



Town of Mashpee Employment Application

Human Resources Department

16 Great Neck Road North, Mashpee MA 02649

Phone: 508-539-1409 Fax: 508-477-0497

www.mashpeema.gov

An Equal Opportunity/Affirmative Action Employer

The Town of Mashpee is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religious creed, national origin, ancestry, age, sex, sexual orientation, gender identity, marital status, physical or mental disability, military service or veteran status, protected genetic information, or other status or characteristic protected by federal, state or local law.

You must submit a fully completed Employment Application for each position you apply for. Please answer all of the questions on all four pages accurately and completely. "See resume" or the like is not acceptable in any field.

If you need assistance completing this application, please ask and assistance will be provided.

I. General Information

Name: _____ Date: _____
Last First Middle

Present Address: _____
Street City State Zip Code

Mailing Address: _____
(if different) Street City State Zip Code

Previous Addresses within the past 5 years, if different:

Street City State Zip Code From To

Street City State Zip Code From To

Home Telephone Number: _____ Cell Phone or other telephone number(s) where you can be reached: _____
() ()
Area Code Area Code

Email Address(es) where you can be reached: _____

Position Desired: _____ Date Available: _____

Note: If you are offered employment, you must present documentation verifying your identity and authorization to work in the United States in accordance with the Immigration Reform and Control Act of 1986.

(1) Are you currently authorized to work in the U.S.? ☐ Yes ☐ No

Before answering the next question, please read this carefully: For purposes of question (2) "sponsorship for an immigration-related employment benefit" means "an H-1B visa petition, an O-1 visa petition, an E-3 visa petition, TN status and 'job flexibility benefits' (also known as I-140 portability or adjustment of status portability) for long-delayed adjustment of status applications that have been pending for 180 days or longer." (Please ask us if you are uncertain whether you may need immigration sponsorship or desire clarification).

(2) Do you now or will you in the future require sponsorship for any immigration-related employment benefit (e.g. H1-B visa status) to legally work in the United States for the Town of Mashpee? ☐ Yes ☐ No

Please indicate whether you are seeking: ☐ Full Time ☐ Part Time ☐ Days
☐ Weekends ☐ Summer Only ☐ Nights

If you have a friend(s) or relative(s) who currently works for the Town of Mashpee please indicate name, position, and location:

If you have ever worked for the Town of Mashpee please answer the following:

Department	Location	Position	Dates: _____	Start Date	End Date
------------	----------	----------	--------------	------------	----------

If you have ever applied for a position(s) with the Town of Mashpee, please answer the following:

Position(s): _____ Date(s): _____

For any employers or schools listed in the following sections, if your name was different from the one you are now using, please indicate name(s) and date(s) used:

II. Work Experience

List your last 5 employers or at least 10 years work experience, whichever is greater. Include jobs held while attending school and/or military duty. You may include any work performed on a volunteer basis. Please provide all relevant information requested in this section, even if you are attaching a résumé as part of this application. LIST MOST RECENT JOB FIRST and attach additional sheets if necessary.

1. Employer:	Date Employed: From / to /
Address:	Telephone Number: ()
Job Title:	Supervisor:
State major responsibilities or duties:	Reason for leaving:
2. Employer:	Date Employed: From / to /
Address:	Telephone Number: ()
Job Title:	Supervisor:
State major responsibilities or duties:	Reason for leaving:
3. Employer:	Date Employed: From / to /
Address:	Telephone Number: ()
Job Title:	Supervisor:
State major responsibilities or duties:	Reason for leaving:
4. Employer:	Date Employed: From / to /
Address:	Telephone Number: ()
Job Title:	Supervisor:
State major responsibilities or duties:	Reason for leaving:
5. Employer:	Date Employed: From / to /
Address:	Telephone Number: ()
Job Title:	Supervisor:
State major responsibilities or duties:	Reason for leaving:

May we contact your present employer at this time? ☐ Yes ☐ No

Was your employment ever suspended, terminated involuntarily, or were you asked to resign? ☐ Yes ☐ No

If yes, please explain _____

III. Education

Name and Address of School	Course of Study	# Years Attended	Did You Graduate?	Degree (Specify)
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			<input type="checkbox"/> Yes <input type="checkbox"/> No	

IV. References

Please provide the names of at least 3 persons not related to you, whom you have known at least one year, and who can attest to your character, credentials, performance or accomplishments.

Name, Job Title and Company	Address	Phone Number	Nature of Relationship

V. Knowledge/Skills/Training

Please indicate the knowledge and skills you have that you believe are relevant to the position you are seeking.

