

Full-Time and Permanent Part Time (more than 20 hours) Employment Application

**Town of Foxborough
40 South Street
Foxborough, Massachusetts 02035
Employment Application**

The Town of Foxborough is an Affirmative Action/Equal Employment Opportunity Employer

All information must be typed or printed in readable writing. Unreadable application will be discarded.

Personal Information

1. Date of Application: _____ 2. Position Applying For: _____
3. Name: _____
Last
First
Middle
4. Address: _____
Number
Street
Apartment Number
- _____
- City/Town
State
Zip Code
5. Telephone Number: Home: _____ Daytime: _____
Area Code/Number
Area Code/Number
6. Social Security Number: _____ 7. Driver's License Number: _____
Class/Number/State
8. If hired, can you provide proof of citizenship or legal right to work? YES NO
9. Are you under 18 years of age? YES NO If yes, date of birth? _____
10. Have you ever been employed by the Town before? YES NO
 If yes, when? _____ In which department? _____
11. Do you have an immediate family member (i.e. spouse, mother, father, sibling, or child) working for the Town of Foxborough?
 YES NO
 If yes, Employee's Name: _____ Department: _____

Education

Name/Location	Course of Study	Years Completed	Did you graduate?	Degree/Date
High School			<input type="checkbox"/> YES <input type="checkbox"/> NO	
College			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Graduate School			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Business/Technical			<input type="checkbox"/> YES <input type="checkbox"/> NO	

12. Do you possess the following skills? Please list in detail all that apply.

Specialized training?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Name of Training/Course: _____
Professional Licenses?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Licenses: _____
Professional Memberships?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Name of Organizations: _____
Computer Software?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Name of Programs: _____
Office Equipment?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Describe Equipment: _____

If more room is required, an additional sheet may be attached.

Employment History

List present employer first. A resume or supplemental sheet may be included, however, this section must be completed.

13. Employer's Name: _____

Address: _____ Telephone Number: _____

Job title: _____ Worked From: _____ To: _____

Immediate Supervisor's Name and Job Title: _____

Salary: _____ / _____ May we contact this employer? YES NO
Starting Ending

Describe the work you performed: _____

Reason(s) for leaving: _____

14. Employer's Name: _____

Address: _____ Telephone Number: _____

Job title: _____ Worked From: _____ To: _____

Immediate Supervisor's Name and Job Title: _____

Salary: _____ / _____ May we contact this employer? YES NO
Starting Ending

Describe the work you performed: _____

Reason(s) for leaving: _____

15. Employer's Name: _____

Address: _____ Telephone Number: _____

Job title: _____ Worked From: _____ To: _____

Immediate Supervisor's Name and Job Title: _____

Salary: _____ / _____ May we contact this employer? YES NO
Starting Ending

Describe the work you performed: _____

Reason(s) for leaving: _____

16. Employer's Name: _____
Address: _____ Telephone Number: _____
Job title: _____ Worked From: _____ To: _____

Immediate Supervisor's Name and Job Title: _____

Salary: _____ / _____ May we contact this employer? YES NO
Starting Ending

Describe the work you performed: _____

Reason(s) for leaving: _____

If more room is required, an additional sheet may be attached.

References

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

17. Reference #1

Name: _____ Address: _____
Business Position: _____ Telephone Home: _____
Work: _____

18. Reference #2

Name: _____ Address: _____
Business Position: _____ Telephone Home: _____
Work: _____

19. Reference #3

Name: _____ Address: _____
Business Position: _____ Telephone Home: _____
Work: _____

20. Reference #4

Name: _____ Address: _____
Business Position: _____ Telephone Home: _____
Work: _____

21. How did you learn about the job for which you are applying? Walk-in Town Employee
 Newspaper; title _____ Professional Journal; title _____
 Posted Town Bulletin _____ the Internet _____

Agreement

The information provided in this application for employment is true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I authorize investigation of all statements contained in this application and the release of any pertinent information regarding my education, past employment history and background. I authorize the Town of Foxborough to obtain any information from schools, employers or individuals relating to my activities. This information may include, but is not limited to: academics, achievement, performance, attendance, personal history and discipline. Further, I hereby authorize all references, persons, schools, my current employer (if applicable) and previous employers and organizations named in this application, unless otherwise stated, to provide the Town of Foxborough any relevant information that may be required to arrive at an employment decision. I understand that the information released is for the Town of Foxborough's use only.

I hereby voluntarily release, discharge and exonerate the Town of Foxborough, its agents and representatives, and any person so furnishing information from any and all liabilities of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of the Town of Foxborough.

