TOWN OF STONEHAM

An Equal Opportunity Affirmative Action Employer

Town Hall
35 Central Street
Stoneham, MA 02180

Office of the Town Administrator
Human Resources
(781) 279-2620

The Town of Stoneham is an equal opportunity employer. Applicants will be considered without discrimination of their race, creed, color, sex, age, national origin, disability, veteran's status sexual orientation or genetic information or any other class that is protected by federal, state or local law.

APPLICATION FOR EMPLOYMENT

All information must be typed or printed legibly. A resume may be submitted with this application, but "see resume" is not acceptable in any field. Completed applications and resumes will be kept on file one year from the date of submission.

Today's Date		Available Date for Work		Position you are applying for		Part-Time Full Time		Seasonal?	

APPLICANT INFORMATION

Name: Last, First, Middle I.		Social Security Number	
Telephone numbers		Email address	
Street Address, City, State, Zip		Are you **at least 18** years of age?	
How did you learn about this position? (website, newspaper or referral)		Name of individual who referred you.	
Have you previously worked for the Town?		If yes, list the dates & positions held	

EDUCATION

High School Name & Location		Did you graduate?	
Trade School & Location		Did you graduate?	
College & Location		Did you graduate?	
Additional Education			

COMPUTER SKILLS & WORK-RELATED CERTIFICATIONS

Indicate your proficiency level in the boxes below by using 1 to 5 with "5" being "Expert."

	Microsoft Word		Microsoft Excel
	Microsoft Outlook: Email/Calendar		MUNIS Payroll/Accounting
	PDF Adobe		Quick Books
Other Software			

EMPLOYMENT HISTORY & BUSINESS EXPERIENCE

Please list below employers in consecutive order with present or most recent employer listed first. A resume may be attached but DO NOT refer to the resume when completing all sections of this application. Applicants may include military service or any verified work performed on a volunteer basis. You may exclude the names of organizations which indicate race, color, religion, gender, national origin, disability or other protected class.

May we contact your current employer?		

Current Employer		Start Date		End Date	
Full Address					
Job Title		Hourly Wage		Annual Wage	
Supervisor's Name		Super's Phone #			
Describe the work you perform					
Reason for Leaving					

Former Employer		Start Date		End Date	
Full Address					
Job Title		Hourly Wage		Annual Wage	
Supervisor's Name		Super's Phone #			
Describe the work you performed					
Reason for Leaving					

Former Employer		Start Date		End Date	
Full Address					
Job Title		Hourly Wage		Annual Wage	
Supervisor's Name		Super's Phone #			
Describe the work you performed					
Reason for Leaving					

REFERENCES

Please provide the name, address and telephone numbers of three references (not related to you.)

	Name	Address	Telephone Number	Relationship to you
1				
2				
3				

Some positions require a Driver's License. Do you have a valid Driver's License?	

Thank you for completing the employment application. Please read the following carefully and sign below indicating your understanding and agreement. If you have any questions regarding the following statements, please contact Human Resources at (781) 279-2620.

Applicant's Certification, Release and Signature

Please read carefully and check-off box to signify you have read and understand the following statements:

____ I understand that any offer of employment that I receive from the Town of Stoneham is contingent upon my successful completion of the pre-employment screening process including but not limited to the Town of Stoneham receiving satisfactory references, a satisfactory criminal history and Criminal Offense Record Inquiry ("CORI check"), and a post-offer pre-employment drug test, physical examination, or psychological screening. I understand that I must provide proof of citizenship or immigration status within three days of my hire date.

____ The information that I have provided is true and complete. I understand that misrepresentation or omission of any relevant 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, if I am employed.

____ I understand that the Town of Stoneham 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.

____ I authorize the Town of Stoneham to take whatever steps deemed necessary to obtain information regarding my qualifications for employment including contacting individuals listed as business, educational or personal references, and by contacting other individuals to provide or further clarify information about me.

____ I hereby release all of those persons, employers, references, academic institutions and law enforcement agencies from any and all liability arising from their giving and receiving information about my employment history, academic credentials, qualifications or criminal record in connection with my application for employment in the Town of Stoneham.

____ If I am employed by the Town of Stoneham, I understand that as a condition of continued employment I may be required to furnish additional or updated medical information, that I may be required to undergo a physical or psychological examination, that I may be subject to drug and/or alcohol testing, that the Town of Stoneham may request a CORI and SORI 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.

____ I understand that nothing in this employment application, in the Town's statements of personnel policies or guidelines or in my communication with any Town employee or official is intended to create an employment contract between myself and the Town other than an applicable collective bargaining agreement.

____ I understand that the Town of Stoneham is an at-will employer, which means that if employed, my employment may be terminated with or without cause at any time unless there is an applicable bargaining unit contract provision.

My signature below certifies that I have read and agree with all statements contained in this application for employment.

Applicant's Signature: Date Signed:

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 liability.