



TOWN OF AQUINNAH

EMPLOYMENT APPLICATION

65 State Road, Aquinnah, Massachusetts 02535
Tel. (508) 645-2301 - Fax (508) 645-7884 - www.aquinnah-ma.gov

(PLEASE PRINT AND COMPLETELY ANSWER ALL QUESTIONS)

Town of Aquinnah ("Town") fully subscribes to the principles of Equal Employment opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, genetic information, disability, or any other basis prohibited by federal, state or local law. In accordance with requirements of the Americans with Disabilities Act and applicable state laws, it is our policy to provide reasonable accommodation upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for employment. As an Equal Opportunity Employer, we intend to comply fully with applicable federal and State employment laws and the information requested on this application will only be used for purposes consistent with those laws. To the extent required by applicable law, the Town maintains a smoke-free workplace. Note that the Supplement on page 3 of this Application may be intentionally omitted.

POSITION APPLIED FOR: _____ DATE: _____

PERSONAL DATA

Name: _____
Last Middle First

Street Address: _____ City: _____ State: _____ Zip Code: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____
Home Mobile Work

If you are under 18 years of age, please specify your age: ____ (This info only used for child labor law purposes).

When will you be able to start work? _____

Have you ever applied or worked for the Town before? Yes No

If "Yes," provide dates: _____

Are you legally authorized to work in the United States? Yes No

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status)?
 Yes No

Note: The Federal Immigration and Reform and Control Act of 1986 requires that a DHS Employment Eligibility Verification "Form I-9" be completed for every new hire and that within three (3) business days of beginning work every new hire must present to the employer documentation establishing his/her identity and authorization to work. This federal requirement must be satisfied as a condition of employment. The Town uses the U.S. Department of Homeland Security "E-Verify" system for employment eligibility verification purposes.

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Applicant Name: _____

EDUCATION

Name, City and State of Educational Institution	Graduated		If "No," Degree Credits Earned	Type of Degree Received or Expected	Major / Minor
	Yes	No			
High School					
College / University					
Technical / GED					
Licenses / Certification / Other					

EMPLOYMENT HISTORY:

Complete for all full-time or part-time employment starting with the most recent. Include active military assignments. You may include as part of your employment any verified work performed on a volunteer basis. Please attach you resume, if applicable, or a separate sheet with additional experience.

Company Name: _____ Address: _____

Name of Supervisor: _____ May we contact: Yes No

Dates Employed: From: _____ To: _____ Rate of Pay: Start: _____ Last: _____

State job title(s) and describe job duties: _____

Reason for leaving: _____

Please attach you resume, if applicable, or a separate sheet with additional experience.

Company Name: _____ Address: _____

Name of Supervisor: _____ May we contact: Yes No

Dates Employed: From: _____ To: _____ Rate of Pay: Start: _____ Last: _____

State job title(s) and describe job duties: _____

Reason for leaving: _____

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REFERENCES

Please list three (3) persons not related to you who know your qualifications.

Name	Address	Telephone	Relationship

MILITARY

Branch of Service: _____ Number of Years /Months of Service: _____

Rank at Discharge: _____ Date of Discharge: _____

Reason for Leaving: _____

Describe any military skills, training or experience you believe are relevant to the job you applied for:

Note that the following Criminal Information Supplement of this Application **may be intentionally omitted**. If you elect to complete the Supplement, you must answer the question unless specifically otherwise noted below. Please review the information prior to answering. When answering the following question, you may exclude any records expunged, annulled, sealed, discharged, dismissed, erased under first-offender law or otherwise eradicated by statute or court order.

CRIMINAL RECORD INFORMATION SUPPLEMENT

Do not respond to the question unless this box is checked:

If you are required to respond to this question because this box is checked, please note that when answering the question, an applicant for employment with a sealed record on file with the commissioner of probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances, or convictions. In addition, any applicant for employment may answer "no record" with respect to any inquiry relative to prior arrests, court appearances, and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution. When answering, you may exclude a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace. You may also exclude any convictions of misdemeanors which are more than five years old if you have not been convicted of a misdemeanor in the past five (5) years.

Have you been convicted of a felony within the last seven (7) years? Yes No

If you checked "Yes," please explain below. A criminal conviction will not necessarily be a bar to employment. To help us evaluate your application, please describe the nature of the crime and your subsequent rehabilitation (*attach additional sheets if necessary*):

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APPLICANT’S ACKNOWLEDGMENT

I certify that the answers given herein (including but not limited to the Criminal Record Information Supplement if applicable) are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document may be cause for my dismissal at any time without prior notice. I consent to and authorize the Town and/or its Agent(s) to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and personal references to give the Town and/or its Agent(s) (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference.

I EXPRESSLY AGREE AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT IS NOT FOR A SPECIFIC TERM, IS BASED ON MUTUAL CONSENT AND MAY BE TERMINATED BY ME OR THE TOWN WITH OR WITHOUT NOTICE OR CAUSE AT ANY TIME. I FURTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER POLICY, CUSTOM, BUSINESS PRACTICE OR OTHER PROCEDURE (INCLUDING THE BASIC EMPLOYMENT POLICIES, PERSONNEL HANDBOOK, ANY PERSONNEL MANUALS OR PERSONNEL BY-LAW) CONSTITUTES AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT-WILL EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE TOWN. I ALSO UNDERSTAND THAT THIS ASPECT OF MY EMPLOYMENT WITH THE TOWN MAY ONLY BE ALTERED WITH A WRITTEN AUTHORIZATION SIGNED BY THE CHIEF EXECUTIVE OFFICERS OF THE TOWN, AND THAT MY AT-WILL STATUS WITH THE TOWN MAY NOT BE ALTERED.

I understand that applicants may be required to qualify for employment based on additional employment criteria, such as, for example, job-related tests; background investigation or pre-employment drug test. If I am offered employment or start work before any required test is completed, my employment is contingent on a satisfactory result on all required tests. I authorize the Town and/or its Agent(s) to release the results of background checks (if any) and my pre-employment drug/alcohol test (if any), any information on this application and any relevant information about me to each other, and release the Town and/or its Agent(s) from any and all claims related to the lawful release of this information. I further authorize the release of any background check results and of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document.

Applicant’s Signature

Date

FOR OFFICE USE ONLY – DO NOT COMPLETE

Date Application Received: _____ Town Employee Signature: _____

Date First Reviewed: _____ Applicant Recommended to Interview Panel: Yes No

If “Yes,” Date of Interview: _____ Date of Final Review / Interview (if any): _____

Position Offered to Applicant: Yes No If “Yes,” Applicant Accepted: Yes No

If “Yes,” Start Date: Yes No Fiscal Year Hired: _____

Pay Grade: _____ Pay Step: _____

Salary (if exempt): _____ per _____ Hourly Wage: _____

Personal Services Contract: Yes No

Authorized Town Official Signature: _____ Date: _____