

TOWN OF NORWELL EMPLOYMENT APPLICATION

Office of Human Resources, 345 Main Street. Norwell, MA 02061 An Equal Opportunity/Affirmative Action Employer

PH:781-659-8060 / FAX:781-659-7795 / www.townofnorwell.net / hr@townofnorwell.net

The Town of Norwell is an Equal Opportunity Employer. We consider applicants for all positions without regard to race or color, age (40 and above), national origin, religion, sex/gender. pregnancy, sexual orientation, disability, gender identity and expression, genetics, ancestry, military personnel, veteran status, criminal records (inquiries only), disability, or any other class protected by federal, state or local law.

TODAY'S DATE:

Please PRINT or TYPE; submit applications only for open positions. Note: "See resume" is not acceptable in any field.

	PC	ROUNAL IN		N		
Name (First, Middle, Last):						
(Please note any previous l						
Any Previous Legal Names	Used:					
Current Address (# Street, (City, State, Zip):					
Mailing Address (if different):					
EMAIL:						
Telephone (Cell):			Telephone ((Alternate):		
Are you legally eligible to we	ork in the United States	?	□ Yes □] No		
Proof of citizenship or immigration status will be required in accordance with the Immigration and Reform Control Act. Applicants who are under eighteen (18) years of age and hired by the Town will need to obtain a work permit.						
Have you ever been employed by the Town of Norwell?			\Box Yes \Box	No		
If Yes, Department, Positior	e:					
Dates of Employment	From (MM/YY):			To (MM/YY):	
How did you learn of this To	own position?					

EMPLOYMENT DESIRED				
Position Applying For (Specify Title)				
Available Work Status:	🗆 Full Time 🗆 Part Time 🗀 Temporary 🗆 Seasonal			
Available Work Schedule:	🗆 Days 🗆 Evenings 🗆 Weekends			
Available Work Start Date (MM/DD/YY):				

EDUCATION						
School	Name & Location	Did You Graduate?	Degree Earned			
High School						
College						
Graduate						
Vocational						

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EMPLOYMENT HISTORY

Please account for all previous work, including periods of unemployment and military. Start with your current
employer. Include full-time and part-time employment. Verifiable work performed as an intern or volunteer may be
included. Attach additional sheet if necessary. Please do not write "See Resume" in spaces.

Employer:			City/State:			Telephone:	
Start Date (M	IM/YY):			I	End Date (MM/YY):		
Your Job Titl	e:				Supervisor's Name:		
Job Duties:							
Reason for L	eaving:	□ Voluntary Resignation □ Lay-Off □ Other (Explain):					

Employer:			City/State:			Telephor	ne:	
Start Date (N	MM/YY):			I	End Date (MM/YY):			<u> </u>
Your Job Tit	le:				Supervisor's Name:			
Job Duties:	ies:							
Reason for L	_eaving:	□ Voluntary Resignation □ Lay-Off □ Other (Explain):						

Employer:				City/State:			Telephon	e:	
Start Date (MM	1/YY):					End Date (MM/YY):			
Your Job Title:						Supervisor's Name:			
Job Duties:									
Reason for Lea	aving:	□ Voluntary Resignation □ Lay-Off □ Other (Explain):							

Employer:			City/State:			Telephon	ne:
Start Date (N	MM/YY):			L	End Date (MM/YY):		
Your Job Tit	le:				Supervisor's Name:		
Job Duties:							
Reason for L	_eaving: □ \	□ Voluntary Resignation □ Lay-Off □ Other (Explain):					

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MILITARY STATUS						
Have you ever served in the armed forces of the U.S.?	🗆 Yes 🗆 No	Branch & Dates of Service:				
Current Duty Status:		Discharge Type:				

LICENSES, CERTIFICATIONS & PROFESSIONAL MEMBERSHIPS Please check <u>all</u> licenses you possess that are relative to the position you are applying for. A valid license is a condition of employment, where required. List all certifications and current professional memberships.						
Valid License Types	Possess License	License No.	Expiration Date			
Driver's License (Class D Auto)						
Class A CDL						
Class B CDL						
Class C CDL						
Hydraulic License						
Pesticide License						
Water Distribution License	□ D-1 □ D-2 □ D-3					
Water Treatment License						
Other Job Related Licenses and/or Certifications:						

COMPUTER & OTHER SKILLS Complete this section if relevant to the position desired

What computer programs and/or systems are you proficient in? Please list:

List any other skills or abilities you feel are relevant:

BUSINESS REFERENCES A minimum of three (3) professional (Supervisor, Not Co-Worker) references is required.				
Name:		Relationship/Company:		
Phone:		Email:		
Name:		Relationship/Company:		
Phone		Email:		
Name:		Relationship/Company:		
Phone		Email:		

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.

AUTHORIZATION FOR RELEASE OF INFORMATION Carefully read all parts of this application before signing.

- I understand that acceptance of this application by the Town of Norwell 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 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 an offer of/or employment by the Town of Norwell is conditional upon my successful completion of the preemployment screening process, including but not limited to, satisfactory references, satisfactory criminal history and Criminal Offense Record Inquiry, proof of citizenship or immigration status, satisfactory verification of a driver's license/record, other licenses/certifications and/or credit record as required by the position, and satisfactory completion of any required post-offer pre-employment drug test and/or physical examination.
- I authorize the Town of Norwell and its agents to conduct a full investigation into my background and activities. Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any appropriate employee, agent or representative of the Town of Norwell.
- I understand that during this investigation process and in accordance with the Fair Credit Reporting Act, an investigative and consumer report will be obtained concerning my previous employment, education, general reputation and personal characteristics. Further, I understand that you may be requesting information concerning motor vehicles operations, history and criminal record history from various public sources along with other public records that are available.
- I hereby release all Courts, Selective Service Boards, Employers, Educational Institutions, Credit Bureaus, Law Enforcement, the Town of Norwell and Government Agencies, federal, state, and local, without exception, both foreign and domestic, from any and all liability and responsibility of every nature and kind arising out of the furnishing or inspection of such documents, record, and other information of the investigations made by or on behalf of the Town of Norwell. I hereby release my present and former employers and all individuals contacted for factual information about me from any and all liability damages arising from furnishing the requested information.
- I also understand that no verbal promises or guarantees are binding on the Town of Norwell and that no one, other than the Town Administrator, has authority to enter into an employment agreement, which must be made in writing.
- I understand that the Town of Norwell is an at-will employer. If employed, I understand that my employment is for no definite period and that I can be terminated at any time, with or without cause, unless otherwise provided by civil service or a collective bargaining agreement, regardless of the method of wage/salary payment.
- I understand that I am required to abide by all the rules and regulations of the Town of Norwell.
- I authorize that a Photostat of this release be accepted with the same authorization as the original
- This authorization shall continue for one year, unless sooner revoked in writing by the undersigned.
- I have read and fully understand the above statements.

Applicant Name (Please Print)

Date