Town of Sharon Application for Employment

The Town of Sharon is an equal opportunity employer. The Town considers applicants for all positions without regard to race, color, religion, sex, HIV status, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

PLEASE PRINT

Date of Application					
Position(s) applied for:					
Are you applying for: temporary work – such as summer or holiday work? yes no Regular part-time work? yes no Available starting when?					
Are you available to work overtime? yes no Comment?					
Referral source: Advertisement Friend Relative Walk-in Employment Agency Other					
NameLast First Middle Initial					
Street Address Number Street City State Zip Code					
Mailing Address					
Email Address					
Telephone Number: home phone cell phone					
Are you over the age of 18? \Box yes \Box no (If under 18, hire is subject to verification of minimum legal age.)					
Have you filed an application here before? yes no If yes, give date Have you ever been employed here before? yes no If yes, give date					
Are you employed now? yes no May we contact your present employer? yes no					
Salary desired: \$ If hired, would you be able to present evidence that you legally can work in the United States? yes no					

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? \Box yes \Box no

If no, please describe the functions that **cannot** be performed:

(Note: The Town of Sharon complies with the American for Disabilities Act and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

EDUCATION

High School, Trade, Business school, College or Graduate School Attended	No. of Yrs/Grades Completed	Degrees earned or expected.	Major Courses of Study	GPA/ Major

Describe Specialized Training, Apprenticeships, Skills, you have acquired and any extra-curricular activities you participated in:

EMPLOYMENT HISTORY and U.S. MILITARY SERVICE

Please complete this section even if you have attached a resume. Give a complete account of your job duties. Begin with your *present* or *most recent* positions and *work backwards*.

1. Employer's name and address:

Supervisor _____

Telephone _____

Main duties _____

AN EQUAL OPPORTUNITY EMPLOYER

	From	То	Starting Pay	Ending Pay			
	Why did you le	eave?		·			
2.	Employer's name and address:						
				lephone			
		Main duties					
				Ending Pay			
	why did you le	eave?					
3.	Employer's nat	Employer's name and address:					
	From	То		 Ending Pay			
	Why did you le	eave?					
Speci	al Skills and Qu	alifications: Please s	summarize special skills and	d qualifications acquired from			
Do yo	ou have and are	maintaining a valid C	DL driver's license? Class	yes no			
Do yo	ou have a curren	t medical card for CD	L licensure? 🗌 yes 🗌	no			
		the U.S. military servi		branch			

Please list and professional, trade, business or civic activities and offices held or currently being held that may provide relevant experience for the position under consideration. (Note: you may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status):

REFERENCES: Please provide three (3) references who are not related to you and who can respond to questions about your work capabilities and character.

1.			
	Name (First, last)	Mail Address	Telephone number
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<i>∠</i>			
	Name (First, last)	Mail Address	Telephone number
3.			
	Name (First, last)	Mail Address	Telephone number

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I understand omissions or misrepresentations may be cause for rejection or, if employed, may be just cause for immediate dismissal. I hereby authorize any former employer, person, firm, corporation or educational institution listed hereon, including this municipality, to answer any and all questions and to provide documents and agree to hold all persons h armless for giving any and all truthful information within their knowledge or records.

I understand that submission of an application does not guarantee employment. I understand that neither this document nor any offer of employment from the Town of Sharon constitutes an employment contract unless a specific document to that effect is executed by and between the Town and me, as employee, in writing. Furthermore, in the event I am employed by the Town of Sharon, my employment shall be completely voluntary and may be terminated at will at any time for any nondiscriminatory reason upon notice by either myself or the municipality.

I understand that if offered a position by the Town of Sharon, I may be required to submit to a preemployment controlled substances screening and background check as a condition of employment. I understand unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of pre-employment screening will result in withdrawal of any employment offer or constitute grounds for termination of employment if I am already employed. I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to the Town of Sharon, its representatives or agents, and I further release all parties involved from any and all liability for any and all damages that may result from provision of such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period, I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature of Applicant

Date

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