

# **TOWN OF SOUTHBOROUGH**

## **APPLICATION FOR EMPLOYMENT**

PLEASE READ BEFORE FILLING OUT APPLICATION

The Town of Southborough (the "Town") is an Equal Opportunity Employer. The Town does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex, ancestry or sexual orientation or on the basis of age, as defined by law, or disability. 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, 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 \_\_\_\_\_

*(print)*

**PLEASE ANSWER EVERY QUESTION. USE **INK****

\_\_\_\_\_  
*(First) (Middle) (Last) (Date)*

\_\_\_\_\_  
*(Number) (Street) (Telephone Number)*

\_\_\_\_\_  
*(City) (State) (Zip Code) (Length of time at this address)*

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

\_\_\_\_\_  
*(Number) (Street) (City) (State) From (date) To*

\_\_\_\_\_  
*(Number) (Street) (City) (State) From (date) To*

*From here on, please WRITE in your normal handwriting*  
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 conditional 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 State and who presents 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 performance on a volunteer basis. List only employment in within the United States. (USE ADDITIONAL SHEETS IF NECESSARY).

List below the Name and Business Address of All Your Former Employees beginning with your last position

Name/Address	Time Employed		Nature of Work	Earnings Per	Earnings Per	Reason(s) for Leaving	Name of Supervisor
	From Mo/Yr	To Mo/Yr		Week at Start	Week When Leaving		
1 _____							
2 _____							
3 _____							
4 _____							
5 _____							

May We Contact employers above? If not, indicate by number which ones you do not wish us to contact \_\_\_\_\_

Were you ever dismissed from a job? \_\_\_Y \_\_\_N If yes give details \_\_\_\_\_

### EDUCATION\*

Type of School	Name of School	City/State	Course Major	Number of Years Completed	Graduate? List Degrees
Elementary:					
High School:					
College:					
Graduate School:					
Other					

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

PLEASE READ CAREFULLY BEFORE SIGNING. 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 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 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 QUESTIONS 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.

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Signature of Applicant

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Date

TOWN OF SOUTHBOROUGH  
BACKGROUND INVESTIGATION AUTHORIZATION AND CONSENT

1. I, \_\_\_\_\_ the undersigned, hereby acknowledge that the Town of Southborough (“the Town”) may conduct a background investigation on me and that my job offer is subject to a background investigation.
2. I understand that this investigation may include information as to my character, general reputation, and personal characteristics, obtained through personal interviews with neighbors, friends and associates. In addition, I understand that information may be obtained from former employers and educational institutions, which I have attended.
3. I understand that should such investigation reveal any false statements made by me or any derogatory or negative information, I may be disqualified from employment or subsequently dismissed from my employment with the Town.
4. I further acknowledge that I have read the foregoing and understand it.
5. I voluntarily consent to and authorize the Town to conduct whatever investigation it deems necessary.
6. I also understand that by completing this form and giving my authorization and consent, I am not entering into a contract for employment nor am I guaranteed to be employed by the Town.

AGREED TO:

\_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

\_\_\_\_\_ Date: \_\_\_\_\_  
(Witness)

EMPLOYMENT INFORMATION AUTHORIZATION  
AND RELEASE FORM

I, \_\_\_\_\_, have requested , or intend to request, that \_\_\_\_\_ (the "Employer") release information concerning my employment by the Employer, including information contained in my personnel file, and provide references to the Town of Southborough. I understand that the Employer is not obligated to provide this information and that the Employer will not do so, unless I sign this Authorization and Release Form.

Therefore, in consideration of the Employer's releasing the information and references at my request, I agree as follows:

1. that \_\_\_\_\_ may release such information to the Town of Southborough;
2. that I have read this form and understand it and, that, to the extent that I wish to do so, I have had the opportunity to consult with an attorney about the contents of this form;
3. that I am signing this form voluntarily;
4. that I hereby release and discharge the Employer and its present and former officers, employees, agents, and attorneys of and from any claims and all liability whatsoever in connection with the Employer's release of personnel and reference information regarding my employment by the Employer or the termination of that employment.

\_\_\_\_\_  
Employee of Former Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Witness

\_\_\_\_\_  
City, Town, Zip Code

(it is ok to make photocopies of this form for each employer)

AUTHORIZATION AND CONSENT FORM  
FOR DRUG TESTING BY TOWN OF SOUTHBOROUGH  
OF APPLICANTS FOR EMPLOYMENT

1. I have been advised that my job is subject to pre-placement drug and substance screening.
2. I voluntarily consent to drug testing of me by the TOWN OF SOUTHBOROUGH(the "Town") or its laboratory in connection with the job offer by the Town.
3. I hereby authorize the Town to collect blood, urine, hair, or saliva samples from me to determine the presence of drugs or controlled substances.
4. I further authorize the laboratory to release the results of any drug test to the Town.
5. I understand that the Town prohibits the use, possession, sale or distribution of alcohol or drugs by its employees.
6. I understand that I have the right to consult with non-Town persons prior to the execution of this authorization and consent form.
7. I acknowledge reading and considering this authorization and consent form before my agreeing to it and signing it.

AGREED TO:

(Signature)	Date: _____
(Witness)	Date: _____

TOWN OF SOUTHBOROUGH POLICE DEPARTMENT  
PSYCHOLOGICAL EXAMINATION AUTHORIZATION

I hereby certify that I, \_\_\_\_\_, can participate in the psychological examination necessary to meet the contingency with respect to my offer of employment for the position of Police Officer. I understand this psychological examination will be related to the essential functions of this position of Police Officer. In accordance with the job description, I have read and understand the essential functions; and voluntarily consent to undergoing the examination.

I also understand that by completing this form and giving my authorization, I am not entering into a contract for employment or a guarantee to be continually employed by the Department.

Date \_\_\_\_\_

Applicant \_\_\_\_\_

TOWN OF SOUTHBOROUGH POLICE DEPARTMENT  
PHYSICAL EXAMINATION AUTHORIZATION

I hereby certify that I, \_\_\_\_\_, can participate in the physical examination necessary to meet the contingency with respect to my offer of employment for the position of Police Officer. I understand this physical examination will be related to the essential functions of this position of Police Officer. In accordance with the job description, I have read and understand the essential functions; and voluntarily consent to undergoing the examination.

I also understand that by completing this form and giving my authorization, I am not entering into a contract for employment or a guarantee to be continually employed by the Department.

Date \_\_\_\_\_ Applicant \_\_\_\_\_



TOWN OF SOUTHBOROUGH  
DISCLOSURE AND AUTHORIZATION  
FAIR CREDIT REPORTING ACT

1. In connection with the background investigation conducted by the Town of Southborough, I understand that the Town may obtain a consumer report or an investigative consumer report including information about my character, reputation or personal characteristics and mode of living.
2. I further understand that I have right, upon written request, to a summary of my credit rights and a complete disclosure of the nature and scope of the investigation requested by the Town.
3. I understand that the Town will not use the information obtained to violate any applicable federal or state equal employment opportunity law or regulation.
4. I hereby authorize and consent to the Town of Southborough obtaining a consumer report or investigative consumer report in connection with my employment or offer of employment.
5. If employed by the Town of Southborough, I hereby acknowledge and consent to the Town obtaining a consumer report or investigative consumer report in connection with my employment with the Town.
6. I acknowledge reading and considering this disclosure and authorization form before agreeing to, and signing it.

AGREED TO:

\_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

\_\_\_\_\_ Date: \_\_\_\_\_  
(Witness)