

Application for Employment



Equal access to programs, services and employment opportunities is available to all persons without regard to sex (including pregnancy, sexual orientation and gender identity), race, color, religion, national origin, citizenship, age, disability, genetic information, or any other basis protected by federal, state, and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print or audio recording; using a sign language interpreter; using specialized equipment; or modifying testing conditions. **6/27/2025 form updated**

Name _____ Prefix / Suffix _____
Last First Middle
Address _____
Street City State ZIP Code
Telephone # () _____ Cellular/Other Phone # () _____ E-mail Address _____
Position(s) applied for _____ Date of application ____/____/____
Referral Source (e.g., Walk-in, Job Posting, Company's Website, etc.) _____

If necessary, best time to call you is _____
 Home Cellular/Other

May we contact you at work?..... Yes No
If yes, work number and best time to call:
() _____

If you are under 18 years old,
can you furnish a work permit?..... N/A Yes No
If no, please explain: _____

Have you submitted an application here before?..... Yes No
If yes, give date(s) and position(s): _____

Have you ever been employed here before?..... Yes No
If yes, give dates: From ____/____/____ To ____/____/____

Is this application a request for reemployment
following an extended military leave of absence
from this company?..... Yes No
If yes, additional information may be requested.

Are you lawfully authorized to work
in the United States?..... Yes No
Date available for work..... ____/____/____

Type of employment desired: Full-Time Part-Time
 Educational Co-Op Seasonal Temporary

Other than time off for reasons related to your religion, a disability,
or a medical condition, are there any days or times when you are
unavailable to work? _____

Will you work overtime if required?..... Yes No
If no, please explain: _____

Are you able to perform the "essential functions" of the job for which
you are applying (with or without reasonable accommodation)?

**This question is not designed to elicit information about an applicant's
disability. Please do not provide information about the existence of a disability,
particular accommodation or whether accommodation is necessary. These
issues may be addressed at a later stage to the extent permitted by law.**

Yes No Need more information about the job's
"essential functions" to respond

**A copy of your driving record from the RMV may be required
for the type of job position are are applying for.**

State _____
Do you agree to provide a copy?..... Yes No

Have you entered into an agreement with any former employer or
other party (such as a noncompetition agreement) that might, in any
way, restrict your ability to work for our company?..... Yes No

If yes, please explain: _____

Employment History

Starting with your most recent employer, provide the following information. You may include any verified work performed on a volunteer basis.

Employer	Telephone # ()				
Street address	City	State			
Starting job title/final job title	Dates employed	Month	Year	Month	Year
Immediate supervisor and title (for most recent position held)	May we contact for reference? E-mail: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
Why did you leave?					
Summarize the type of work performed and job responsibilities.					

Employer	Telephone # ()				
Street address	City	State			
Starting job title/final job title	Dates employed	Month	Year	Month	Year
Immediate supervisor and title (for most recent position held)	May we contact for reference? E-mail: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
Why did you leave?					
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Street address	City	State			
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Immediate supervisor and title (for most recent position held)	May we contact for reference? E-mail: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
Why did you leave?					
Summarize the type of work performed and job responsibilities.					

Employer	Telephone # ()				
Street address	City	State			
Starting job title/final job title	Dates employed	Month	Year	Month	Year
Immediate supervisor and title (for most recent position held)	May we contact for reference? E-mail: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
Why did you leave?					
Summarize the type of work performed and job responsibilities.					

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury, or disability. _____

If not addressed on previous page, have you ever been fired or asked to resign from a job? Yes No

If yes, please explain: _____

Skills and Qualifications

Details such as; industrial licenses, training certificates, additional languages (CDL, A / B, Hoisting, crane, OSHA / CPR / Trades)

Computer Skills (Include software titles and level of experience, such as basic, intermediate, or advanced.)

- | | |
|---|--|
| <input type="checkbox"/> Word Processing _____ Level: _____ | <input type="checkbox"/> Internet _____ Level: _____ |
| <input type="checkbox"/> Spreadsheet _____ Level: _____ | <input type="checkbox"/> Other _____ Level: _____ |
| <input type="checkbox"/> Presentation _____ Level: _____ | <input type="checkbox"/> Other _____ Level: _____ |
| <input type="checkbox"/> E-mail _____ Level: _____ | <input type="checkbox"/> Other _____ Level: _____ |

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City and State)	# of Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

References

List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors. If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship to You	Telephone	E-mail	# of Years Known
			()		
			()		
			()		

Related Information

When answering these questions, please exclude any information that would reveal sex (including pregnancy, sexual orientation and gender identity), race, color, religion, national origin, citizenship, age, disability, genetic information, or other similarly protected status.

To what job-related organizations (professional, trade, etc.) do you belong? _____

List special accomplishments, publications, awards, etc. _____

List any relevant volunteer work. _____

Is there any other job-related information you want us to know about you? _____

Applicant Statement

* The Town of Chelmsford requires a Criminal Offense Record Inquiry (CORI check) on all prospective employees for certain positions. A criminal conviction will not necessarily be a barrier to employment. * The Town of Chelmsford requires an employment permit for persons under the age of 18. Are you under the of age 18? If yes, please indicate your age: ____ * As a condition of hire, you may be required to take and pass a pre-employment drug and/or alcohol screening test paid for by the Town and as outlined in the Drug and Alcohol Testing Policy of the Town of Chelmsford, which is available for your review. * It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. * I understand that acceptance of this application by the Town of Chelmsford does not imply that I will be employed. * The information that I have provided is 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, whether intentional or otherwise, may be justification for revocation of an offer of employment or for termination of employment, if employed. * I understand that any offer of employment that I receive from the Town of Chelmsford is contingent upon my successful completion of the pre-employment screening process including but not limited to the Town of Chelmsford 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. * I understand that in processing my application for employment the Town of Chelmsford may verify all of the information I provide concerning among other things, my prior employment or military record, education, general reputation and character. I hereby authorize the Town, without limitation, to take whatever steps it deems necessary to obtain information about my qualifications for employment including, but not limited to, contacting my current and past employers, contacting individuals listed or provided by me as business, educational, credit, or personal reference, and by contacting other individuals to obtain or clarify information about me and my suitability for employment. * In consideration for agreeing to provide information to the Town of Chelmsford in connection with my application for employment, I hereby release my present and past employers, the offices, agents and employees and any other individuals who provide such information, from any and all liabilities and damages arising directly or indirectly from the provision of such information. * I understand that the Town of Chelmsford 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, or the position is subject to Civil Service.

My signature certifies that I have carefully read all the parts of this agreement . I agree with the above statements and all statements contained in this application for employment.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____ / ____ / ____

