

# TOWN OF COHASSET APPLICATION FOR EMPLOYMENT

Town Manager's Office 41 Highland Avenue Cohasset, MA 02025

Thank you for your interest in employment with the Town of Cohasset. The Town is an Equal Opportunity/Affirmative Action Employer. We assure you that your opportunity for employment with the Town will be based only on your merit, without regard to race, gender, national origin, age, disability, marital or veteran status, sexual preference or any other legally protected status.

POSITION A	.PPLYING FOR:	
DATE OF AI	PPLICATION://	
Referral sour	ce:	
Newspaper ac	Relative	Employment agency
Online ad	Bulletin Board	School Website
Employee	Walk – in	Town Website
Other	Name of source (if applicable):	
DATE AVAII	_ABLE FOR WORK://	
NAME		
Last	First	Middle
ADDRESS:		
TELEPHONE	:	TYPE OF PHONE:
	O CONTACT YOU BY PHONE:	
L-IVIAIL		<del></del>
1. Do voi	have any relatives who work for the Town:_	
•	ou ever been employed by the Town of Coh	
3. Have y	ou ever been employed by a public agency onere and when	or municipality in Massachusetts? If
4. Are yo	u currently employed?May we conta	ct you at work?
	u prevented from lawfully becoming employe	
_	ration status?	,
_	of citizenship or immigration status will be red	guired upon employment.
	u able to perform the essential job-related fu	
-	bb Description)	

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### **EDUCATION**

	Name & Address	Course of Study	Years Completed	Degree
High School				
College				
Graduate or				
Professional				
Other				

## PRESENT AND PRIOR EMPLOYMENT

Please list employers in consecutive order with present/most recent employer listed FIRST.

Name and address of company	Dates	Title:
	From	Description of duties:
	Mo./Yr.	
	То	
Type of Business:	Mo./Yr.	
Telephone:		
Supervisor:		
Salary: Beginning Ending	•	
May we contact this employer?		
Reasons for leaving or seeking other en	nployment:	

Name and address of company	Dates	Title:
	From	Description of duties:
	Mo./Yr.	
	То	
Type of Business:	Mo./Yr.	
Telephone:		
Supervisor:		
Salary: Beginning Ending		
May we contact this employer?		
Reasons for leaving or seeking other e	mployment:	

Name and address of company	Dates	Title:
	From	Description of duties:
	Mo./Yr.	
	То	
Type of Business:	Mo./Yr.	
Telephone:		
Supervisor:		
Salary: Beginning Ending		
May we contact this employer?		
Reasons for leaving or seeking other em	ployment:	•
ineasons for leaving or seeking other em	pioyillelit.	

# **OFFICE SKILLS** (if applicable) Check the column that best describes your knowledge:

	Beginner	Intermediate	Advanced	Not Applicable
Mainframe/Network				
Personal Computer				
Macintosh				
Word Processing - list software				
Spreadsheet - list software				
Database – list software				
Presentation/Graphics – list				
software				
Bookkeeping				
Transcription Ability				
Typing Ability (list speed)				
Shorthand Ability (list speed)				
Other:				

### LICENSES, CERTIFICATES & SPECIAL EQUIPMENT USED

Туре	Licensing Authority	Number	Expiration

<b>ADDITIONAL INFORMATION:</b> List below any exclusive qualifications, specialized training o job related skills acquired through military, civic, business or other activity, <b>paid or unpaid.</b> State any additional information that might be helpful to us in considering your application.			
BUSINESS/PROFESSIONAL REFERENCES: Do not include family members.			
Name, Phone Number, Relationship			
Name, Phone Number, Relationship			
Name, Phone Number, Relationship			
The Town of Cohasset is subject to certain child labor provisions regarding the employme persons under the age of 18. Further, an Employment Permit or Educational Certificate marequired, depending on your age.  Are you under age 18? If yes, please indicate your age:			

#### CAREFULLY READ ALL PARTS OF THIS APPLICATION FORM BEFORE SIGNING

- I understand that acceptance of this application by the Town of Cohasset does not imply that I will be employed.
- The information that I 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, can be justification for refusal of employment or can be justification for termination from employment, if employed.
- I understand that any offer of employment that I receive from the Town of Cohasset is contingent upon my successful completion of the pre-employment screening process, including but not limited to the Town of Cohasset receiving
  - Satisfactory references;
  - A satisfactory criminal history and Criminal Offense Record Inquiry (CORI check) and/or credit check if required;
  - o 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.

- In processing my application, the Town of Cohasset 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 to take whatever steps deemed necessary to obtain information regarding my qualifications for employment including contacting: my present (unless otherwise requested) and former employers; individuals listed as business, educational or personal references; and other individuals to provide or further clarify information about me.
- I hereby release the Town, 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.
- If employed by the Town of Cohasset, I understand that as a condition of employment,
  - o I may be required to furnish additional or updated medical information,
  - o That I may be required to a physical examination,
  - o That I may be subject to drug and/or alcohol testing,
  - o That the Town may request a CORI and/or credit check on me,
  - o That the Town may investigate my driving record or verify my license(s) or certifications as required for employment at any time during my employment.
  - o I hereby authorize the Town to conduct a CORI and/or credit check on me as a condition of applying for a position with the Town, where applicable, and agree to sign a CORI and/or Credit Request Form reflecting my authorization of the CORI and/or Credit check. I further release the Town and its agents from any and all potential claims associated with the Town's performing a CORI and/or Credit check on me in connection with my application for a position with the Town. As a condition of employment an employee may be required to provide additional or updated information and may require both drug testing and employment physical in order to allow us to have necessary information for making a proper decision or reasonable accommodations, if necessary.
- I understand that the Town of Cohasset 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 EMPLOYMENT APPLICATION.

Signature of Applicant:	 	
Date :		
Please Print Name:		