

# TOWN OF BILLERICA

## PERSONNEL OFFICE

365 Boston Road, Billerica, MA 01821

978-671-0942 \* Fax 978-671-0947

[www.town.billerica.ma.us](http://www.town.billerica.ma.us)

### APPLICATION FOR EMPLOYMENT

#### An Equal Opportunity/Affirmative Action Employer

The Town of Billerica is an equal opportunity employer and does not discriminate against any applicant because of race, color, religion, sex, marital status, 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 Billerica Town Manager's Office.

#### PERSONAL INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

Telephone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Are you authorized to work in the United States on an unrestricted basis?  YES  NO

Are you over age 18?  YES  NO \*

\*The Town of Billerica is subject to certain child labor laws regarding employment of persons under the age of 18. An Employment Permit or Educational Certificate may be required. If under the age of 18, please indicate your date of birth \_\_\_\_\_.

#### EMPLOYMENT DESIRED

Position Applied for: \_\_\_\_\_

Date available: \_\_\_\_\_

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Seasonal: \_\_\_\_\_

Have you ever been an employee of the Town of Billerica?  NO  YES Where?  
\_\_\_\_\_ When? \_\_\_\_\_

Where did you hear about the position?  
\_\_\_\_\_

#### EDUCATION

School	Name	Address, City, State	Main Course of Study	Years Attended	Degree
High School					
College					
Graduate					

Special Training					
List any additional education or training:					
_____					
_____					
_____					

**MILITARY SERVICE INFORMATION**

Veteran     Disabled Veteran     Vietnam Era Veteran  
 Branch of Service: \_\_\_\_\_ Date of Service: \_\_\_\_\_  
 Nature of duties, special training, and honors received:  
 \_\_\_\_\_  
 \_\_\_\_\_

**CERTIFICATES AND LICENSES**

Do you have a valid driver's license?     YES     NO    License Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_  
 Do you have a valid CDL license?     YES     NO    License Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_  
 List any professional licenses, registrations or certifications that you possess:  
 License \_\_\_\_\_ Licenses Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_  
 License \_\_\_\_\_ Licenses Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_  
 License \_\_\_\_\_ Licenses Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_  
 License \_\_\_\_\_ Licenses Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_

**EMPLOYMENT HISTORY**    A resume may not be substituted for any information but may be included as a supplement.

Begin with your most recent employment, including any present employment. Your present employer will not be contacted without your permission. You may include any verifiable work performed as an intern or volunteer. Any gaps in employment must be briefly explained.

<b>Employer:</b>	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
Street Address:	Job Title:
City: _____ State: _____ Zip Code: _____	Specific Duties:
Supervisor:	
Reason for Leaving:	
Dates Employed: (Start) _____ (End) _____ Salary: _____	
<b>Employer:</b>	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
Street Address:	Job Title:
City: _____ State: _____ Zip Code: _____	Specific Duties:

Supervisor:	
Reason for leaving:	
Dates Employed: (Start) _____ (End) _____ Salary:	
<b>Employer:</b>	May we contact? _____ YES _____ NO
Street Address:	Job Title:
City: _____ State: _____ Zip Code: _____	Specific Duties:
Supervisor:	
Reason for Leaving:	
Dates Employed: (Start) _____ (End) _____ Salary:	
<b>Employer:</b>	May we contact? _____ YES _____ NO
Street Address:	Job Title:
City: _____ State: _____ Zip Code: _____	Specific Duties:
Supervisor:	
Reason for Leaving:	
Dates Employed: (Start) _____ (End) _____ Salary:	

**PROFESSIONAL REFERENCES**

List 3 people who can comment on your work performance.

Name	Address	Telephone Number	Occupation	Years Acquainted

**CRIMINAL HISTORY**

A. Have you ever been convicted of a criminal offense? \_\_\_\_\_ YES \_\_\_\_\_ NO/NO RECORD (Read below before responding)

If you answered yes, please state the date(s) of the charge(s) and final disposition(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Under Massachusetts Law you may answer "NO RECORD" above if any of the following circumstances are applicable:

1. You have never been convicted for a violation of a criminal statute.
2. You have a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace.
3. You have been convicted of misdemeanors where the date of conviction or the termination of incarceration, if any, occurred more than five years before the date of this application and you have not been convicted of a criminal offense within this five year period.
4. You have a felony or misdemeanor conviction which has been sealed pursuant to Massachusetts Law.
5. You have a delinquency or as a child in need of services which did not result in complaint transferred to the superior court for criminal prosecution.

B. The Town of Billerica, if applicable, will review the Criminal Offense Record Information (C.O.R.I.).

C. A conviction will not necessarily disqualify me as an applicant for employment.

### **IN CASE OF EMERGENCY, PLEASE NOTIFY**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### **PRE-EMPLOYMENT PHYSICAL & DRUG SCREENING**

If an offer of employment is made to you, the Town of Billerica may specify that it is contingent upon the results of a medical examination.

All offers of employment are conditional upon satisfactory completion of a Health Questionnaire.

Satisfactory fitness to perform the essential duties of the position is a condition of employment.

All offers of employment are conditional upon satisfactory completion of pre-employment drug test as it relates to the requirements of a specific job.

Refusal to submit to such screening or failure to qualify according to the minimum standards established by the Town of Billerica may disqualify me from further consideration for employment.

### **IMMIGRATION REFORM AND CONTROL ACT REQUIREMENT**

In compliance with the Immigration and Reform and Control Act of 1986, you will be required to provide approved documentation that verifies your right to work in the United States prior to employment. Please be prepared to provide this documentation if you are offered and accept a position with us.

### **LIE DETECTOR TEST**

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 liability. (MGL Chapter 149, Section 19B)

### **AT-WILL EMPLOYMENT**

It is understood that unless you attain permanent status pursuant to MGL Chapter 31 or are subject to the terms of a collective bargaining agreement, employment will be at-will, which means that both the Town or you are free to terminate the employment relationship at any time for any non-statutorily prohibited reason or for no reason at all, with or without notice.

### **RELEASE AND CERTIFICATION**

A. I understand that acceptance of this application by the Town of Billerica does not imply that I will be employed.

B. This application may be used for internal promotional purposes.

C. The information that I have provided is true and complete. I understand that misrepresentation or omission of any fact in my application, resume, related employment forms, or in any other materials; or as provided during interviews, can be justification for refusal of employment or can be justification for termination of employment at any time.

D. I understand that any offer of employment from the Town of Billerica is contingent upon my successful completion of the pre-employment screening process including but not limited to: receiving satisfactory references; a satisfactory criminal history and C.O.R.I., if required; satisfactory verification of driver's license, certifications, and/or other licenses where required; satisfactory completion of a health questionnaire; and satisfactory completion

of post-offer pre-employment physical and/or drug test where required.

E. I authorize the Town of Billerica to obtain my educational record, employment records, military record, character references and any other information concerning character, ability and habits and all other necessary information.

F. I hereby release my present and former employers and all other individuals contacted for information from all liability or damage those individuals who provide information about me.

G. I understand that if charged or convicted of a felony that I agree to notify my supervisor immediately. I understand that if employed, my continued employment will be subject to periodic performance evaluations. I agree to follow and abide by all applicable municipal, state and federal laws, rules, regulations, policies and procedures.

**CAREFULLY READ ALL PARTS OF THIS APPLICATION BEFORE SIGNING**

**SIGNATURE**

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name