



HUMAN RESOURCES
 Town Hall 18 Main Street
 Hopkinton, Massachusetts 01748
 Telephone: 508-497-9769
 Email: hr@hopkintonma.gov

TOWN OF HOPKINTON
APPLICATION FOR EMPLOYMENT

All Applicants **MUST** submit a completed application to be considered for employment at The Town of Hopkinton. Incomplete applications will not be accepted. The Town of Hopkinton is an equal opportunity employer and considers applicants for all positions without regard to race, color, religion, creed, national origin, sex (including pregnancy, sexual orientation, or gender identity), disability, marital, or veteran status, or any other status protected under local, state, or federal laws. No question on this application is intended to secure information to be used for such discrimination.

Position (s) applied for:		Date of Application:	
How did you learn about us? _____ Internet Advertisement Town of Hopkinton Website Town of Hopkinton Employee Other			
Please list name of website, employee, or other source: _____			
Last Name	First Name	Middle Initial	
Optional: Chosen Name	Optional: Pronouns		
Street Address	City	State	Zip
Telephone Number(s)	Email:		

Are you legally eligible to work in the United States?
 Yes No *(Proof of eligibility will be required upon offer of employment)*

Are you over 18 years of age?
 Yes No *(If no, you may be required to provide authorization)*

Can you perform the essential functions of this job with or without reasonable accommodation?
 Yes No
(If you have any questions about the functions of this position, please ask the interviewer before answering this question)

Please list other positions you have previously applied for in the Town of Hopkinton? _____

Do you have relatives working for the Town of Hopkinton?	Yes	No
Are you, or any relative, a member of any Town Board or Commission?	Yes	No
Have you ever been employed with the Town of Hopkinton before?	Yes	No
If yes, give date(s): _____		

If yes to either, please specify:

Desired Status (Check one): Full Time Part Time Temporary/Internship

May we contact your present or most recent employer? Yes No

Are you on "lay-off" status and subject to recall? Yes No

If the position requires a driver's license, do you have a valid driver's license? Yes No

Have you ever been fired from or asked to resign from a job (not laid off or had your position eliminated)?

Yes No If yes, please explain: *(Answering yes will not necessarily disqualify you.)*

Indicate languages you speak, read, write, and understand including proficiency:

	Languages and Proficiency
Speak	
Write	
Read	
Understand	

EDUCATION

School	Name & Town of School	Course of Study	# Years Complete	Diploma/Degree
High School				
Undergraduate				
Graduate/Other				

Please list any academic honors, scholarships, offices held, specialized training, certifications, apprenticeships, licenses or skills, including computer skills, etc. *(Please do not list any which reflect your race, color, religion, gender, national origin, age, or any items covered in Title VII of the Civil Rights Act)*

Have you received any job-related training in the United States Military? Yes No
If yes, please give dates and explanations below.

You must COMPLETE every section of this application. Any derivative of "See Resume" is not acceptable. Start with your last job. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin or any items covered in Title VII of the Civil Rights Act.

Work History #1 Dates Employed

Employer:	From	TO	Work Performed
Telephone:			
Address:			
Job Title:			
Supervisor:			
Please answer why you are considering leaving (or seeking other employment):			

Work History #2 Dates Employed

Employer:	From	TO	Work Performed
Telephone:			
Address:			
Job Title:			
Supervisor:			
Reason for Leaving:			

Work History #3 Dates Employed

Employer:	From	TO	Work Performed
Telephone:			
Address:			
Job Title:			
Supervisor:			
Reason for Leaving:			

Work History #4 Dates Employed

Employer:	From	TO	Work Performed
Telephone:			
Address:			
Job Title:			
Supervisor:			
Reason for Leaving:			

Account for any full month since leaving school (high school or college) that you were not working:

From Month/Year	To Month/Year	Reason

LIE DETECTOR NOTICE

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 is subject to criminal penalties and civil liability.

PRIVACY ACT OF 1974

Title 5, United States Code Section 552a of the Privacy Acts generally prohibits federal governmental agencies from disclosing information in its possession concerning an individual's education, financial transactions, or criminal and employment history. You will be asked to initial and sign a statement appended to this application, which will ask you to waive specific rights and authorize the Town of Hopkinton as well as other individuals or organizations to release Information to allow for evaluation of your suitability for the employment you seek.

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

APPLICANT'S SIGNATURE

DATE

Applicant Statement

Please read this statement carefully and initial each paragraph before signing. If you have any questions, please ask a personnel representative before signing.

I hereby authorize the Town of Hopkinton, its agents and representatives to investigate my references, work records, education and other matters related to my suitability for employment. I authorize my current and former employers to disclose to the Town of Hopkinton any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. ____

I hereby release the Town of Hopkinton, its agents and representatives, my current and former employers and employees of my employers, educators, the references I give and all other persons or organizations disclosed by myself from any and all claims, demands or liabilities arising out of or in any way related to investigation or disclosure related to this employment application. ____

I understand and agree that nothing contained in the application or conveyed to me during any interview which may be granted is intended to create an employment contract, implied or explicit, between me and the Town of Hopkinton. ____

I understand and agree that The Town of Hopkinton is proud to be an equal opportunity employer. All qualified applicants will receive consideration without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected by law. ____

I understand and agree that *if offered employment*, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States. ____

I understand and agree that *if offered employment*, the offer may be contingent on several factors, depending on the position I am offered. These may include my passing a pre-employment physical and alcohol and drug testing, the successful completion of medical and physical abilities tests, and CORI (Criminal Offender Record Information) inquiry. I further may be required to provide proof of certifications, records and licensures as required to perform the duties of the position I am offered, or to attend and successfully complete academy training. ____

I understand and agree that *if I accept employment* with the Town of Hopkinton the employment relationship is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time by me or the Town for any reason at all, unless provided differently in a contract governing my employment. No promises or representations are binding on the Town of Hopkinton unless provided in writing and signed. ____

I understand and agree that *if I accept employment*, I will submit to alcohol or drug testing and periodic medical examinations as a condition of employment if required by law for my position. I agree that the Town of Hopkinton may conduct alcohol or drug screening consistent with applicable laws. I also understand that refusal to submit to alcohol/drug testing if required will be considered a voluntary resignation of employment. ____

I understand and agree that *if I accept employment*, I will follow Human Resources policy regarding Harassment/Sexual Harassment, the Town of Hopkinton Drug Free Workplace policy and other policy as established as a condition of employment for all town employees. ____

I hereby certify that the information and answers given by me are true and complete to the best of my knowledge. I further affirm that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. My signature below certifies that I have read and understand this statement and that I agree to the terms and conditions outlined in this document.

Signature _____

Date: _____

If the person completing this application form is NOT the applicant, please provide your name and telephone number.