

Town of Sudbury Employment Application

Human Resources Department, 278 Old Sudbury Road, Sudbury, MA 01776 Tel. (978) 639-3348 Fax (978) 443-0756

The Town of Sudbury is an Equal Opportunity Employer. The Town of Sudbury considers applicants for all positions without discrimination on the basis of race, color, religion, national origin, sex, age, physical or mental disability, sexual orientation, ancestry, marital status, veteran status, or any other legally protected status. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on any basis prohibited by local, state or federal law.

The Town of Sudbury accepts applications for advertised positions only. The Town does not maintain a file of general applications. Applications must be received at the above address by the advertised deadline in order to be considered.

A resume may be attached but not substituted for this form. All questions must be answered completely. (Please Print or Type) Position(s) applied for______ Date _____ How did you learn about the position? ______ Full-time: _____ Part-time: _____ Temporary: _____ Date you are available to start: ______ If hired, are you able to perform the essential functions of this position applied for, with or without reasonable accommodations? ____ Yes ____ No PERSONAL INFORMATION: Name: ______ (Last) (Middle Initial) (First) Address: E-mail Address: Home Phone: () _____ Work Phone: () _____ Are you 18 years or older? _____ Yes _____No Only U.S. Citizens or other persons who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your identity and legal right to work in the U.S.? ____ Yes ____ No Have you ever been employed by the Town of Sudbury? _____ Yes _____ No If Yes, when and in what capacity? If Yes, reason for leaving?

Do you have a dependable means of transportation to and from work? _____ Yes _____ No

	School Name/Location	Years Completed	Degree/Date	Course of Study
High School:				
College:				
Graduate School:				
Business/Technical/ Other:				
SPECIAL SKILLS: Please describe any spector employment.	cialized training or job	related skills that w	vill help us eval	luate your applicatio
Specialized Training: Special Equipment: Professional Licenses: _ Professional Membersh Computer Software: Other:	ips:			
EMPLOYMENT HIS	<u>FORY:</u> List current or	most recent employer	first.	
Employer's Name:			From:	To:
Employer's Address:			Telepho	one: ()
Job Title:				
Work Performed:				
Reason for Leaving:				
Name and Title of Imm	ediate Supervisor:			
May we contact this Em	nployer? YES			
Employer's Name:				
Employer's Address: _			Telepho	one: ()
Job Title:				
Work Performed:				
Job Title: Work Performed: Reason for Leaving: Name and Title of Imme				

Employer's Name:	From: To:		
Employer's Address:	Telephone: ()		
Job Title:			
Work Performed:			
Reason for Leaving:			
Name and Title of Immediate Supervisor:			
May we contact this Employer? YES			
REFERENCES: Please list three people (non-relatives) whom we reprofessional knowledge and ability:			
1. Name:	Occupation:		
Address:	Telephone:		
	Years Acquainted:		
	Occupation:		
Address:	Telephone:		
<u> </u>	Years Acquainted:		
	Occupation:		
Address:	Telephone:		
Relationship:	Years Acquainted:		
APPLICANT'S STATEMENT:			
"I certify that the information provided in this application is true at employed, any misrepresentation or false or misleading statements grounds for discharge.	nd complete to the best of my knowledge. I understand that if given in this application or in personal interview(s) may be sufficient		
necessary to arrive at an employment decision from all listed refere	horize the employer to contact and obtain all information that may be ences, employers and educational institutions. I understand that the . I hereby release all parties from any and all liability for any damages tion.		
If required for the position I am seeking I agree to have a physical include testing for drugs or a psychological examination and recog of such examination(s).	examination by a physician selected by the employer, which may nize that any offer of employment may be contingent upon the results		
Signed:	Date:		