

Town of Edgartown Employment Application

PO Box 5130, 70 Main St. Edgartown, MA 02539

(508) 627-6150

www.edgartown-ma.us

Equal Opportunity Employer

The Town of Edgartown is an equal opportunity employer and does not discriminate based on race, religion, sex, marital status, national origin, age, disability, sexual orientation or any other class protected by federal, state or local law. Any person who needs assistance in fully completing the application process should contact the Town of Edgartown Human Resource Director.

Please complete the entire application.

I. Contact Information.

Name	Cell Phone	Home Phone
Mailing Address	City /State /Zip Code	Email Address
Street Address	City /State /Zip Code	
Emergency Contact Name and phone Number		

Are you at least 18 years or older? ___Yes ___No
(If no, you may be required to provide authorization to work.)

II. Position applying for (Please specify position number, position title or job category):

How did you hear about the position?

Have you ever been employed by the Town of Edgartown? When, and Which department?

III. Education.

School Name	Address, City , State	Years Attended	Degree
High School			
College			
Graduate School			
Trade, Business, Night Courses			
Military Service, Other Training			

IV. Licenses . A valid license may be a condition of employment, where required.

Do you have a valid driver's license (Class D Auto)? Yes _____ No _____ If yes, expiration date _____

Do you have a valid CDL license (Class A or B)? Yes _____ No _____ If yes, expiration date _____

Do you have a valid Hydraulic license? Yes _____ No _____ If yes, expiration date _____

Other valid licenses or certifications you possess (job related)? _____

Other applicable licenses/certifications /training:

V. Office Skills (If applicable).

Check the column that best describes your level of skill:

Beginner Intermediate Advanced

Automated Accounting Systems	___	___	___
Bookkeeping	___	___	___
Computer Skills	___	___	___
Shorthand/Speedwriting	___	___	___
Spreadsheets	___	___	___
Transcription	___	___	___
Word Processing	___	___	___

VI. Special Skills.

Please list any other skills or abilities you feel may be job related:

VII. Employment History. {please do not write "see resume"}

Please account for the last 4 positions you have held, starting with your present or most recent employer. You may include military service and any verifiable work performed as an intern or volunteer.

You () may () may not contact my present employer.

Employer	Address
Telephone	Title
Supervisor	Dates Worked
Comments	Reason for Leaving

Description of primary duties: _____

Employer	Address
Telephone	Title
Supervisor	Dates Worked
Comments	Reason for Leaving

Description of primary duties: _____

Employer	Address
Telephone	Title
Supervisor	Dates Worked
Comments	Reason for Leaving

Description of primary duties: _____

Employer	Address
Telephone	Title
Supervisor	Dates Worked
Comments	Reason for Leaving

Description of primary duties: _____

Have you ever been dismissed or asked to resign from a job? If yes, please explain

VIII. Business / Personal References: (A minimum of 3 references is required. Please do not write "see resume")

Name	Address	Phone	Relationship
Name	Address	Phone	Relationship
Name	Address	Phone	Relationship
Name	Address	Phone	Relationship

IX. Criminal History. *Please be aware the Commonwealth of Massachusetts has enacted the “ban the box” provision which prohibits employers from asking for confirmation of criminal history. This provision does allow for similar questioning brought forth during the interview process.*

A. The Town of Edgartown requires a Criminal Offense Record Inquiry (CORI check) on prospective employees for certain positions. A conviction will not necessarily be a bar to employment.

X. Employment of Minors.

The Town of Edgartown is subject to certain child labor provisions regarding the employment of persons under the age of 18. Further, an Employment Permit or Educational Certificate may be required, depending on your age. Are you under age 18? If yes, please indicate your age:

XI. Medical Information.

Some offers of employment are conditional upon the satisfactory completion of a health evaluation and/or physical examination, where required. Satisfactory fitness to perform the essential duties of the position is a condition of employment.

XII. Drug Testing.

Some offers of employment are conditional upon the satisfactory completion of an employment drug test, where required. Satisfactory adherence of the drug or alcohol policy is a condition of employment as outlined in the Drug and Alcohol Free Workplace Policy of the Town of Edgartown.

XIII. Lie Detector Test.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment.

XIV. Signature.

I have carefully read all parts of this application form prior to signing.

A. I understand that acceptance of this application by the Town of Edgartown does not imply that I will be employed.

B. The information that I have provided is true and complete. I understand that misrepresentation or omission of any fact in my application, resume, or in any other materials or as provided during interviews, can be justification for refusal of employment or can be justification for termination from employment.

C. I understand that any offer of employment that I receive from the Town of Edgartown is contingent upon my successful completion of the pre-employment screening process including but not limited to the Town of Edgartown receiving satisfactory references, a satisfactory criminal history and Criminal Offense Record Inquiry if required, satisfactory verification of driver's license or certifications where required and satisfactory completion of any required post-offer pre-employment drug test or physical examination.

D. In processing my application for employment, the Town of Edgartown may verify all of the information provided by me concerning, among other things, my prior employment or military record, education, character, general reputation and personal characteristics.

E. I authorize the Town to take whatever steps deemed necessary to obtain information regarding my qualifications for employment including contacting my present and former employers, by contacting individuals listed as business, educational or personal references, and by contacting other individuals to provide or further clarify information about me.

F. I hereby release my present and former employers and all individuals contacted for factual information about me from any and all liability for damages arising from furnishing the requested information.

G. If employed by the Town of Edgartown, I understand that as a condition of employment, I may be required to furnish additional or updated medical information, that I may be required to undergo a physical examination, that I may be subject to drug and/or alcohol testing, that the Town may request a Criminal Offense Record Inquiry (CORI check) on me, investigate my driving record or verify my license(s) or certification(s) as required for employment at any time during my employment. As a condition of employment an employee may be required to provide additional or updated information especially if this employee has been on workers comp and may require both drug testing and an employment physical in order to allow us to have the necessary information for making a proper decision or reasonable accommodations, if necessary.

H. I understand that the Town of Edgartown is an at-will employer. If employed, I understand that my employment may be terminated with or without cause at any time unless there is an applicable bargaining unit contract provision.

My signature certifies that I have read and agree with the above statements and all statements contained in this application for employment.

Applicant Name (Please Print)

Applicant Signature

Date

**Please mail to: Kim Lucas, Human Resource Director
Town of Edgartown
PO Box 5130, 70 Main St.
Edgartown, MA 02539
klucas@edgartown-ma.us**