TOWN OF MILLIS

OFFICE OF THE BOARD OF SELECTMEN

Veterans Memorial Building
900 Main Street • Millis, MA 02054
Phone: 508-376-7040 Fax: 508-376-7053

APPLICATION FOR EMPLOYMENT

The Town of Millis is an equal opportunity/affirmative action employer and does not discriminate against any applicant because of race, color, religion, sex, marital status, genetics, national origin, age, disability, sexual orientation or any other class protected by federal, state or local law. Any person who needs assistance in fully participating in the application process should contact the Millis Town Administrator.

I. Contact Information

Name Date

Address # and Street City and State Zip Code

Telephone Email Address

II. Position Applying For (Please specify position title or job category)

How did you hear about the position?

Have you ever been employed by the Town of Millis? When? What department?

III. Education

School	Name, Address, City, State	Years Attended	Degree
High School			
College			
Graduate School			
Trade, Business, Night Courses			
Military Service, Other Training			

IV. Licenses ***(Please list all licenses you possess that are relative to the position you seek.)*** A valid license is a condition of employment, where required.

Do you have a valid driver's license (Class D Auto)? √ Yes___ √ No___ If yes, enter expiration date_____

Do you have a valid CDL license (Class A or B)? √ Yes___ √ No___ If yes, enter expiration date_____

What other valid licenses or certifications do you possess (job related)?_____

V. Employment Eligibility

Are you legally authorized to work in the United States? √ Yes____ √ No____

VI. Special Skills

Please list any other skills or abilities you feel are relevant: _____

_____

_____

VII. Employment History

Please account for the last 3 positions you have held. Start with your present or last employer. You may include military service and any verifiable work performed as an intern or volunteer. You (____) may (____) may not contact my present employer.

Employer	Address
Telephone	Title
Supervisor	Dates Worked
Salary Received	Reason for leaving

Description of Primary Duties: _____

_____

Employer	Address
Telephone	Title
Supervisor	Dates Worked
Salary Received	Reason for leaving

Description of Primary Duties: _____

_____

Employer	Address
Telephone	Title
Supervisor	Dates Worked
Salary Received	Reason for leaving

Description of Primary Duties: _____

_____

VIII. Business References {a minimum of three references is required}

Name/Title	Address	Phone	Relationship
Name/Title	Address	Phone	Relationship

Name/Title	Address	Phone	Relationship

IX. Employment of Minors

The Town of Millis is subject to certain child labor provisions regarding the employment of persons under the age of 18. Further, an Employment Permit or Educational Certificate may be required, depending on your age.

Are you under age 18? If yes, please indicate your age:_____

X. Medical Information

All offers of employment are conditional upon the satisfactory completion of a pre-employment physical. Satisfactory fitness to perform the essential duties of the position is a condition of employment.

XI. Pre-Employment Drug Testing

Offers of employment may be conditional upon the satisfactory completion of a pre-employment drug test where required. Satisfactory completion of a required drug or alcohol test is a condition of employment as outlined in the Drug and Alcohol Testing Policy of the Town of Millis.

XII. Signature

CAREFULLY READ ALL PARTS OF THIS APPLICATION FORM BEFORE SIGNING.

A. I understand that acceptance of this application by the Town of Millis does not imply that I will be employed. (Exceptions to A is an employee filling out this application for promotional purposes only.)

B. The information I have provided is true and complete. I understand that misrepresentation or omission of any fact in my application, resume, or in any other materials or as provided during interviews, can be justification for refusal or employment or can be justification for termination from employment, if employed.

C. I understand that any offer of employment that I receive from the Town of Millis is contingent upon my successful completion of the pre-employment screening process including, but not limited to, the Town of Millis receiving satisfactory references, a satisfactory criminal history and Criminal Offender Record Inquiry, if required, satisfactory verification of a driver's license or certifications where required and satisfactory completion of any required post-offer, pre-employment drug test or physical examination.

D. In processing my application for employment, the Town of Millis may verify all of the information provided by me concerning, among other things, my prior employment or military record, education, character, general reputation and personal characteristics.

E. I authorize the Town to take whatever steps deemed necessary to obtain information regarding my qualifications for employment including contacting my present and former employers, by contacting individuals listed as business, educational or personal references, and by contacting other individuals to provide or further clarify information about me.

F. I hereby release my present and former employers and all individuals contacted for factual information about me from any and all liability for damages arising from furnishing the requested information.

G. The Town will require a satisfactory CORI check, investigate my driving record or verify my license (s) or certification (s) as required for employment at any time during my employment. As a condition of employment, an employee may be required to provide additional or updated information especially if this employee has been on workers comp with another employer and may require both drug testing and an employment physical in order to allow us to have the necessary information for making a proper decision or reasonable accommodations.

H. I understand that the Town of Millis is an at-will employer. If employed, I understand that my employment may be terminated with or without cause at any time unless there is an applicable bargaining unit contract provision.

My signature certifies that I have read and agree with the above statements and all statements contained in this application for employment.

_____

Applicant Name (Please print)

_____

Applicant Signature

_____

Date