Town of Norwood, Massachusetts

EMPLOYMENT APPLICATION

Human Resources Department 566 Washington Street, Norwood, MA 02062
An Equal Opportunity/Affirmative Action Employer

Note: This employer does not discriminate in employment on the basis of race, color, religion, national origin, sex, sexual orientation, genetic information, ancestry, handicap or age. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of the age with respect to individuals who are at least 40 but less than 65 years of age.

To evaluate your application properly, we request that the questions on the following pages be answered carefully and completely.

Date of Application	Date Available	Position Desired	Expected Earnings

PERSONAL DATA

Last Name	First Name	MI	Email Address

Present Address *(Street, City, State, Zip)*	Telephone number

How were you referred to the Town?	If related to anyone employed by the Town of Norwood give name and department: *(the purpose of this question is to avoid a "conflict of interest" M.G.L. c.268A)*

Are you a veteran? ☐ Yes ☐ No If yes, date of discharge:	Are you registered with Civil Service? ☐ Yes ☐ No List all Civil Service exams taken and state whether passed or failed:

Have you ever been employed by any city, town, country, state or by the United States Government? ☐ Yes ☐ No

When?   Who was your employer?   Reason for termination?

Have you ever or are you currently serving in the military?   If so, what branch?

EDUCATIONAL RECORD

High School/Vocational School or equivalent *(Name, Location)*	Did you graduate? ☐ Yes ☐ No	Course

College *(Name, Location)*

Did you graduate? Yes ☐ No ☐	Major	Minor	Degree Received

Graduate School/Additional Schooling *(Name, Location)*

Did you graduate? Yes ☐ No ☐	Major	Minor	Degree Received

Additional training or skills *(languages, programming, secretarial, trade licenses, certifications, etc.)*:

Membership in Professional or Trade Associations or Societies:

EMPLOYMENT RECORD

List present or most recent position first, then work back for at least the **LAST TEN YEARS**.
Use supplemental sheet if necessary. Voluntary work may be included.

Employer's name		Address *(City, State, Zip)*		
Date Employed	Position			Salary
Describe your duties:				
Reason for leaving:		Supervisor	Title	May we contact this employer? ☐ Yes ☐ No

Employer's name		Address *(City, State, Zip)*		
Date Employed	Position			Salary
Describe your duties:				
Reason for leaving:		Supervisor	Title	May we contact this employer? ☐ Yes ☐ No

PROFESSIONAL REFERENCES

Name three persons who you have had a professional relationship and who can attest to your professional abilities.

Name	Relationship	Occupation/Title	Contact number and/or email

In case of emergency notify…

Name	Address *(Street, City, State)*	Telephone number

An applicant for employment with a sealed record on file with the Commissioner of Probation may answer "no record" to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer "no record" with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services, which did not result in a complaint transferred to the superior court for criminal prosecution.

Have you ever been convicted of a felony?   Have you been convicted of a misdemeanor in the last 5 years?
☐ Yes   ☐ No   ☐ Yes   ☐ No

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 permanent employment depends upon the result of satisfactory replies from the references, a favorable report on physical examination, the completion of a probationary period, and a Civil Service appointment if applicable. I authorize the investigation of all statements contained in this application and authorize all persons and companies named above, excepting my present employer if so noted, to furnish any information regarding me whether or not it is on record and hereby release them from all liability for damages for providing this information. I declare that the statements and answers made as a part of this application are true and understand that any misrepresentation of information on this application may be reason for immediate dismissal.

Date _____   Applicant's signature _____