

TOWN OF BILLERICA
PERSONNEL OFFICE
 365 Boston Road, Billerica, MA 01821
 978-671-0942 * Fax 978-671-0947
www.town.billerica.ma.us

APPLICATION FOR EMPLOYMENT

An Equal Opportunity/Affirmative Action Employer

The Town of Billerica is an equal opportunity employer and does not discriminate against any applicant because of race, color, 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 participating in the application process should contact Billerica Town Manager's Office.

PERSONAL INFORMATION

Name: _____ Date: _____
 Address: _____
 City: _____ State: _____ ZIP Code: _____
 Telephone Number: (Home) _____ (Work) _____ (Cell) _____
 E-Mail Address: _____
 Are you authorized to work in the United States on an unrestricted basis? YES NO
 Are you over age 18? YES NO *
 *The Town of Billerica is subject to certain child labor laws regarding employment of persons under the age of 18. An Employment Permit or Educational Certificate may be required. If under the age of 18, please indicate your date of birth _____.

EMPLOYMENT DESIRED

Position Applied for: _____ Date available: _____
 Full Time: _____ Part Time: _____ Seasonal: _____
 Have you ever been an employee of the Town of Billerica? NO YES Where? _____ When? _____
 Where did you hear about the position? _____

EDUCATION

School	Name	Address, City, State	Main Course of Study	Years Attended	Degree
High School					
College					
Graduate					
Special Training					

List any additional education or training:

MILITARY SERVICE INFORMATION

Veteran Disabled Veteran Vietnam Era Veteran
 Branch of Service: _____ Date of Service: _____
 Nature of duties, special training, and honors received:

CERTIFICATES AND LICENSES

Do you have a valid driver's license? YES NO License Number _____ Expiration Date _____

Do you have a valid CDL license? YES NO License Number _____ Expiration Date _____

List any professional licenses, registrations or certifications that you possess:

License _____	Licenses Number _____	Expiration Date _____
License _____	Licenses Number _____	Expiration Date _____
License _____	Licenses Number _____	Expiration Date _____
License _____	Licenses Number _____	Expiration Date _____

EMPLOYMENT HISTORY **A resume may not be substituted for any information but may be included as a supplement.**

Begin with your most recent employment, including any present employment. Your present employer will not be contacted without your permission. You may include any verifiable work performed as an intern or volunteer. Any gaps in employment must be briefly explained.

Employer:	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
Street Address:	Job Title:
City: State: Zip Code:	Specific Duties:
Supervisor:	
Reason for Leaving:	
Dates Employed: (Start) (End) Salary:	
Employer:	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
Street Address:	Job Title:
City: State: Zip Code:	Specific Duties:
Supervisor:	
Reason for leaving:	
Dates Employed: (Start) (End) Salary:	
Employer:	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
Street Address:	Job Title:
City: State: Zip Code:	Specific Duties:
Supervisor:	
Reason for Leaving:	
Dates Employed: (Start) (End) Salary:	
Employer:	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
Street Address:	Job Title:
City: State: Zip Code:	Specific Duties:
Supervisor:	
Reason for Leaving:	
Dates Employed: (Start) (End) Salary:	

PROFESSIONAL REFERENCES

List 3 people who can comment on your work performance.

Name	Address	Telephone Number	Occupation	Years Acquainted

Additional Information:

IN CASE OF EMERGENCY, PLEASE NOTIFY

Name: _____ Relation: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Telephone Number: _____

PRE-EMPLOYMENT PHYSICAL & DRUG SCREENING

If an offer of employment is made to you, the Town of Billerica may specify that it is contingent upon the results of a medical examination.

All offers of employment are conditional upon satisfactory completion of a Health Questionnaire.

Satisfactory fitness to perform the essential duties of the position is a condition of employment.

All offers of employment are conditional upon satisfactory completion of pre-employment drug test as it relates to the requirements of a specific job.

Refusal to submit to such screening or failure to qualify according to the minimum standards established by the Town of Billerica may disqualify me from further consideration for employment.

IMMIGRATION REFORM AND CONTROL ACT REQUIREMENT

In compliance with the Immigration and Reform and Control Act of 1986, you will be required to provide approved documentation that verifies your right to work in the United States prior to employment. Please be prepared to provide this documentation if you are offered and accept a position with us.

LIE DETECTOR TEST

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. (MGL Chapter 149, Section 19B)

AT-WILL EMPLOYMENT

It is understood that unless you attain permanent status pursuant to MGL Chapter 31 or are subject to the terms of a collective bargaining agreement, employment will be at-will, which means that both the Town or you are free to terminate the employment relationship at any time for any non-statutorily prohibited reason or for no reason at all, with or without notice.

RELEASE AND CERTIFICATION

- A. I understand that acceptance of this application by the Town of Billerica does not imply that I will be employed.
- B. This application may be used for internal promotional purposes.
- C. The information that I have provided is true and complete. I understand that misrepresentation or omission of any fact in my application, resume, related employment forms, or in any other materials; or as provided during interviews, can be justification for refusal of employment or can be justification for termination of employment at any time.
- D. I understand that any offer of employment from the Town of Billerica is contingent upon my successful completion of the pre-employment screening process including but not limited to: receiving satisfactory references; a satisfactory criminal history and C.O.R.I., if required; satisfactory verification of driver's license, certifications, and/or other licenses where required; satisfactory completion of a health questionnaire; and satisfactory completion of post-offer pre-employment physical and/or drug test where required.
- E. I authorize the Town of Billerica to obtain my educational record, employment records, military record, character references and any other information concerning character, ability and habits and all other necessary information.
- F. I hereby release my present and former employers and all other individuals contacted for information from all liability or damage those individuals who provide information about me.
- G. I understand that if charged or convicted of a felony that I agree to notify my supervisor immediately. I understand that if employed, my continued employment will be subject to periodic performance evaluations. I agree to follow and abide by all applicable municipal, state and federal laws, rules, regulations, policies and procedures.

CAREFULLY READ ALL PARTS OF THIS APPLICATION BEFORE SIGNING

SIGNATURE

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

Signature of Applicant

Date

Print Name