



Town of Sandwich Employment Application

Human Resources Department

130 Main Street, Sandwich, MA 02563

Phone: 508-833-8061 Fax: 508-833-8045

www.sandwichmass.org HR@townofsandwich.net

An Equal Opportunity/Affirmative Action Employer

The Town of Sandwich is an equal opportunity employer and does not discriminate against any applicant because of race, color, religion, sex, marital status, national origin, age, military status, disability, gender, gender identification and/or gender dysphoria, sexual orientation and/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 Town of Sandwich Human Resources Department.

A fully completed application is required for each position applied for. Also, "see resume" is not acceptable in any field.

I. Contact Information.

Name:

Date:

Address:

and Street

Mailing Address (if different)

City and State

Zip Code

Best Telephone # to reach you: Home:

Cell:

Email:

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 Sandwich? 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 Class A CDL?

Yes ___

No ___

If yes, enter expiration date _____

Do you have a valid Class B CDL?

Yes ___

No ___

If yes, enter expiration date _____

Do you have a valid Hydraulic license?

Yes ___

No ___

If yes, enter expiration date _____

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

V. Computer Skills. Check the column that you feel best describes your skill level:

	Beginner	Intermediate	Advanced
Word Processing			
Spreadsheets			
Databases			
Overall Computer Proficiency			

VI. Special skills.

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

VII. Employment History. (please do not write "see resume")

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.

Employer	Address
Telephone	Title
Supervisor	Dates Worked
	Reason for Leaving

Description of Primary Duties:

Employer	Address
Telephone	Title
Supervisor	Dates Worked
	Reason for Leaving

Description of Primary Duties:

Employer	Address
Telephone	Title
Supervisor	Dates Worked
	Reason for Leaving

Description of Primary Duties:

VIII. Business References: (a minimum of 3 professional (supervisor not co-worker) references is required)

Name	Address	Phone	Relationship
Name	Address	Phone	Relationship
Name	Address	Phone	Relationship
Name	Address	Phone	Relationship

IX. Employment of Minors.

The Town of Sandwich 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. Pre-Employment Drug Testing:

Some positions are conditional upon the completion of a pre-employment drug test. 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 Sandwich.

XI. Applicant's Signature.

CAREFULLY READ ALL PARTS OF THIS APPLICATION FORM BEFORE SIGNING

- A.** I understand that acceptance of this application by the Town of Sandwich does not imply that I will be employed. (Exception to A is an employee filling out this application for promotional purposes only.)
- B.** 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 any other materials or as provided during interviews, can be justification for refusal of 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 Sandwich is contingent upon my successful completion of the pre-employment screening process including but not limited to the Town of Sandwich receiving satisfactory references, a satisfactory criminal history and Criminal Offense Record Inquiry, satisfactory verification of 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 Sandwich 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.** If employed by the Town of Sandwich, I understand that as a condition of employment, I may be required to furnish additional or updated medical information, that I may be required to undergo a physical examination, that I may be subject to drug and/or alcohol testing, that the Town will require a Criminal Offense Record Inquiry (CORI check) on me, 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 in order to allow us to have the necessary information for making a proper decision or reasonable accommodations, if necessary.
- H.** I understand that the Town of Sandwich 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

TOWN OF SANDWICH
AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, having filed an application with the Town of Sandwich, consent to have an investigation made as to my moral character, reputation, and fitness for the position to which I have applied, and consent to have such information as may be received or developed, reported in full to the appointing/Licensing Authority.

I agree to give any further information which may be required in reference to my past record. I also authorize and request every person, firm, company, corporation, governmental agency, court, hospital, clinic, physician, counselor, association or institution having control of any documents, records, and other information pertaining to me, to furnish said documents, records, and other information to the Town of Sandwich, its agents or representatives, including documents, records, and files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Town of Sandwich or any of its agents or representatives to inspect and make copies of such documents, records and other information.

I hereby release, discharge and exonerate the Town of Sandwich, its agents and representatives and any person so furnishing such information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of the Town of Sandwich.

This authorization shall continue for one year, unless sooner revoked in writing by the undersigned.

Signature: _____

Witness: _____

Name (print): _____

Date: _____

(Please include Maiden Name, if applicable)

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

CORI information is optional to provide when applying for any position. If selected, this information will be required.

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, OR LICENSING PURPOSES

The Town of Sandwich Human Resources Department is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, and license applicants.

As a prospective or current employee, subcontractor, volunteer, or license applicant, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the Town of Sandwich to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Town of Sandwich with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The Town of Sandwich may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that Town of Sandwich must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on the following page of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE

SUBJECT INFORMATION:

*Last Name *First Name Middle Name Suffix

Maiden Name (or other name(s) by which you have been known)

*Date of Birth Place of Birth

*Last Six Digits of Your Social Security Number: _____ - _____

Phone Number: _____

Sex: ____ Height: ____ft. ____in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

*Yes, I have provided a copy of a government issued I.D.

Mother's Full Maiden Name Father's Full Name

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

The above information was verified by reviewing the following form(s) of government issued identification:

VERIFIED BY: _____

Name of Verifying Employee (Please Print)

Signature of Verifying Employee

* Required Information