



## Town of Sudbury Employment Application

40 Fairbanks Road, Sudbury, MA 01776

Tel. (978) 443 1092

Fax (978) 443-1051

The Town of Sudbury is an Equal Opportunity Employer. The Town of Sudbury considers applicants for all positions without discrimination on the basis of race, color, religion, national origin, sex, age, physical or mental disability, sexual orientation, ancestry, marital status, veteran status, or any other legally protected status. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on any basis prohibited by local, state or federal law.

The Town of Sudbury accepts applications for advertised positions only. The Town does not maintain a file of general applications. Applications must be received at the above address by the advertised deadline in order to be considered.

A resume may be attached but not substituted for this form. All questions must be answered completely.

(Please Print or Type)

Position(s) applied for \_\_\_\_\_ Date \_\_\_\_\_

How did you learn about the position? \_\_\_\_\_

Full-time: \_\_\_\_ Part-time: \_\_\_\_ Temporary: \_\_\_\_ Date you are available to start: \_\_\_\_\_

If hired, are you able to perform the essential functions of this position applied for, with or without reasonable accommodations? \_\_\_\_ Yes \_\_\_\_ No

### **PERSONAL INFORMATION:**

Name: \_\_\_\_\_  
(Last) (Middle Initial) (First)

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

E-mail Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Are you 18 years or older? \_\_\_\_ Yes \_\_\_\_ No

Only U.S. Citizens or other persons who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your identity and legal right to work in the U.S.? \_\_\_\_ Yes \_\_\_\_ No

Have you ever been employed by the Town of Sudbury? \_\_\_\_ Yes \_\_\_\_ No

If Yes, when and in what capacity? \_\_\_\_\_

If Yes, reason for leaving? \_\_\_\_\_

Do you have a dependable means of transportation to and from work? \_\_\_\_ Yes \_\_\_\_ No

**EDUCATION:** (List all education relevant to the position (high school, college, technical school, etc.)

School Name/Location	Years Completed	Degree/Date	Course of Study
High School: _____			
College: _____			
Graduate School: _____			
Business/Technical/ Other: _____			

**SPECIAL SKILLS:**

Please describe any specialized training or job related skills that will help us evaluate your application for employment.

Specialized Training: \_\_\_\_\_  
Special Equipment: \_\_\_\_\_  
Professional Licenses: \_\_\_\_\_  
Professional Memberships: \_\_\_\_\_  
Computer Software: \_\_\_\_\_  
Other: \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY:** List current or most recent employer first.

**Employer's Name:** \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
**Employer's Address:** \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
**Job Title:** \_\_\_\_\_  
**Work Performed:** \_\_\_\_\_  
**Reason for Leaving:** \_\_\_\_\_  
**Name and Title of Immediate Supervisor:** \_\_\_\_\_  
May we contact this Employer? \_\_\_\_ YES \_\_\_\_ NO

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**Employer's Name:** \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
**Employer's Address:** \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
**Job Title:** \_\_\_\_\_  
**Work Performed:** \_\_\_\_\_  
**Reason for Leaving:** \_\_\_\_\_  
**Name and Title of Immediate Supervisor:** \_\_\_\_\_  
May we contact this Employer? \_\_\_\_ YES \_\_\_\_ NO

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*Continue employment history on next page*

**Employer's Name:** \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

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

Work Performed: \_\_\_\_\_

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

Name and Title of Immediate Supervisor: \_\_\_\_\_

May we contact this Employer? \_\_\_\_ YES \_\_\_\_ NO

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**REFERENCES:**

Please list three people (non-relatives) whom we may contact who are able to evaluate your professional knowledge and ability:

1. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

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2. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

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3. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

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**APPLICANT'S STATEMENT:**

"I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that if employed, any misrepresentation or false or misleading statements given in this application or in personal interview(s) may be sufficient grounds for discharge.

I authorize investigation of all statements contained herein and authorize the employer to contact and obtain all information that may be necessary to arrive at an employment decision from all listed references, employers and educational institutions. I understand that the information so obtained is for the use of the Town of Sudbury only. I hereby release all parties from any and all liability for any damages which may arise as a result of furnishing or releasing such information.

If required for the position I am seeking I agree to have a physical examination by a physician selected by the employer, which may include testing for drugs or a psychological examination and recognize that any offer of employment may be contingent upon the results of such examination(s).

I understand that neither this application nor any offer letter I may receive for employment constitutes an agreement or contract for employment for any specified period or definite duration. I understand that all appointments are probationary and that I must demonstrate my fitness for continued employment. I also understand and acknowledge that, unless otherwise defined by applicable law, employment is of an "at will" nature; i.e. that I may resign at any time for any reason and that the employer reserves the right to terminate my employment at any time with or without cause."

Signed: \_\_\_\_\_ Date: \_\_\_\_\_