

TOWN OF LUDLOW

Human Resources Department, 488 Chapin Street, Ludlow, MA 01056

EMPLOYMENT APPLICATION

The Town of Ludlow is an equal opportunity employer dedicated to a policy of non-discrimination employment on any basis including race, color, creed, ancestry, religion, sex, national origin, age, marital or veteran status, handicap or disability, sexual orientation or any other legally protected status.

The filing of an Employment Application is the preliminary step to employment and does not imply that the applicant is bound to accept employment or eventually be hired. It is agreed and understood that this Employment Application in no way obligates the Town of Ludlow to employ the applicant.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. Employers who violate the law shall be subject to criminal penalties and civil liability. MGL C.149 S.19B.

INSTRUCTIONS: Type or PRINT clearly. Answer questions fully and accurately. If not application, write N/A in the space provided.

PERSONAL DATA

Name (Last, First, Middle)		Date	Email (Recruitment communications are via email)		
Address (Street, Cit	y, State, Zip)		Telephone Number		
			()		
Are you over 18?	Do you possess a valid driver's license?	Are you a Veteran?	Are you a United State citizen OR do you have the		
YES or NO	YES or NO. What Class?	YES or NO	legal right to work in the United Sates? YES or NO		
Position or type of work applying for:		Date available?	Application is for: Full Time Part Time Seasonal		
Have you previously applied for employment with the Town? If YES , when and for what position?					
Have you previously been employed by the Town? If YES , when and for what position?					
How did you hear about this position?		Who referred you?			
Website	Referral Other:				

EMPLOYMENT RECORD (List most recent position first; you may include unpaid experience as well.)

	Dates of Employment?
city, town, county, state, or U.S. Government agency? YES NO. If YES, who was your employer?	From:
	То:

EMPLOYMENT RECORD (List *most recent position first.* Account for all periods including self- or unemployment. You may also include any work performed on a volunteer basis. Use additional sheets if necessary.)

Employer's Name	City, State, Zip				
Dates Employed	Position		Reason for Le	eaving	
From: To:					
Briefly describe your responsibilities:					
Supervisor's Name	Title	Telephone ()		May we contact employer? YES or NO	

Employer's Name			City, Stat	e, Zip		
Dates Employed From:	To:	Position	1		Reason for Le	eaving
Briefly describe your r	responsibilities:	1				
Supervisor's Name		Title		Telephone ()		May we contact employer? YES or NO
Employer's Name			City, Stat	e, Zip		
				•		
Dates Employed From:			-		Reason for Leaving	
Briefly describe your r	responsibilities:					
Supervisor's Name		Title		Telephone ()		May we contact employer? YES or NO
EDUCATION R	ECORD			·		•

High School/Vocational School (City, State, Zip) Did you graduate?
YES or NO Course Study College (City, State, Zip) Did you graduate?
If NO, years completed? Major / Degree Graduate School/Additional Schooling (City, State, Zip) Did you graduate?
If NO, years completed? Major / Degree Please list knowledge and/or abilities you possess relevant to the position you are applying for such as languages, computer skills, etc. Please list any specialized training, Licenses/Certificates, or skills relevant to the position you are applying for as well as any equipment/machinery

PROFESSIONAL REFERENCES (List three (3) PROFESSIONAL references, not related to you, who can comment on

your work performance, skills, abilities, etc.).

able of operating:

Name of Professional Reference	Telephone Number?	Occupation?	
	()		
In what capacity do you know this person?		Number of Years?	
Name of Professional Reference	Telephone Number?	Occupation?	
In what capacity do you know this person?		Number of Years?	
Name of Professional Reference	Telephone Number?	Occupation?	
	()	F	
In what capacity do you know this person?		Number of Years?	

RELEASE AND CERTIFICATION

READ CAREFULLY BEFORE SIGNING: I understand that the foregoing will be verified in order to expediate my Employment Application with the Town of Ludlow. I hereby authorize the Town of Ludlow to conduct a full investigation into my background.

I authorize the Town of Ludlow to obtain my previous work records, employment records, character references and any other information concerning my character, ability and habits and all other necessary information. Further I grant authority to the keeper of these records to release said records to the Town of Ludlow for the purpose of making its hiring decision. I agree that the Town of Ludlow 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 Employment Application. I agree that my previous employers shall not be liable with regard to any information provided by them in connection with this Release.

I certify, under the pains and penalty of perjury, that all statements made by me on this Employment Application are true and complete to the best of my knowledge and that I have withheld nothing, which, if disclosed, would affect this Employment Application unfavorably. I understand that any false statements, omissions or answers made by me on this Application can result in my immediate termination.

In compliance with the Immigration and Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on or before my first day of employment. I have received the list of approved documents with this Employment Application.

I understand that unless I am subject to the terms of a collective bargaining agreement, my employment will be at-will, which means that both the Town of Ludlow and I are free to terminate the employment relationship at any time or any non-statutorily prohibited reason or for no reason at all, with or without notice. I hereby acknowledge that I have read in full and understand the above statements and conditions of employment.

Applicant's Signature: Date:

Applicant's Name (Print clearly):

PRE-EMPLOYMENT PHYSICAL & DRUG SCREENING NOTICE

If an offer of employment is made to you, the Town of Ludlow may specify that it is contingent upon the results of a medical exam. I freely and voluntarily agree to submit to a pre-employment physical and/or drug screen, as it relates to the requirements of a specific job, as part of my pre-employment application to the Town of Ludlow. I understand that either refusal to submit to such screening or failure to qualify according to the minimum standards established by the Town of Ludlow for this screening may disqualify me from further consideration for employment. Further, I understand that any positive drug test results will be communicated in a confidential manner. I hereby acknowledge that I have read in full and understand the above statements.

Applicant's Signature: _____ Date:_____ Date:_____

Applicant's Name (Print clearly):

IMMIGRATION REFORM AND CONTROL ACT REQUIREMENT

In compliance with the Immigration and Reform and Control Act of 1986, you will be required to provide approved documentation that verifies your right to work in the United States prior to beginning work at the Town of Ludlow. This verification process is REQUIRED FOR ALL EMPLOYEES HIRED ON OR AFTER NOVEMBER 6, 1986.

Please be prepared to provide the following documentation if you are offered and accept a position with us. Any one of the following which establishes both identify and employment authorization:

- 1. U.S. Passport
- 2. Certificate of U.S. Citizenship (issued by USCIS) or of Naturalization (issued by USCIS)
- 3. Current foreign passport with valid endorsement authorizing employment,
- Resident alien card or other alien registration card, with photo or other approved identifying information, which evidences 4. employment authorization; **OR** one from List A **and** one from List B below:

List A - (Establish employment authorization):	List B - (Establish identity):
• Social Security Card (unless it specifies it does not authorize	• Driver's license or similar state ID card with photo or other
employment),	approved identifying information
• Certificate of U.S. birth or other documentation that establishes	• Other approved documentation of identity for applicants
U.S. nationality or birth	under age 16 or from a state which does not issue an ID
• Other approved documentation	card (other than a driver's license)