	Beginner Level	Intermediate Level	Advanced Level
Word Processing:			
Spreadsheets:			
Databases:			
Automated Accounting System:			
Bookkeeping:			
Other:			
Other:			

VI. Licenses/Certifications

Please list all licenses or certifications you have that you believe are relevant to the position you are seeking. A valid license is a condition of employment for most positions.

	State of Issue	Expiration Date
Valid Driver's License:		
Valid CDL License:		
Valid Hydraulic License:		
Other:		

VII. Information for Applicants

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 liabilities.

Ability to perform the essential functions of the position, with or without reasonable accommodation, is a condition of employment.

If you have not been hired within ninety (90) days of filling out this application and you wish to continue to be considered for employment, you must complete another application, unless you have been notified in writing that you are on an established and authorized hiring eligibility list.

VIII. Applicant's Certification and Agreement

YOUR APPLICATION IS NOT COMPLETE UNTIL YOU HAVE READ AND INITIALED EACH STATEMENT AND YOU HAVE SIGNED BELOW. Please read carefully:

Initial_____ I understand that, prior to extending an offer of employment, and at any time during employment if I am hired, the Town of Mashpee may require me to (a) authorize it to obtain a credit report, consumer report, investigative consumer report, or other information about me, which may include (but is not limited to) a background check regarding my character, general reputation, employment military service, education, mode of living, driving record, credit and criminal history; (b) complete drug and/or alcohol testing; and/or (c) complete a medical examination and/or psychological examination.

Initial_____ I authorize the Town of Mashpee and its agents (including any consumer reporting agency) to make inquiries and obtain information related to my application and suitability for employment; and I release the Town of Mashpee and its past, present and future board and commission members, officers, employees, attorneys, insurers, agents, and affiliated entities from all liability with respect to inquiries about me; and I release all persons or entities from all liability in connection with their participation or responses to such inquiries.

Initial_____ I understand that any offer of employment, and my employment if I am hired, are conditional upon results satisfactory to the Town of Mashpee of any credit report, consumer report, investigative consumer report, background checks, educational and employment references; verification of military records, diplomas, credentials, licenses, and certifications; and other information the Town of Mashpee considers relevant to my suitability for employment. Unacceptable information discovered at any time may result in withdrawal of any job offer, or if I already have started work my employment may be terminated.

Initial_____ I understand that a criminal history is not an automatic bar to employment, unless provided by law, and consideration will be given to a number of factors which may include (but are not limited to) relevance to the position sought, and the nature, circumstances and date of event or conviction. If I have any question whether I am required to disclose certain information about my criminal history, I will consult with my own legal counsel.

Initial_____ I agree to submit to legally permissible drug and/or alcohol testing at the Town of Mashpee's request, and I understand that test results may be used to determine my eligibility for employment or continued employment. I will be provided a copy of Drug and Alcohol Testing Policy of the Town of Mashpee on my request.

Initial_____ I agree that if employed, I will be an employee "at will" unless I am covered by a collective bargaining agreement or have an individual employment agreement that states otherwise. At-will means the Town of Mashpee and I each have the right to terminate the employment relationship at any time, for any reason, with or without notice, regardless of the date or period of payment of my wages. I agree that I will familiarize myself with and follow the Town of Mashpee's written and unwritten rules, regulations, policies, practices, procedures, and directives. I understand that no one at the Town of Mashpee has the authority to make, alter, revise, amend, or revoke any contractual commitments with me, written or unwritten, without the prior written consent of the Town of Mashpee Town Manager.

Initial_____ I understand that any consideration of this application for employment will be for the position specified on the first page of this application for a period of time not to exceed ninety (90) days (or duration of the applicable hiring eligibility list). If I want to be considered for another position, or beyond ninety (90) days or the applicable hiring eligibility list, I will complete a new application.

Initial_____ I agree that any dispute arising out of my application for employment, or my employment if I am hired, will be heard and resolved on an individual, non-class, non-collective basis (except as provided by an applicable collective bargaining agreement), and I hereby WAIVE ALL RIGHTS TO CLAIM OR SEEK A TRIAL BY JURY.

By my signature below, I agree to the foregoing statements, and I certify that I understand the content and intent of this application for employment and the information I have supplied in this application is true and complete. I understand and agree that any false statement or material omission by me in this application or any other part of the application process, if discovered now or at any later date, may be cause for withdrawal of any offer of employment or dismissal.

Applicant's Signature: _____ Date: _____