

TOWN OF WESTWOOD
COMMONWEALTH OF MASSACHUSETTS
HUMAN RESOURCES DEPARTMENT



APPLICATION FOR EMPLOYMENT

The Town of Westwood considers applicants for all positions without regard to race, color, religion, creed, gender, sexual orientation or gender identity, genetic information, national origin, age, disability, marital or veteran status, or any other legally protected status.

Date _____

PERSONAL INFORMATION:

Last Name	First Name	Middle Name		
Address	Number and Street	City/Town	State	Zip Code
Home Phone ()	Cell Phone ()	Email:		

Position(s) applied for: _____

☐ Full Time ☐ Part-time* ☐ Temporary* *Specify Number of Hours/Week: _____

Date you are available to start: _____

How did you learn of this position?

☐ Friend/Relative/Employee ☐ Newspaper/Journal ☐ Website ☐ Other _____

Have you ever been employed by the Town of Westwood? _____ ☐ Yes ☐ No

If "Yes", when and in what capacity? _____

If "Yes", reason for leaving? _____

Are you 18 years of age or older? _____ ☐ Yes ☐ No
Are you legally authorized to work in the United States? _____ ☐ Yes ☐ No

Federal Law requires submittal of satisfactory proof of identity and employment eligibility (Passport, Valid Driver's License, Birth Certificate, etc.). Failure to submit such proof will result in ineligibility for employment with the Town of Westwood.

Are you currently employed? _____ ☐ Yes ☐ No
If "Yes", may we contact your current employer? _____ ☐ Yes ☐ No

Do any of your friends or relatives work here? _____ ☐ Yes ☐ No
If "Yes", state name, relationship and work location: _____

SPECIAL SKILLS:

Specialized Training	
Special Equipment	
Professional Licenses	
Professional Memberships	
Computer Software	
Other	

DRIVER'S LICENSE:

Some positions require a valid Massachusetts driver's license. If you wish to be considered for such a job, please complete this section.

Do you have a valid Massachusetts driver's license? _____ ☐ Yes ☐ No

If "Yes", what class? _____ Endorsements? _____

List other types of valid licenses: _____

EDUCATION:

	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DIPLOMA / DEGREE
HIGH SCHOOL				
UNDERGRAD. COLLEGE				
GRADUATE / PROFESSIONAL				
OTHER (SPECIFY)				

EMPLOYMENT HISTORY:

Start with your present or most recently held job and provide the information requested. You may include any verified work performed on a voluntary basis. If self employed, provide firm name and business reference. Attach additional sheets if necessary.

1. Employer's Name: _____
Employer's Address: _____
Job Title: _____ From: _____ To: _____
Work Performed: _____
Reason for Leaving: _____

2. Employer's Name: _____
Employer's Address: _____
Job Title: _____ From: _____ To: _____
Work Performed: _____
Reason for Leaving: _____

3. Employer's Name: _____
Employer's Address: _____
Job Title: _____ From: _____ To: _____
Work Performed: _____
Reason for Leaving: _____

REFERENCES:

Please provide professional and/or business references only.

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

APPLICANT'S STATEMENT:

I CERTIFY that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my immediate dismissal if discovered at a later date.

I AUTHORIZE the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations to respond to inquiries from the Town of Westwood and hereby release them from any legal liabilities in making such responses. I understand that I may be asked to execute a separate authorization for release of information.

I UNDERSTAND that if I am extended an offer of employment it may be contingent upon my successfully passing a complete pre-employment medical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND I may be required to successfully pass a drug screening examination. I hereby consent to a pre-and/or post-employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT, EXCEPT TO THE EXTENT THAT AN APPLICABLE COLLECTIVE BARGAINING AGREEMENT PROVIDES OTHERWISE, I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

Applicant's Signature: _____
Date: _____

**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.*

If you need additional information, email the Human Resources Office at personnel@townhall.westwood.ma.us