

Town of Granby  
10 –B West State Street  
Senior Center Building, 2<sup>nd</sup> Floor  
Granby, MA 01033

APPLICATION FOR EMPLOYMENT

Qualified applicants are 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 **EVERY** 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 to us 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 CONSIDERD 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: \_\_\_\_\_  
Area Code

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 \_\_\_\_\_ Mo./Yr. To: \_\_\_\_\_ Mo./Yr.

Salary: Start \_\_\_\_\_ End: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties & Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

DO NOT CONTACT: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

2. Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_

Employed: From \_\_\_\_\_ Mo./Yr. To: \_\_\_\_\_ Mo./Yr.

Salary: Start \_\_\_\_\_ End: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties &

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

DO NOT CONTACT: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

3. Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_

Employed: From \_\_\_\_\_ Mo./Yr. To: \_\_\_\_\_ Mo./Yr.

Salary: Start \_\_\_\_\_ End: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties & Responsibilites: \_\_\_\_\_

\_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

DO NOT CONTACT: \_\_\_\_\_

Reason: \_\_\_\_\_

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4. Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_

Employed: From \_\_\_\_\_ Mo./Yr. To: \_\_\_\_\_ Mo./Yr.

Salary: Start \_\_\_\_\_ End: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties & Responsibilities: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

DO NOT CONTACT: \_\_\_\_\_

Reason: \_\_\_\_\_

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5. Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_

Employed: From \_\_\_\_\_ Mo./Yr. To: \_\_\_\_\_ Mo./Yr.

Salary: Start \_\_\_\_\_ End: \_\_\_\_\_

Job Title: \_\_\_\_\_



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:

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 the purpose of 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)

<u>NAME/OCCUPATION</u>	<u>ADDRESS</u>	<u>TELEPHONE NO.</u>

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 employer (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.

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Signature

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Date