMPLOYMENT HISTORY:

List present or most recent employer first, then work back for at least the **LAST TEN YEARS**. Use supplemental sheet if necessary or attach resume.

Employer's Name _____

Employer's Address _____

Job Title _____ Worked From/To _____ Salary _____

Immediate Supervisor's Name, job title and telephone Number

Describe work you performed: _____

Reason for Leaving _____

May we contact this employer? Yes No

Employer's Name _____

Employer's Address _____

Job Title _____ Worked From/To _____ Salary _____

Immediate Supervisor's Name, job title and telephone Number

Describe work you performed: _____

Reason for Leaving _____

May we contact this employer? Yes No

Employer's Name _____

Employer's Address _____

Job Title _____ Worked From/To _____ Salary _____

Immediate Supervisor's Name, job title and telephone Number

Describe work you performed: _____

Reason for Leaving _____

May we contact this employer? Yes No

Comments: Include explanation of any gaps in employment: _____

REFERENCES:

Please provide **professional** and/or **business references only**. Note that references listed in this section will be contacted.

1. Name: _____ Address: _____

Business Position: _____ Telephone Home: _____ Work: _____

2. Name: _____ Address: _____

Business Position: _____ Telephone Home: _____ Work: _____

3. Name: _____ Address: _____

Business Position: _____ Telephone Home: _____ Work: _____

4. Name: _____ Address: _____

Business Position: _____ Telephone Home: _____ Work: _____

APPLICANT STATEMENT:

- **I certify** that all information I have provided in order to apply for and secure work with the Town of Walpole is true, complete and correct.
- **I understand** that any false information, errors or omissions are discovered at any point during employment that this can be used to terminate my employment with the Town of Walpole.
- **I authorize**, without reservation, the Town of Walpole, its representatives, employees or agents to contact and obtain information from all professional/business references, current and prior employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the Town of Walpole, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.
- **I understand** that the Town of Walpole does not unlawfully discriminate in employment and no questions on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.
- **I understand** that this application remains current for only three (3) months. At the conclusion of that time, if I have not heard from the Town of Walpole and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.
- **I understand** that this application does not constitute an agreement or contract for employment for any specified period or definite duration. **I understand** that no supervisor or representative of the Town of Walpole is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Town Administrator.
- **I understand** and agree that I may/will have to undergo pre-employment physical examination, a criminal background investigation, pre-or post-employment drug and alcohol testing, or any other employment-related examinations. I understand that I am required to abide by all rules and regulations of the employer.
- **I understand** that any issues, concerns, errors, discrepancies or omissions that are raised or discovered in the course of any background inquiry or reference check by the Town of Walpole are sufficient in and of themselves, independently or collectively, to disqualify me from consideration.

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: _____