



Town of Granby
Kellogg Hall
Granby, MA 01033



APPLICATION FOR EMPLOYMENT

Qualified applicants will be considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job-related medical condition or handicap.

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

INSTRUCTIONS: Please read the application for employment carefully and answer **EACH** question in full. If you cannot answer, or do not understand any part of this application, notify the company representative immediately. In addition to the information required below, please provide any other information you think would be helpful in considering you for employment. You may exclude all information indicative of age, sex, race, religion, color, national origin, and handicap.

NOTE: ANY FALSE STATEMENT OR OMISSION MAY DISQUALIFY AN APPLICANT FROM FURTHER CONSIDERATION FOR EMPLOYMENT AND MAY BE CONSIDERED JUSTIFICATION FOR IMMEDIATE **DISMISSAL**, IF DISCOVERED AT A LATER DATE.

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Date of Application: _____

Name: _____
Last First Middle

Address: _____
Number Street City State Zip Code

Telephone No: (____) _____ - _____

Social Security Number: ____ - ____ - _____

How Were You Referred to Us?

Newspaper Ad: _____ Friend: _____
Employment Agency: _____ Relative: _____
Employer: _____ Other: _____

Name of Referral Source: _____
 Position (s) Applied for: _____
 What is your minimum weekly salary requirements \$ _____
 Date available for work: _____

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EDUCATIONAL DATA:

School	Name And Location	Dates	Course of Study	Did you Graduate	Degree or Diploma
Graduate/ Professional		From _____ To _____			
High School		From _____ To _____			
Elementary		From _____ To _____			
Other		From _____ To _____			

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EMPLOYMENT HISTORY:

List present or most recent Employer first (use other side of application if necessary). List all full-time and part-time employment held in the past ten (10) years. You may include any verified work performed on a volunteer basis. Continue on a separate sheet, if necessary.

1. Employer: _____

Address: _____

Telephone No. _____

Employed: From (mm/yyyy): _____ To (mm/yyyy): _____

Salary: Start: _____ End: _____

Job Title: _____

Job Duties & Responsibilities: _____

Reason for Leaving: _____

Supervisor's Name: _____

Permission to Contact: YES NO If no, Reason: _____

2. Employer: _____

Address: _____

Telephone No. _____

Employed: From (mm/yyyy): _____ To (mm/yyyy): _____

Salary: Start: _____ End: _____

Job Title: _____

Job Duties & Responsibilities: _____

Reason for Leaving: _____

Supervisor's Name: _____

Permission to Contact: YES NO If no, Reason: _____

3. Employer: _____

Address: _____

Telephone No. _____

Employed: From (mm/yyyy): _____ To (mm/yyyy): _____

Salary: Start: _____ End: _____

Job Title: _____

Job Duties & Responsibilities: _____

Reason for Leaving: _____

Supervisor's Name: _____

Permission to Contact: YES NO If no, Reason: _____

4. Employer: _____

Address: _____

Telephone No. _____

Employed: From (mm/yyyy): _____ To (mm/yyyy): _____

Salary: Start: _____ End: _____

Job Title: _____

Job Duties & Responsibilities: _____

Reason for Leaving: _____

Supervisor's Name: _____

Permission to Contact: YES NO If no, Reason: _____

5. Employer: _____

Address: _____

Telephone No. _____

Employed: From (mm/yyyy): _____ To (mm/yyyy): _____

Salary: Start: _____ End: _____

Job Title: _____

Job Duties & Responsibilities: _____

Reason for Leaving: _____

Supervisor's Name: _____

Permission to Contact: YES NO If no, Reason: _____

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MILITARY SERVICE:

If you ever served in any branch of the Armed Forces, including Reserves, complete the following:

Branch: _____

Place & Date of Discharge: _____

Any Special Training or Skills: _____

Duties performed: _____

Reserve Obligations: (List Branch & Unit): _____

GENERAL INFORMATION: (Please Circle YES or NO)

Are you under 18 years of age Yes No

Have you ever applied here before? Yes No

If yes, when? _____

Have you ever worked here before? Yes No

If yes, when and why did you leave _____

Are you a United States citizen? Yes No

If no, give your permanent resident identification number or visa classification. You may be required to present your 1-151 "Green Card", 1-94 Arrival -Departure Card or other immigration papers showing work authorization:

_____.

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Are you presently on lay-off and subject to recall? Yes No

Should you be offered employment, would you consent to a medical examination, as a condition of employment, conducted solely for determining whether you are, with reasonable accommodation, capable of performing the essential functions of the job?

Yes No

Do you possess any other experience; skills or qualifications, which you feel would be especially useful for work with the TOWN OF GRANBY?

If yes, provide details: _____

Person to be notified in case of emergency:

Name: _____

Address: _____

Telephone No: _____

PERSONAL REFERENCES (not former employers or relatives)

NAME/OCCUPATION	ADDRESS	TELEPHONE NO.

AGREEMENT

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

I hereby affirm that I have read and understand this application and that the information, which I have provided, on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I agree that any omission or falsified information may disqualify me from further consideration for employment and may be considered justification for my immediate dismissal if discovered at a later date.

I hereby authorize persons, schools, current (if applicable) and previous employers, and organizations named in this application (and accompanying resume, if any) to provide the TOWN OF GRANBY with any relevant information that may be required to arrive at an employment decision. I hereby release said persons and entities and the TOWN OF GRANBY from any and all liability for providing this information.

Signature

Date