

Shorthand/Speedwriting Ability

Town of Bourne ~ Employment Application

24 Perry Avenue, Buzzards Bay, MA 02532-3441
Telephone (508) 759-0600 Fax (508) 759-0620
www.townofbourne.com
An Equal Opportunity/Affirmative Action Employer

PLEASE READ BEFORE FILLING OUT THIS APPLICATION

It is the policy of the Town of Bourne to afford equal employment opportunity to all qualified persons regardless of race, color, religion, national origin, age, military status, sexual orientation, disability, or gender, except where age or sex is a bonafide occupational qualification, as allowed by the Civil Rights Act of 1964. To be sure that your application is properly evaluated, all questions should be answered clearly, completely and accurately. If you need more space, please attach a separate sheet.

Please print clearly in black or blue ink. Also, "See Resume" is not acceptable in any field.

I. CONTACT INFORMA	ATION			DATE		
Name						
4.	Last		First	Middle		
Address						
Number	Street		Town		State Zip Code	
Mailing Address						
Number	Street		Town		State Zip Code	
Telephone	Cell Phone		Email Address_			
National ID (SS#) (optional)_			Are you	over age 18? YES	NO	
II. POSITION APPLYING	FOR (Please specify p	osition title)				
How did you learn about the	position? [newspaper,	posting, web, DES]				
Have you ever been employed	ed by the Town of Bou	rne? When? What der	partment?			
	•	•				
III. LICENSES (Please lis	st all licenses you posses	s that are relative to the	position vou seek). A v	alid license is a conditi	on a/emplovment, who	ere reauired.
	•		•			
Do you have a valid driver's l Do you have a valid CDL Lic		Yes Yes		es, enter expiration da es, enter expiration da		
Do you have a valid Hydrauli				es, enter expiration da		
What other valid licenses or	certifications do you p	ossess (job related)?				
IV.OFFICE SKILLS (if	applicable) Chec	k the column that you	feel best describes you	ır knowledge:		
Knowledge of Word Processing	Beginner	Intermediate	Advanced Level			
Knowledge of Spreadsheets	Beginner	Intermediate	Advanced Level			
Chowledge of Spreadsheets						
Knowledge of Databases						
Accounting System Knowledge						
Bookkeeping Knowledge						
Franscription Ability			ď			

V. EDUCATION	0		
School	Name, Address, City, State	Years Atten	nded Degree
High School			
College			
Graduate			
Trade Business, Night Courses			
Military Service, Other Training			
VI. SPECIAL SKILLS	S. Please list any other or abilities you feel	are relevant:	1
VII. EMPLOYMENT OF The Town of Bourne is su Permit or Education Certif	F MINORS. Abject to certain child labor provisions regardicate may be required, depending on you a	yment drug test, where required. rding the employment of persons unde	
Are you under age 18? If yes,	please indicate your age:		
IX. IMMIGRATION STAT	US. Are you prevented from lawfully become Immigration Status?YES _	oming employed in this country becaus NO	se of Visa or
X. IMMEDIATE FAM			
Bourne. You are required to co- child, parent and sibling. Includ- elected officials. This "sunshine process. The disclosure will not	IMMEDIATE FAMILY WORKINg family members, including those related to implete the information below. "Immediate those employed in all branches of Town disclosure" is intended to ensure that the cibe used to exclude any qualified applicants irements of the job. Attach additional pages.	e family" is defined as a spouse, child, n government; and those employed as tizens of our town have full confidence seeking a position from receiving full c	who are employed by the Town of , parent and sibling; and the spouse's regular or contract employees, or in their government and its hiring
Name of Relative	Relationship	Title of Relative's Job	State Agency

XI. EMPLOYMENT HISTORY. (Please do not write, "See Resume". A resume may not be substituted but may be included as a supplement.) Please account for the last 4 positions you have held. Start with your present or last employer. You may include military service and any verifiable work performed as in intern or volunteer. You () may not contact my present employer.) may (Employer Address Telephone Title Supervisor Dates Worked Reason for Leaving Description of Primary Duties: Employer Address Telephone Title Supervisor Dates Worked Reason for Leaving Description of Primary Duties: Employer Address Telephone Title Supervisor Dates Worked Reason for Leaving Description of Primary Duties: Employer Address Telephone Title Supervisor Dates Worked Reason for Leaving Description of Primary Duties:

Lis	PROFESSIONAL R t 3 people not related to you who can	EFERENCES (Not Persona comment on your work pe	al): rformance and/or experience.	
NAME	ADDRESS	PHONE	OCCUPATION	YEARS ACQUAINTED

RELEASE AND CERTIFICATION PLEASE READ BEFORE SIGNING

I understand that acceptance of this application by the Town of Bourne does not imply that I will be employed.

