

TOWN OF CHARLTON, MA

37 Main Street, Charlton, MA 01507

(508) 248-2200 PH; (508) 248-2066 FAX

Application for Employment

(please print or type)

The Town of Charlton recognizes the right of an individual to work and to advance on the basis of merit, ability and potential without regard to race, sex, color, mental or physical limitation, religious creed, national origin or ancestry, age, veteran status, sexual orientation, marital status or maiden name, or political affiliation. **NOTE: If you will require special accommodation in order to apply for this position, please notify the Town Administrator's Office prior to the deadline for submitting applications.**

PERSONAL INFORMATION				
Date of Application: / /		How did you hear of this position opening?		
Position Applied for and Department:				
Availability (full-time, part-time, seasonal):				
Full Name (first, middle, last):				
Address (street/city/state/zip):				
Home Phone: ()		Work Phone: ()		
Have you ever been employed with the Town before? NO () YES ()				
If YES, please provide:				
Title of Position Held:			Termination Date:	
Reason for Leaving:				
List your relatives who currently work for the Town of Charlton:				
Name	Department	Relationship		
If you are under 18 years of age, can you provide required proof of your eligibility to work? NO () YES ()				
Are you a citizen of the United States? NO () YES ()				
If NO, can you provide proof that you are eligible to work in the United States, in accordance with the Immigration Reform and Control Act? NO () YES ()				
EDUCATION				
Circle the highest grade completed: 5 6 7 8 9 10 11 12 College: 1 2 3 4 5 6 6+				
	School (name, city, state)	Diploma/Degree	Dates Attended	Course of Study Major/Minor
High School/GED		Yes () No ()	To: From:	
Undergraduate College/University		Yes () No ()	To: From:	
Graduate College/University		Yes () No ()	To: From:	
Other Education, i.e. Technical, Business		Yes () No ()	To: From:	

EMPLOYMENT HISTORY

(Please list your most recent employer first, and account for any gaps in employment.)

Company:

Full Address:

Your Title:

Employed From:

Employed To:

Salary or Rate of Pay

Starting:

Ending:

Responsibilities:

Supervisor's Name:

Phone Number: ()

Reason for Leaving:

May we contact your present employer? NO () YES ()

Company:

Full Address:

Your Title:

Employed From:

Employed To:

Salary or Rate of Pay

Starting:

Ending:

Responsibilities:

Supervisor's Name:

Phone Number: ()

Reason for Leaving:

Company:

Full Address:

Your Title:

Employed From:

Employed To:

Salary or Rate of Pay

Starting:

Ending:

Responsibilities:

Supervisor's Name:

Phone Number: ()

Reason for Leaving:

**IF NEEDED, PLEASE ATTACH ADDITIONAL SHEETS
TO INCLUDE ADDITIONAL EMPLOYMENT HISTORY.**

MILITARY SERVICE	
Have you ever served in the U.S. Armed Forces? YES () NO ()	
If YES, what branch?	
Type of Discharge:	Date of Discharge:
Describe any training which would be relevant to the position for which you are applying:	

SPECIFIC SKILLS	
List technical/professional licenses or certifications you hold:	
List office machines, heavy equipment, vehicles and other machinery you can operate:	
Indicate any specialized training you have received:	

DRIVER'S LICENSES			
List all unexpired motor vehicle operator's licenses you hold:			
License #	Issuing State	Expiration Date	License Type

REFERENCES			
List three (3) personal references who are not former employers or related to you:			
Name and Occupation	Full Address	Phone Number	Relationship

