

Application for Employment

Town of Edgartown, Massachusetts
Human Resource Department



Please complete the entire application.

Form last reviewed: 07/29/2024

Equal Opportunity Employer

The Town of Edgartown is an equal opportunity employer and does not discriminate based on race, 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 completing the application process should contact the Town of Edgartown Human Resource Department.

I. Contact Information

Employee Name: _____ E-Mail Address: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Physical Address: _____ City: _____ State: _____ ZIP: _____

Primary Telephone: _____ Alternative Telephone: _____

Emergency Contact Name and Phone Number: _____

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.) _____

II. Position Applying For (Please specify position title, position number, or job category):

Position: _____

How did you hear about the position? _____

Have you ever been employed by the Town of Edgartown? _____

If yes, when? _____ Which department? _____

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III. Education

School Level	Name, Address, City, State	Years Attended	Degree Earned
High School			
College			
Graduate School			
Trade, Business, Night Courses			
Military Service, Other Training			

IV. Licenses *(A valid license may be a condition of employment, where required.)*

Do you have a valid driver's license (Class D Auto)? _____ If yes, expiration date: _____

Do you have a valid CDL license (Class A or B)? _____ If yes, expiration date: _____

Do you have a valid Hydraulic license? _____ If yes, expiration date: _____

Other valid of applicable licenses, certifications, or trainings that you possess?

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V. Office Skills *(if applicable, please indicate your skill level as Beginner, Intermediate, or Advanced)*

Automated Accounting Systems: _____

Bookkeeping: _____

Computer Skills: _____

Shorthand/Speedwriting: _____

Spreadsheets: _____

Transcription: _____

Word Processing: _____

VI. Special Skills

Please list any other skills or abilities you feel may be job-related.

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

May the Town of Edgartown contact your present employer? _____

Employer	Address
Telephone	Title
Supervisor	Dates Worked
Comments	Reason for Leaving

Description of Primary Duties:

Employer	Address
Telephone	Title
Supervisor	Dates Worked
Comments	Reason for Leaving

Description of Primary Duties:

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Employer	Address
Telephone	Title
Supervisor	Dates Worked
Comments	Reason for Leaving

Description of Primary Duties:

Employer	Address
Telephone	Title
Supervisor	Dates Worked
Comments	Reason for Leaving

Description of Primary Duties:

Have you ever been dismissed or asked to resign from a job? If yes, please explain:

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VIII. Business / Personal References *(A minimum of three references is required in the space below)*

Name	Address	Telephone	Relationship

IX. Criminal History

Please be aware the Commonwealth of Massachusetts has enacted the “ban the box” provision which prohibits employers from asking for confirmation of criminal history. This provision does allow for similar questioning brought forth during the interview process.

A. The Town of Edgartown requires a Criminal Offense Record Inquiry (CORI check) on prospective employees for certain positions. A conviction will not necessarily be a bar to employment.

X. Employment of Minors

The Town of Edgartown 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 the age of 18? If yes, please indicate your age: _____

XI. Medical Information

Some offers of employment are conditional upon the satisfactory completion of a health evaluation and/or physical examination, where required. Satisfactory fitness to perform the essential duties of the position is a condition of employment.

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XII. Drug Testing

Some offers of employment are conditional upon the satisfactory completion of an employment drug test, where required. Satisfactory adherence of the drug or alcohol policy is a condition of employment as outlined in the Drug and Alcohol Free Workplace Policy of the Town of Edgartown.

XIII. Lie Detector Test

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment.

XIV. Release and Certification

I understand that the foregoing will be verified in order to expedite my application for employment with the Town of Edgartown, Massachusetts. I hereby authorize the Town to conduct a full investigation into my background.

I authorize the Town to obtain my previous work records, employment records, education, certification, professional licenses, driver's license and history (if job related), professional references and other information concerning knowledge, skills, and abilities and all other necessary information. Further I grant authority the keeper of these records to release said records of the Town of Edgartown, Massachusetts for the purpose of making its hiring decision.

I agree that the Town shall not be liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statements, omissions or answers made by me on this application. I agree that my previous employers shall not be liable with regard to any information provided by them in connection with this release.

I certify under the pains and penalties of perjury that all statements made by me on this application are true and complete to the best of my knowledge and I withheld nothing, which, if disclosed, would affect this application unfavorably. I understand that any false statements, omissions, or answers made by me on this application can result in my immediate termination.

In compliance with the Immigration Reform and Control Act of 1986, I understand that upon my first date of employment, I must complete and sign I-9 form, Section 1 Employee Information and Attestation. I understand that I will be required to provide approved documentation that verifies my right to work in the United States within 3 business days of my first day of employment.

Through this application, the Town collects a range of highly personal information voluntarily provided by users. Unless otherwise required by law (including public records law), the Town will use this information solely for hiring, payroll, and other human resource purposes. The Town also makes information available to other departments that are part of the Town of Edgartown, Massachusetts, but will require any entity receiving this information to agree to the same restrictions on its use.

Victims of domestic violence, sexual assault, rape, or stalking, and victims of an adjudicated crime may require that their information remain private by submitting a Public Records Exemption Form to their Domestic Violence Coordinator. Similarly, eligible family members of victims who are employees of the Town may also require their information remain private.

I understand that upon attaining permanent status and have completed the requisite probation period, my employment will be at-will, which means that both the Town of Edgartown and I 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.

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XV. Signature (*I have carefully read all parts of this application form prior to signing.*)

- A. I understand that acceptance of this application by the Town of Edgartown does not imply that I will be employed.
- B. The information that I have provided 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.
- C. I understand that any offer of employment that I receive from the Town of Edgartown is contingent upon my successful completion of the pre-employment screening process including but not limited to the Town of Edgartown receiving satisfactory references, a satisfactory criminal history and Criminal Offense Record Inquiry if required, 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 Edgartown 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 Edgartown, 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 may request 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 especially if this employee has been on workers comp and may require both drug testing and an employment physical in order to allow us to have the necessary information for making a proper decision or reasonable accommodation, if necessary.
- H. I understand that the Town of Edgartown 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 SIGNATURE

Applicant Signature

Date

Applicant Print Name