



**Town of Spencer, Massachusetts
EMPLOYMENT APPLICATION**

The Town of Spencer is proud to be an equal opportunity employer. All qualified applicants will receive consideration without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

(PLEASE PRINT IN INK)

Position(s) Applying For:		Date of Application:	
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Phone Number	Alternate Number	Email Address	
How were you referred to the Town of Spencer?			
<input type="checkbox"/> Advertisement <input type="checkbox"/> Current Employee _____ <input type="checkbox"/> Other _____			

Are you legally eligible to work in the United States? *(Proof of eligibility will be required upon offer of employment)* YES NO

Are you over the age of 18 years? *(If no, you may be required to provide authorization)* YES NO

Can you with or without reasonable accommodation perform the essential functions of this job? *(If you have any questions about the functions of the job, please ask the interviewer before answering this question.)* YES NO

Have you ever applied to the Town of Spencer before? *(If yes, please give date)* _____ YES NO

Have you ever worked for the Town of Spencer before? *(If yes, please give date)* _____ YES NO

Is anyone related to you employed by the Town of Spencer? YES NO

If yes, please give their name and relationship to you _____

Have you ever been convicted of a felony? YES NO **If yes, please explain:** _____

What days / hours are you available for work? _____

If hired, on what date would you be available to start? _____

EDUCATION:

	Name and City/Town of School	Course of Study or Major	# of Years Completed	Diploma/Degree
High School				
College/University				
Graduate				
Vocational				

List any academic honors, scholarships, committees served on, offices held: _____

List any skills and qualifications (licenses, training, apprenticeships): _____

Have you received any job-related training in the United States Military? YES NO

If yes, please give dates and explanation: _____

EMPLOYMENT HISTORY: *(Begin with current or most recent employer. Please attach resume to application, if any).*

Employer Name & Address:	Employed From: ____/____/____ To: ____/____/____	Supervisor's Name & Title: Phone:
Position Title:	Reason for Leaving: May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Responsibilities:		

Employer Name & Address:	Employed From: ____/____/____ To: ____/____/____	Supervisor's Name & Title: Phone:
Position Title:	Reason for Leaving: May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Responsibilities:		

Employer Name & Address:	Employed From: ____/____/____ To: ____/____/____	Supervisor's Name & Title: Phone:
Position Title:	Reason for Leaving: May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Responsibilities:		

In addition to your employment history, provide any additional job-related information you would like to have considered:

REFERENCES: *(Please provide three references who are neither related to you nor previous employers.)*

Name	Address	Phone Number	Relationship/Occupation	Years Known

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

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 SPENCER that such employment with the TOWN OF SPENCER is at will, for no specified duration and may be terminated by either the TOWN OF SPENCER 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 OF SPENCER 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 OF SPENCER except the Town Administrator 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 Town Administrator.

In consideration for employment with the Town of Spencer, if employed, I agree to conform to the rules, regulations, policies, and procedures of the TOWN OF SPENCER at all times and understand that such obedience is a condition of employment.

I understand that if offered a position with the Town of Spencer, should I accept, I may be required to submit to a pre-employment medical examination and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employments 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 OF SPENCER 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.

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

Signature

Date