I understand that all appointments are probationary and that I must demonstrate my ability for continued employment. I also understand that I must be available from time to time to work outside normal business hours, as the needs of the department require.

If required for the position I am seeking, I agree to take a physical examination, which may include testing for drugs or a psychological examination, as required, and recognize that any offer of employment may be contingent upon the results of such an examination.

I understand that any employment offer by the Town is conditional upon my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986 within three days of the date of hire.

I represent that I have read and fully understand the foregoing and seek employment under these conditions.

Signature: _____ Date: _____

“Discrimination against any person in any practice or procedure in advertising, recruitment, referrals, testing, hiring, transfer, promotion or any other term, condition or privilege of employment which limits or adversely affects employment opportunities, because of political or religious opinions or affiliations, or because of race, color, sex, sexual orientation, national origin, marital status, pregnancy, parenthood, age or handicap which is unrelated to the person's occupational qualifications or any other non-merit factor which is not a bona fide occupational qualification is prohibited.”

It is unlawful in Massachusetts to require a lie detector test as a condition of employment or continued employment. An employer who violates that law shall be subject to criminal penalties and civil liabilities.

**Town of Foxborough
Release**

I _____ a candidate for the position of _____ hereby authorize the Town of Foxborough to investigate all statements in my application and to secure any necessary information from all my employers, references, and academic institutions. I hereby release all of those employers, references, academic institutions, and the Town of Foxborough from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the Town of Foxborough.

I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my academic credentials and employment references. I further understand that any false or misleading statements will be sufficient cause for rejection of my application if the Town of Foxborough has not yet employed me and for immediate dismissal if the Town of Foxborough has employed me. I also authorize the Town to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency, or other party having legal and proper interest, and I hereby release the Town of Foxborough from any and all liability for its providing this information.

In the event of my employment with the Town of Foxborough, I will comply with all rules, regulations, and policies set forth in the Town of Foxborough's Salary Administration Plan Bylaw or other communications distributed by the Town of Foxborough.

I understand that nothing in this employment application, in the Town of Foxborough's policy statements or personnel guidelines, or in my communications with any Town of Foxborough official is intended to create an employment contract between the Town of Foxborough and me. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the Town of Foxborough unless it is made in writing and signed by a Town of Foxborough official.

I hereby acknowledge that I have read and understand the preceding statement.

Signed: _____
(Signature of Applicant)

Date: _____



Voluntary Affirmative Action Request Form

The Town of Foxborough as part of its commitment to Affirmative Action/Equal Employment Opportunity policies, invites you to provide the following information. All applicants will be considered without regard to race, color, religion, gender, national origin, age, marital or veteran status, medical condition or disability. The information is voluntary and refusal to provide it will not have any bearing on our employment decision. The data is confidential and will be filed separately. It will be available only to authorized personnel and is used to further the Town's Affirmative Action/Equal Employment Opportunity policies. Your cooperation is appreciated.

1. Position Title: _____

2. Gender: Male Female

3. Ethnic Origin:
 - White – All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

 - Black – All persons having origins in any of the black racial groups of Africa.

 - Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race.

 - Asian or Pacific Islander – All persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

 - American Indian or Alaskan Native – All persons having origins in any of the original people of North America maintaining cultural identification through tribal affiliations or community recognition.

 - Cape Verdean – All persons having origins on the Cape Verde Islands.

4. National Origin: _____

5. Veteran Status: YES NO
Vietnam Era, 1962 – 1975 YES NO

6. Disabled: YES NO

12. Do you possess the following skills? Please list in detail all that apply.

Specialized training?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Name of Training/Course: _____
Professional Licenses?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Licenses: _____
Professional Memberships?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Name of Organizations: _____
Computer Software?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Name of Programs: _____
Office Equipment?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Describe Equipment: _____

If more room is required, an additional sheet may be attached.

Employment History

List present employer first. A resume or supplemental sheet may be included, however, this section must be completed.

13. Employer's Name: _____

Address: _____ Telephone Number: _____

Job title: _____ Worked From: _____ To: _____

Immediate Supervisor's Name and Job Title: _____

Salary: _____ / _____ May we contact this employer? YES NO
Starting Ending

Describe the work you performed: _____

Reason(s) for leaving: _____

14. Employer's Name: _____

Address: _____ Telephone Number: _____

Job title: _____ Worked From: _____ To: _____

Immediate Supervisor's Name and Job Title: _____

Salary: _____ / _____ May we contact this employer: YES NO
Starting Ending

Describe the work you performed: _____

Reason(s) for leaving: _____

References

Please provide references. Note that references listed in this section will be contacted.

