

**Town of Georgetown, Massachusetts  
APPLICATION for EMPLOYMENT**



**Job Application Form**

Instructions: Print clearly in black or blue ink. Answer all questions. Sign and date the form.

**PERSONAL INFORMATION:**

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Street Address  
\_\_\_\_\_  
\_\_\_\_\_

City, State, Zip Code  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number

( ) \_\_\_\_\_

Are you eligible to work in the United States?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you are under age 18, do you have an employment/age certificates?

Yes \_\_\_\_ No \_\_\_\_

Have you been convicted of a felony within the last five years?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

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**POSITION/AVAILABILITY:**

Position Applied For

\_\_\_\_\_

Days/Hours Available

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

Hours Available: from \_\_\_\_\_ to \_\_\_\_\_

What date are you available to start work?

\_\_\_\_\_

**EDUCATION:**

Name and Address of School - Degree/Diploma – Did you Graduate?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

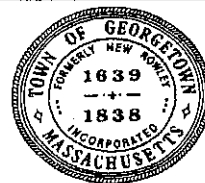
\_\_\_\_\_

Skills and Qualifications: Licenses, Skills, Training, Awards

\_\_\_\_\_

\_\_\_\_\_

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**EMPLOYMENT HISTORY:**

Present Or Last Position:

Employer: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Position Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

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

\_\_\_\_\_

Salary: \_\_\_\_\_

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

=====

**Previous Position:**

Employer: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position Title: \_\_\_\_\_ Salary: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

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

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

**For Additional Employers attach additional pages.**

**May We Contact Your Present Employer?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**References:**

Name/Title Address Phone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that information contained in this application is true and complete.

I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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**Previous Position:**

Employer: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position Title: \_\_\_\_\_ Last Salary: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

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

\_\_\_\_\_

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

**Previous Position:**

Employer: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position Title: \_\_\_\_\_ Last Salary: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

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

\_\_\_\_\_

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

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**Applicant Authorization and Employer's Disclaimer**

**\*PLEASE READ CAREFULLY BEFORE SIGNING\***

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by the Town of Georgetown (hereinafter referred to as "the Town") that such employment with the Town is at will, for no specified duration and may be terminated by either the Town or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of the Town or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of the Town except the Chairman of the Board of Selectmen has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the Chairman of the Board of Selectmen

In consideration for employment with the Town, if employed, I agree to conform to the rules, regulations, policies and procedures of the Town at all times and understand that such obedience is a condition of employment. I understand that due to the nature of the Town's business, attendance and punctuality are considered essential requirements of every job at the Town and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with the Town, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to the Town and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for six months. If I wish to be considered for employment after this period I must fill out and submit a new application.

**BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD  
AND AGREE TO THE ABOVE STATEMENTS.**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

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**CONSENT FOR PROCUREMENT OF CONSUMER CREDIT REPORT**

I understand that, as a condition of my consideration for employment with the Town of Georgetown (the Town), or as a condition of my continued employment with the Town, the Town may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to the Town's procurement of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act, the Town will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with the Town. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

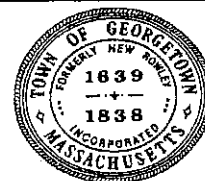
\_\_\_\_\_  
Signature of Applicant or Employee      Date

\_\_\_\_\_  
Printed Name of Applicant or Employee

***DRIVING CHECK REQUEST AND RELEASE FROM LIABILITY***

I understand that driving a Town vehicle (or my own vehicle, as required) is a requirement of the position I am being considered for and that having and maintaining a satisfactory driving record is a condition of my employment. I agree to allow the Town to check my driving record prior to hire and to check it periodically thereafter. I further agree to report any license suspensions, serious accidents or offenses, or any other condition to my supervisor immediately that may affect my ability to drive a Town vehicle (or my own vehicle, if I am required to drive) after I am hired. I agree to obtain a Driver's license prior to hire if I do not already have one.

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I understand that the Town will use this information for employment purposes only and not furnish this information to a third party without my written consent.

I agree to release the Town, its employees and those who supplied you with the information from any liability for any damage, which may result from furnishing the requested information or my failure to be hired for the position for which I am applying.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State of Issue

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PRE-EMPLOYMENT INQUIRY AUTHORIZATION RELEASE**

In connection with my application for employment, I understand and agree that background inquiries may be requested by you or on your behalf that will seek information as to my character, work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. Furthermore, I understand and agree that you may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment, educational background, and other past experiences. I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. This release is valid for all federal, state, county and local agencies and authorities.

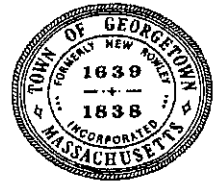
\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



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**Consent to Criminal Background Check**

☐ I hereby consent to a criminal background check and authorize the release of any information to the Town of Georgetown. I hereby release the company, its divisions, affiliates, and anyone acting on their behalf from any and all claims or liabilities of any nature arising from or related to the preparation and disclosure of the information contained in the criminal background report.

☐ I do not consent to a criminal background check.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date