

TOWN OF BOLTON APPLICATION FOR EMPLOYMENT

PLEASE READ BEFORE FILLING OUT THIS APPLICATION:

The Town of Bolton (the "Town") is an Equal Opportunity Employer. The Town of Bolton does not discriminate in hiring or employment on the basis of race, sex, color, handicap, national origin, military status, religion, age (as defined by law), ancestry, sexual orientation (as defined by law) and genetic information consistent with federal and state law. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

In processing this employment application, the Town may request that an investigative consumer report be prepared, which may include information as to your character, general reputation, and personal characteristics, obtained through personal interviews with neighbors, friends, and associates. In addition, information may be obtained from former employers and educational institutions that you have attended. A credit bureau report may also be obtained as part of this application and later for purposes of promotion, reassignment or retention.

I understand that should such investigation reveal any false statements made by me or other derogatory information, I may be disqualified from employment or subsequently dismissed. You have the right to request that the reporting agency provide you with the details of the report.

I further understand that, if I am hired, subsequent consumer reports may be requested without additional notice to me, in connection with the continuation of my employment (subject to collective bargaining requirements).

I hereby acknowledge that I have read the foregoing disclosure and understand it. I authorize the Town to conduct whatever investigation it deems necessary.

Signature: _____ Date: _____

PLEASE ANSWER EVERY QUESTION. THIS APPLICATION MUST BE TYPEWRITTEN OR PRINTED IN BLACK INK.

[PRINT]

(FIRST) (MIDDLE) (LAST)

(NUMBER) (STREET)

(CITY) (STATE) (ZIP CODE)

(LENGTH OF TIME AT THIS ADDRESS)

(DATE)

(DAYTIME TELEPHONE NUMBER)

(CELLULAR TELEPHONE NUMBER)

(EMAIL ADDRESS)

List previous addresses within the United States, except Military, if address changed during the past 5 years.

(NO.) (STREET) (CITY) (STATE) FROM (DATE) TO

(NO.) (STREET) (CITY) (STATE) FROM (DATE) TO

In case of emergency, notify:

(NAME) (ADDRESS) (PHONE)

EMPLOYMENT DESIRED

Position _____ Salary _____
 Requirements _____

How were you referred to us? _____ Date available for work _____

Are you a United States Citizen or otherwise eligible for employment in the United States? Yes No

I understand that any offer of employment is conditioned upon the satisfactory completion of the verification process as required by the Immigration Reform and Control Act of 1986, and that the Town will hire only those individuals who are legally authorized to work in the United States and who present acceptable proof of their lawful employment status and identity.

EMPLOYMENT HISTORY*

Include summer and part-time work, and any periods of unemployment. You may include in your work history verified work performed on a volunteer basis. List only employment within the United States.

List Below the Name and Business Address of All Your Former Employers Beginning With Your Last Position	Time Employed From Mo/Yr	To Mo/Yr	Nature of Work	Earnings Per Week at Start	Earnings Per Week When Leaving	Reason for Leaving	Name of Immediate Supervisor
1. _____							
2. _____							
3. _____							
4. _____							
5. _____							

May we contact the employers listed above? _____ If not, indicate by number which ones you do not wish us to contact. _____

Were you ever dismissed from a job? _____ If yes, give details

*Attach additional sheets if necessary.

EDUCATION*

Type of School	Name of School	City/State	Course Majored In	Number of Years Completed	Graduate? Give Degrees
Elementary					
High School					
College					
Graduate					
Other (Trade, Corres., Night)					

*Do not answer if not relevant to the requirements of the position for which you are applying.

References

Business References: (List 3 former Managers who directly supervised you)

Name:	Employer:
Phone:	Relationship:
Years Acquainted:	May We Contact?

Name:	Employer:
Phone:	Relationship:
Years Acquainted:	May We Contact?

Name:	Employer:
Phone:	Relationship:
Years Acquainted:	May We Contact?

Personal References: (List 2 character references who are not related to you and whom you have known for more than 1 year.)

Name:	
Phone:	Years Acquainted:

Name:	
Phone:	Years Acquainted:

Acknowledgement

Thank you for completing this application. Kindly read the following carefully and sign below indicating your understanding and agreement to the following. If you have any questions regarding this statement, please ask them before signing.

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 liabilities.

In the event of employment to a position with the Town, I will comply with all the rules and regulations as set forth in the Town's policies, by-laws, or other communications distributed to all employees, which may be changed without notice at the discretion of the Town. Additionally, I authorize the Town to supply my employment record in whole or in part, and in confidence, to any prospective employer, government agency, or other party.

I hereby authorize my present and/or former employers, educational institutions, credit bureaus, references, neighbors and friends to disclose to the Town any and all information concerning my previous employment and any other pertinent information they may have, personal or otherwise, and I release all parties from any liability whatsoever resulting from such disclosure.

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably.

I understand and agree that if I am offered employment, it will be as an employee-at-will and that no employment contract rights have been created. (This statement does not necessarily apply to those employees who, if hired, will be members of a collective bargaining agreement.) I also understand and agree that my employment may be terminated at any time with or without cause (subject to the collective bargaining agreement, if applicable), and with or without advance notice at the option of either the Town or myself. I also understand that no supervisor, manager or other representative of the Town has any authority to enter into any express or implied contract for employment for any specific period of time. Any agreement contrary to the above must be in writing and must expressly state that it is a contract and be signed by the Appointing Authority for my position within the Town.

I hereby acknowledge that I have read the above statement and understand it.

Signature of Applicant

Date

I CERTIFY THAT ALL ANSWERS GIVEN AND STATEMENTS MADE BY ME ON THIS QUESTIONNAIRE/APPLICATION ARE TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT ANY FALSE OR MISLEADING ANSWERS OR ANY OMISSION OR CONCEALMENT OF FACTS WILL DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT OR MAY RESULT IN MY IMMEDIATE DISCHARGE.

I hereby acknowledge that I have read the above statement and understand the same.

Signature of Applicant _____ Date _____



Town of Bolton Police Department
Authorization for Release of Personal Information

To determine my potential and eligibility for employment, I _____
am an applicant for the position of _____ with the Bolton Police
Department Bolton, Massachusetts and I hereby authorize a review and full disclosure
of any and all records, including medical records and information concerning myself to
any duly authorized agent of the Bolton Police Department, whether said records are of
a public, private, or of a privileged confidential nature. This shall include photocopies
of any such documents if requested.

I understand that any information obtained by a personal history background
investigation will be kept in strict confidence and will be considered in determining any
suitability for employment with this agency. I also certify that any person(s), agencies
or businesses who may furnish such information concerning me, shall not be held
accountable for giving this information; and, I hereby release said person(s) agencies or
businesses from any and all liability which may be incurred as a result of furnishing
such information. A photocopy of this release will be valid as an original thereof, even
though said photocopy does not contain an original writing of my signature.

Date

Signature

Date of Birth

Address

Social Security Number

City State Zip

This authority shall continue for one year unless sooner revoked in writing by the
undersigned.

Signature

Date

Witness

Date