

Scituate, Massachusetts

APPLICATION FOR EMPLOYMENT

Please return application to: HR@scituatema.gov or mail to: Human Resource Department, Town of Scituate 600 Chief Justice Cushing Highway, Scituate, MA 02066

APPLICATIONS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, SEX, NATIONAL ORIGIN, AGE, SEXUAL PREFERENCE OR THE PRESENCE OF

A NON-JOB-RELATED MEDICAL CONDITION OR HANDICAP.

(PLEASE PRINT)

Date of Application

- -:4: - -- (-) A -- --1: - 1 F

Position(s) Applied For				
N				
Name Last	First		Middle	
Address				
Number Street/P.O. B	ox Town	State	Zip	
Telephone ()	Email Address			_
If employed and you are under	18, can you furnish a work p	ermit? Yes \square	No □	
Have you filed an application	with the Town before? Yes	□ No □ If	Yes, when?	
Have you ever been employed	here before? Yes □ No □	If Yes, whe	n?	
Are you employed now? Yes [□ No □			
May we contact your present en	mployer? Yes 🗆 No 🗆			
Are you prevented from lawfully	y becoming employed in the U	United States b	ecause of Visa or Immigra	ntion
status? Yes \(\subseteq \text{No} \subseteq \((\text{If not a citi}) \)	zen, proof of immigration status may b	pe required upon en	nployment)	
On what date would you be avai	lable for work?			
Check all that apply:				
Are you available to work \square F	ull Time 🗆 Part Time 🗀 Te	mporary until		
Are you available to work \square \square	Days 🗆 Evenings 🗆 Weeke	nds		
What days of the week are you	available to work? \square M \square] Tu 🗆 W 🗆	Th □ F □ Sa □ Su	
Are you available to work \square Y	ear Round Academic Year	ar Only 🗆 Su	mmers Only	
Are you willing to be on call fo	r substitute hours? Yes 🔲 N	√o □		
Are you on a lay off and subject	t to recall? Ves \(\Bar{\cap} \) No \(\Bar{\cap} \)			

What licenses, skills	or qualifications do y	ou possess which sho	ould be considered	?		
List the types of office or construction equipment you can operate:						
For applicants for jo	bs that requires drivi	ng:				
Do you have a valid License Nu	driver's license: Yes mberSt		ion Date			
Do you have a valid	Commercial Driver's	License (CDL)? Ye	es 🗆 No 🗀			
Do you authorize the	Town to check your	driving record for rep	eated or significar	nt traffic		
violations? Yes □	No 🗆					
Education Circle highest grade	completed 1 2 3 4	5 6 7 8 9 10 11 1	2 College 1 2	3 4		
Did you graduate from	n High School or do you	u possess a high school	equivalency (GED) Yes 🗌 No 🗎		
Name of High School	ol .		City/Town	State		
COLLEGE OR OTH	ER TRAINING AFTE	ER HIGH SCHOOL, I	NCLUDING MILI	TARY SCHOOLS:		
Name of School or College	From	То	Major	Date of Diploma/Degree		

EMPLOYMENT HISTORY

 $Start\ with\ your\ present\ or\ most\ recent\ job.\ Include\ military\ service\ assignments\ and\ volunteer\ activities\ (if\ related\ to\ position(s)\ you\ are\ applying\ for.\ Exclude\ organization\ names\ which\ indicate\ race,\ color,\ religion,\ sex\ or\ national\ origin.)$

Employer (Present or Last)	Starting Date	Describe Work Performed
Address		
Position Title	Ending Date	
Supervisor		
Reason for Leaving		
Employer (Previous)	Starting Date	Describe Work Performed
Address		
Position Title	Ending Date	
Supervisor		
Reason for Leaving		
Employer (Previous)	Starting Date	Describe Work Performed
Employer (Previous) Address	Starting Date	Describe Work Performed
	Starting Date Ending Date	Describe Work Performed
Address		Describe Work Performed
Address Position Title		Describe Work Performed
Address Position Title Supervisor		Describe Work Performed Describe Work Performed
Address Position Title Supervisor Reason for Leaving	Ending Date	
Address Position Title Supervisor Reason for Leaving Employer (Previous)	Ending Date	
Address Position Title Supervisor Reason for Leaving Employer (Previous) Address	Ending Date Starting Date	
Address Position Title Supervisor Reason for Leaving Employer (Previous) Address Position Title	Ending Date Starting Date	

Please state any additional info	ormation you feel may be helpful to us in considering your application.
	nt, would you consent to a medical examination, as a condition of employment, of determining whether you are, with reasonable accommodation, capable of softhe job?
performing the essential functions	Yes \(\square\) No \(\square\)
and authorize that the information procause forfeiture on my part of all righ Massachusetts to require or administe	application are full and true to the best of my knowledge and belief. I understand ovided may be verified, and that any willful misstatement of material facts herein will not to any employment in the service of the Town of Scituate. It is unlawful in the real lie detector test as a condition of employment or continued employment. An be subject to criminal penalties and civil liability.
Signature	Date
THE TOWN OF SCITUATE IS	S AN EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE
ACTION EMPLOYER	AN EQUAL EMI LOTMENT OF ORTONIT I/AFTINIATIVE

NOTICE TO APPLICANTS FOR EMPLOYMENT WITH THE TOWN OF SCITUATE

Smoking Policy

Pursuant to the Town of Scituate's non-smoking policy and Massachusetts General Laws, smoking is not allowed in Town buildings. Also, Massachusetts General Laws state that no person who smokes any tobacco product shall be eligible for appointment as a police officer or firefighter.

Employment Verification

Public Law 99-603 requires the Town of Scituate to demonstrate a "good faith effort" in complying with the illegal alien employment statues. Should you be hired for a position with the Town of Scituate, you will be asked to present the proper identification.

Town of



Scituate, Massachusetts

APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, creed, religion, sex, national origin, age, sexual preference, or the presence of a non-job related medical condition or handicap.

As employers, we comply with governmental regulations and affirmative action responsibilities, solely to help us comply with government record-keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation and assistance.

This data is for periodic government reporting and will be kept in a CONFIDENTIAL FILE separate from the Application for Employment.

	(PLEASE PRINT NEATLY)	Date of A ₁	oplication		
Positio	on(s) Applied For:				
Name:					
Addres	Last ss:	First		MI	
7 Iddi C	Number Street/P.O.Box	Town	State	Zip	
Referra	1 Source: Advertisement Friend	☐ Relative ☐	Employment A	gency 🗌 Walk-In 🗎 Other	
Gender	: Female Male				
Race/Eth	nnicity (Please check one)				
	Black : A person having origins in a	any of the rac	cial groups of S	South Africa.	
	White : A person having origins in any of the original people of Europe, North Africa or the Middle East.				
	Hispanic : A person of Mexican, Puerto Rican, Cuban, Central or South American culture or other Spanish Culture or origin regardless of race.				
	Asian or Pacific Islander: A perso	on having ori	gins in any of t	he original people of the	Far East,
	Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example,				
	China, Japan, India, Korea, the Philippine Islands and Samoa.				
	Alaskan Native or American Ind	ian: A persoi	n having origin	s in any of the original pe	ople of
	North America and who maintains	cultural ident	ification throu	gh Tribal Affiliation or	
	community recognition.				
	Cape Verdean: A person having or	rigins in the	Cape Verde Isl	ands.	