15. Reference #1

Name: _____ Address: _____

Business Position: _____ Telephone: _____ Home: _____

Work: _____

16. Reference #2

Name: _____ Address: _____

Business Position: _____ Telephone _____ Home: _____

Work: _____

17. How did you learn about the job for which you are applying? Walk-in Town Employee

Newspaper; title _____ Professional Journal; title _____

Posted Town Bulletin _____ the Internet _____

Agreement

The information provided in this application for employment is true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I authorize investigation of all statements contained in this application and the release of any pertinent information regarding my education, past employment history and background. I authorize the Town of Foxborough to obtain any information from schools, employers or individuals relating to my activities. This information may include, but is not limited to: academics, achievement, performance, attendance, personal history and discipline. Further, I hereby authorize all references, persons, schools, my current employer (if applicable) and previous employers and organizations named in this application, unless otherwise stated, to provide the Town of Foxborough any relevant information that may be required to arrive at an employment decision. I understand that the information released is for the Town of Foxborough's use only.

I hereby voluntarily release, discharge and exonerate the Town of Foxborough, its agents and representatives, and any person so furnishing information from any and all liabilities of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of the Town of Foxborough.

I understand that all appointments are probationary and that I must demonstrate my ability for continued employment. I also understand that I must be available from time to time to work outside normal business hours, as the needs of the department require.

If required for the position I am seeking, I agree to take a physical examination, which may include testing for drugs or a psychological examination, as required, and recognize that any offer of employment may be contingent upon the results of such an examination.

I understand that any employment offer by the Town is conditional upon my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986 within three days of the date of hire.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature: _____ Date: _____

“Discrimination against any person in any practice or procedure in advertising, recruitment, referrals, testing, hiring, transfer, promotion or any other term, condition or privilege of employment which limits or adversely affects employment opportunities, because of political or religious opinions or affiliations, or because of race, color, sex, sexual orientation, national origin, marital status, pregnancy, parenthood, age or handicap which is unrelated to the person's occupational qualifications or any other non-merit factor which is not a bona fide occupational qualification is prohibited.”

It is unlawful in Massachusetts to require a lie detector test as a condition of employment or continued employment. An employer who violates that law shall be subject to criminal penalties and civil liabilities.

**Town of Foxborough
Release**

I _____ a candidate for the position of _____ hereby authorize the Town of Foxborough to investigate all statements in my application and to secure any necessary information from all my employers, references, and academic institutions. I hereby release all of those employers, references, academic institutions, and the Town of Foxborough from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the Town of Foxborough.

I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my academic credentials and employment references. I further understand that any false or misleading statements will be sufficient cause for rejection of my application if the Town of Foxborough has not yet employed me and for immediate dismissal if the Town of Foxborough has employed me. I also authorize the Town to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency, or other party having legal and proper interest, and I hereby release the Town of Foxborough from any and all liability for its providing this information.

In the event of my employment with the Town of Foxborough, I will comply with all rules, regulations, and policies set forth in the Town of Foxborough's Salary Administration Plan Bylaw or other communications distributed by the Town of Foxborough.

I understand that nothing in this employment application, in the Town of Foxborough's policy statements or personnel guidelines, or in my communications with any Town of Foxborough official is intended to create an employment contract between the Town of Foxborough and me. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the Town of Foxborough unless it is made in writing and signed by a Town of Foxborough official.

I hereby acknowledge that I have read and understand the preceding statement.

Signed: _____
(Signature of Applicant)

Date: _____

Voluntary Affirmative Action Request Form

The Town of Foxborough as part of its commitment to Affirmative Action/Equal Employment Opportunity policies, invites you to provide the following information. All applicants will be considered without regard to race, color, religion, gender, national origin, age, marital or veteran status, medical condition or disability. The information is voluntary and refusal to provide it will not have any bearing on our employment decision. The data is confidential and will be filed separately. It will be available only to authorized personnel and is used to further the Town's Affirmative Action/Equal Employment Opportunity policies. Your cooperation is appreciated.

1. Position Title: _____
2. Gender: Male Female
4. Ethnic Origin:
- White – All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Black – All persons having origins in any of the black racial groups of Africa.
- Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race.
- Asian or Pacific Islander – All persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- American Indian or Alaskan Native – All persons having origins in any of the original people of North America maintaining cultural identification through tribal affiliations or community recognition.
- Cape Verdean – All persons having origins on the Cape Verde Islands.
4. National Origin: _____
5. Veteran Status: YES NO
Vietnam Era, 1962 – 1975 YES NO
6. Disabled: YES NO