



Town of Sandwich Employment Application

Human Resources Department
100 Route 6A, Sandwich, MA 02563
Phone: 508-833-8061 Fax: 508-833-8045
www.sandwichmass.org HR@sandwichmass.org
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.

Name: _____ Date: _____

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

Home: _____ Cell: _____ Email: _____

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?

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

Licenses

A valid license is a condition of employment, where required.

Do you have a valid driver's license (Class D Auto)? No ___ Yes ___ If yes, enter expiration date _____
Do you have a valid Class A CDL? No ___ Yes ___ If yes, enter expiration date _____
Do you have a valid Class B CDL? No ___ Yes ___ If yes, enter expiration date _____
Do you have a valid Hydraulic license? No ___ Yes ___ If yes, enter expiration date _____
What other job related, valid licenses or certifications do you possess?

Computer Skills

Check the column that you feel best describes your skill level

	Beginner	Intermediate	Advanced
Word Processing			
Spreadsheets			
Data Bases			
Overall Computer Proficiency			

Please list other skills that you feel are relevant to the position in which you are applying:

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
e-mail address of supervisor	Reason for Leaving

Description of Primary Duties:

Employer	Address
Telephone	Title
Supervisor	Dates Worked
e-mail address of supervisor	Reason for Leaving

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Description of Primary Duties:

Professional References: (a minimum of 3 professional references are required, references cannot be co-workers, family members or friends, but rather those individuals who have had supervisory responsibilities over you)

Supervisor's Name, Title, Company	Contact Information (e-mail and/or phone)

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 so, please indicate your age if under 18: _____

Pre-Employment Drug/Alcohol Testing:

Some positions are conditional upon the completion of a pre-employment drug and/or alcohol testing. Satisfactory completion of a required drug and/or alcohol test is a condition of employment as outlined in the Drug and Alcohol Testing Policy of the Town of Sandwich.

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's Name (Please Print)

Applicant's 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)