



**Town of Hubbardston  
Hubbardston, Massachusetts 01452  
Employment Application**

Town of Hubbardston  
7 Main Street, Unit 3  
Hubbardston MA 01452

DPW & Seasonal DPW Candidates  
must provide current driving record  
from RMV or Insurance Agent.

***The Town of Hubbardston is an Affirmative Action / Equal Employment Opportunity Employer***

*All information must be typed or printed in readable writing. Unreadable applications will be discarded.*

## Personal Information

1. Date of Application: \_\_\_\_\_ 2. Position Applying For: \_\_\_\_\_

3. Name: \_\_\_\_\_  
First Middle Last

4. Address: \_\_\_\_\_  
Number Street Apartment Number  
\_\_\_\_\_  
City/Town State Zip Code

5. Telephone Number: Home: \_\_\_\_\_ Daytime: \_\_\_\_\_  
Area Code / Number Area Code / Number

6. Email Address : \_\_\_\_\_ 7. Do you hold a valid drivers license? ☐ YES ☐ NO  
List any special endorsements: \_\_\_\_\_

8. If hired, can you provide proof of citizenship or legal right to work? ☐ YES ☐ NO

9. Are you under 18 years of age? ☐ YES ☐ NO

10. Are you currently/have you ever been employed by the Town before? ☐ YES ☐ NO  
If yes, when? \_\_\_\_\_ In which department? \_\_\_\_\_

Are you retired from any Massachusetts state or local government position? No\_\_\_ Yes\_\_\_ (which agency: \_\_\_\_\_)

## Education

11.

Name / Location	Course of Study	Years Completed	Did you graduate?	Degree / Date
High School			<input type="checkbox"/> YES <input type="checkbox"/> NO	
College			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Graduate School			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Business/Technical			<input type="checkbox"/> YES <input type="checkbox"/> NO	

12. Do you possess the following skills? Please list in detail all that apply.

Specialized Training? ☐ YES ☐ NO Name of Training/Course: \_\_\_\_\_

Professional Licenses? ☐ YES ☐ NO Licenses: \_\_\_\_\_

Professional Memberships? ☐ YES ☐ NO Name of Organizations: \_\_\_\_\_

Computer Software? ☐ YES ☐ NO Name of Programs: \_\_\_\_\_

Office Equipment? ☐ YES ☐ NO Describe Equipment: \_\_\_\_\_

## Employment History

*List present employer first. A resume or supplemental sheet may be included, however, this section still must be completed.*

**13.** Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Job title: \_\_\_\_\_

Worked From: \_\_\_\_\_ To: \_\_\_\_\_

Immediate Supervisor's Name and Job Title: \_\_\_\_\_

Salary: \_\_\_\_\_ / \_\_\_\_\_  
Starting Ending

May we contact this employer? ☐ YES ☐ NO

Describe the work you performed: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

**14 .** Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Job title: \_\_\_\_\_

Worked From: \_\_\_\_\_ To: \_\_\_\_\_

Immediate Supervisor's Name and Job Title: \_\_\_\_\_

Salary: \_\_\_\_\_ / \_\_\_\_\_  
Starting Ending

May we contact this employer? ☐ YES ☐ NO

Describe the work you performed: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

**15 .** Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Job title: \_\_\_\_\_

Worked From: \_\_\_\_\_ To: \_\_\_\_\_

Immediate Supervisor's Name and Job Title: \_\_\_\_\_

Salary: \_\_\_\_\_ / \_\_\_\_\_  
Starting Ending

May we contact this employer? ☐ YES ☐ NO

Describe the work you performed: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

**16 .** Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Job title: \_\_\_\_\_

Worked From: \_\_\_\_\_ To: \_\_\_\_\_

Immediate Supervisor's Name and Job Title: \_\_\_\_\_

Salary: \_\_\_\_\_ / \_\_\_\_\_  
Starting Ending

May we contact this employer? ☐ YES ☐ NO

Describe the work you performed: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

If more room is required, an additional sheet may be attached.

## References

*Please provide professional and/or business references only. Note that references listed in this section will be contacted.*

**17. Reference #1**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Business Relationship: \_\_\_\_\_ Telephone \_\_\_\_\_ Home: \_\_\_\_\_

Work: \_\_\_\_\_

**18. Reference #2**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Business Relationship: \_\_\_\_\_ Telephone \_\_\_\_\_ Home: \_\_\_\_\_

Work: \_\_\_\_\_

**19. Reference #3**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Business Relationship: \_\_\_\_\_ Telephone \_\_\_\_\_ Home: \_\_\_\_\_

Work: \_\_\_\_\_

**20. Reference #4**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Business Relationship: \_\_\_\_\_ Telephone \_\_\_\_\_ Home: \_\_\_\_\_