The information that I have provided is true and complete. I understand that misrepresentation or omission of any fact in my application, resume, or in any other materials or as provided during interviews, can be justification for refusal of employment or can be justification for termination from employment, if employed.

I understand that any offer of employment that I receive from the Town of Bourne is contingent upon my successful completion of the pre-employment screening process including but not limited to the Town of Bourne receiving satisfactory references, a satisfactory criminal history and Criminal Offense Record Inquiry, if required, satisfactory verification of driver's license or certifications, where required, and satisfactory completion of any required post-offer pre-employment drug test or physical examination.

In processing my application for employment, the Town of Bourne may verify all of the information provided by me concerning, among other things, my prior employment or military record, education, character, general reputation and personal characteristics. I authorize the Town to take whatever steps deemed necessary to obtain information regarding my qualifications for employment including contacting my present and former employers, by contacting individuals listed as business, educational or personal references, and by contacting other individuals to provide or further clarify information about me.

I hereby release my present and former employers and all individuals contacted for factual information about me from any and all liability for damages arising from furnishing the requested information.

If employed by the Town of Bourne, I understand that as a condition of employment, I may be required to furnish additional or updated medical information, that I may be required to undergo a physical examination, that I may be subject to drug and/or alcohol testing, that the Town may require a Criminal Offense Record Inquiry (CORI) check on me, investigate my driving record or verify my license(s) or certifications(s), as required for employment at any time during my employment. As a condition of employment an employee may be required to provide additional or updated information, especially if this employee has been on workers' compensation, and may require both drug testing and an employment physical in order to allow us to have the necessary information for making a proper decision or reasonable accommodations, if necessary.

I understand that the Town of Bourne is an at-will employer. If employed, I understand that my employment may be terminated with or without cause at any time, unless there is an applicable bargaining unit contract provision.

My signature certifies that I have read and agree with the above statement and all statements contained in this application for employment					
Applicant Name (Please Print)					
Applicant Signature	Date				

"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 pliability." MGL Ch. 149, Section 19B

TOWN OF BOURNE APPLICANT DATA RECORD

This Information Is Voluntary

The Town of Bourne is committed in spirit, as well as in action, to abide by all laws dealing with equal employment opportunity. It is our policy to guarantee equal employment opportunities for all qualified persons without regard to their age, race creed, color, national origin, ancestry, marital status, gender, military status, sexual orientation, or disability, which can be reasonably accommodated.

Further, the Town will act in good faith to affirmatively recruit and consider for promotion individuals in protected categories. Age, race, creed, color, national origin, ancestry, marital status, gender, military status, sexual orientation, or disability are not factors in employment, promotion, transfer, compensation, lay-off, disciplining and termination.

In order to effectively monitor the success of our recruitment and employment efforts, it is requested that you provide the following information.

The completion of this Data Record is voluntary. If you choose to volunteer the requested information, please note that all Affirmative Action Data Records are kept in a confidential file and are not a part of your application employment or your personnel file. Your cooperation is voluntary. Inclusion or exclusion of any affirmative action data will not jeopardize or adversely affect any employment decision.

		(PLEASE PRINT)		
Applicant Name:	Last	First		Middle Initial
Applicant Address:	P.O. Box, Street,	Гоwn, State & Zip Code		
Position applying for:		Sex:]	Male	Female

CIRCLE ONE:

- White: (not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- 2. Black: (not of Hispanic origin) All persons having origins in any of the Black racial groups of Africa.
- 3. Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- 4. Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for examples, China, India, Japan, Korea, the Philippines Islands, and Samoa.
- 5. American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- **6.** Cape Verdean: All persons who are descendants of anyone born in the Cape Verde Islands.
- 7. Unknown

CIRCLE ONE: (If applicable)

- 1. Vietnam Era Veteran (In order to quality for Affirmative Action status as a Vietnam Era Veteran, you must apply for Eligibility Certification which is issued by the State Office of Affirmative Action. Forms are available from the State Office of Affirmative Action (617) 727-7441.
 - 2. Disabled Veteran
 - 3. Handicapped Individual