

EDUCATION

Name	Street Address City, State ZIP	No. of Years Completed	Degree/Major
High School			
College			
Graduate, trade, business or other			

Are you eighteen (18) years of age or older? Yes _____ No _____

If you are under eighteen (18) years of age and employed by the Town, you will be required to obtain a work permit.

MILITARY SERVICE

Have you ever served in the armed forces of the U.S.? Yes _____ No _____

If "Yes", what branch and what dates? _____

Briefly describe your duties _____

Current duty status and/or type of discharge _____

DRIVER'S LICENSE

Some positions require a valid Massachusetts driver's license. If you wish to be considered for such a job, please complete this section.

Do you have a valid Massachusetts driver's license? Yes _____ No _____

If "Yes", what class? _____ Endorsements? _____

List other types of valid licenses:

SPECIAL SKILLS - List any special skills/training you have:

EMPLOYMENT HISTORY. *Please account for all previous work, including periods of unemployment and military. Start with your current employer. Include full-time and part-time employment. You may include any verified work performed on a volunteer basis. Attach additional sheets if necessary.*

Employer's Name _____

Employer's Address _____

Employer's Telephone Number _____

Title and Duties _____

Supervisor's Name and Title _____

From MM/YY _____ To MM/YY _____ Salary \$ _____

Reason for Leaving _____

Employer's Name _____

Employer's Address _____

Employer's Telephone Number _____

Title and Duties _____

Supervisor's Name and Title _____

From MM/YY _____ To MM/YY _____ Salary \$ _____

Reason for Leaving _____

Employer's Name _____

Employer's Address _____

Employer's Telephone Number _____

Title and Duties _____

Supervisor's Name and Title _____

From MM/YY _____ To MM/YY _____ Salary \$ _____

Reason for Leaving _____

Employer's Name _____

Employer's Address _____

Employer's Telephone Number _____

Title and Duties _____

Supervisor's Name and Title _____

From MM/YY _____ To MM/YY _____ Salary \$ _____

Reason for Leaving _____

Employer's Name _____

Employer's Address _____

Employer's Telephone Number _____

Title and Duties _____

Supervisor's Name and Title _____

From MM/YY _____ To MM/YY _____ Salary \$ _____

Reason for Leaving _____

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.

I understand that misrepresentation or omission of facts called for is **cause for dismissal**. Further, I understand and agree that my employment is for no definite period and that I can be terminated at any time without notice, unless otherwise provided by civil service or a collective bargaining agreement, regardless of the method of wage/salary payment. I understand that an offer of/or employment by the Town of Wellesley is **conditional** upon satisfactory references; completion of a pre-placement physical exam; and proof of citizenship or immigration status. I authorize investigation of all statements contained in this application as well as persons and companies to furnish any information regarding me, whether or not it is on records, and hereby release them from all liability for damages for providing this information. I also understand that no verbal promises or guarantees are binding on the Town and that no one, other than an elected/appointed board or official designee, has authority to enter into an employment agreement which must be made in writing.

Signature

Date

If you need additional information, contact the Human Resources Department at 781-431-1019 ext. 2244; or by e-mail at hr@wellesleyma.gov