Work: \_\_\_\_\_

**21. How did you learn about the job for which you are applying?**

☐ Walk-in

☐ Town Employee

☐ Newspaper; title \_\_\_\_\_ ☐ Professional Journal; title \_\_\_\_\_

☐ Posted Town Bulletin \_\_\_\_\_ ☐ the Internet; website \_\_\_\_\_

**OTHER**

Submission of this employment application in no way guarantees employment or continued employment. Applicant is responsible for any

## Agreement

The information provided in this application for employment is true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I authorize investigation of all statements contained in this application and the release of any pertinent information regarding my education, past employment history and background. I authorize the Town of Hubbardston to obtain any information from schools, employers or individuals relating to my activities. This information may include, but is not limited to: academics, achievement, performance, attendance, personal history and discipline. Further, I hereby authorize all references, persons, schools, my current employer (if applicable) and previous employers and organizations named in this application, unless otherwise stated, to provide the Town of Hubbardston any relevant information that may be required to arrive at an employment decision. I understand that the information released is for the Town of Hubbardston's use only.

I hereby voluntarily release, discharge and exonerate the Town of Hubbardston, its agents and representatives, and any person so furnishing information from any and all liabilities of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of the Town of Hubbardston.

I understand that all appointments are probationary and that I must demonstrate my ability for continued employment. I also understand that I must be available from time to time to work outside normal business hours, as the needs of the department require.

If required for the position I am seeking, I agree to take a physical examination, which may include testing for drugs or a psychological examination, as required, and recognize that any offer of employment may be contingent upon the results of such an examination.

I understand that any employment offer by the Town is conditional upon my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986 within three days of the date of hire.

I represent that I have read and fully understand the foregoing and seek employment under these conditions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Discrimination against any person in any practice or procedure in advertising, recruitment, referrals, testing, hiring, transfer, promotion or any other term, condition or privilege of employment which limits or adversely affects employment opportunities, because of political or religious opinions or affiliations, or because of race, color, sex, sexual orientation, national origin, marital status, pregnancy, parenthood, age or handicap which is unrelated to the person's occupational qualifications or any other non-merit factor which is not a bona fide occupational qualification is prohibited.**

**It is unlawful in Massachusetts to require a lie detector test as a condition of employment or continued employment. An employer who violates that law shall be subject to criminal penalties and civil liabilities.**



## Town of Hubbardston Release

I \_\_\_\_\_ a candidate for the position of \_\_\_\_\_ hereby authorize the Town of Hubbardston to investigate all statements in my application and to secure any necessary information from all my employers, references, and academic institutions. I hereby release all of those employers, references, academic institutions, and the Town of Hubbardston from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the Town of Hubbardston.

I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my academic credentials and employment references. I further understand that any false or misleading statements will be sufficient cause for rejection of my application if the Town of Hubbardston has not yet employed me and for immediate dismissal if the Town of Hubbardston has employed me. I also authorize the Town to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency, or other party having legal and proper interest, and I hereby release the Town of Hubbardston from any and all liability for its providing this information.

In the event of my employment with the Town of Hubbardston, I will comply with all rules, regulations, and policies set forth in the Town of Hubbardston's Personnel Policies and Bylaw or other communications distributed by the Town of Hubbardston.

I understand that nothing in this employment application, in the Town of Hubbardston's policy statements or personnel guidelines, or in my communications with any Town of Hubbardston official is intended to create an employment contract between the Town of Hubbardston and me. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the Town of Hubbardston unless it is made in writing and signed by a Town of Hubbardston official.

I hereby acknowledge that I have read and understand the preceding statement.

Signed: \_\_\_\_\_

[Signature of Applicant]

Date: \_\_\_\_\_

## Voluntary Affirmative Action Request Form

The Town of Hubbardston as part of its commitment to Affirmative Action / Equal Employment Opportunity policies invites you to provide the following information. All applicants will be considered without regard to race, color, religion, creed, gender, national origin, age, marital or veteran status, sexual orientation, medical condition or disability. The information is voluntary and refusal to provide it will not have any bearing on our employment decision. The data is confidential and will be filed separately. It will be available only to authorized personnel and is used to further the Town's Affirmative Action / Equal Employment Opportunity policies. Your cooperation is appreciated.

Applicant Name: \_\_\_\_\_

1. Position Applied for: \_\_\_\_\_

2. Gender: ☐ Male ☐ Female

3. Ethnic Origin:

☐ White – All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

☐ Black – All persons having origins in any of the black racial groups of Africa.

☐ Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race.

☐ Asian or Pacific Islander – All persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

☐ American Indian or Alaskan Native – All persons having origins in any of the original people of North America maintaining cultural identification through tribal affiliations or community recognition.

☐ Cape Verdean – All persons having origins on the Cape Verde Islands.

4. Veteran Status: ☐ YES ☐ NO  
Vietnam Era, 1962 – 1975 ☐ YES ☐ NO

5. Disabled: ☐ YES ☐ NO