

# Application For Employment

Town of Stoughton  
10 Pearl Street  
Stoughton, MA 02072

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Please Print

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Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of non-job related medical condition or handicap.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. Any employer who violates this law shall be subject to criminal penalties and civil liability.

Position(s) Applied For \_\_\_\_\_

Referral Source:  Advertisement  Friend  
 Relative  Employment Agency  Other

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Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City State Zip Code

Phone ( ) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Have you filed an application here before?  Yes  No Date \_\_\_\_\_

Have you ever been employed here before?  Yes  No Date \_\_\_\_\_

Are you a citizen of the United States?  Yes  No

If not, do you possess an Alien Registration Card  Yes  No

If yes, give Alien Registration Number \_\_\_\_\_

Are you available to work?  Full Time  Part Time  Shift Work

Are you on lay-off and subject to recall?  Yes  No

Can you travel if job requires it?  Yes  No

Do any of your friends or relatives, other than your spouse, work here?  Yes  No

If yes, list names \_\_\_\_\_



# Applicant Data Record

Please Print

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of non-job related medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely, to help us comply with government record keeping, reporting and other legal requirements, please fill out the Data Record.

This Data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

Date \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source:  Advertisement  Friend  
 Relative  Employment Agency  Other

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Name \_\_\_\_\_ Phone \_\_\_\_\_  
Last First Middle  
Address \_\_\_\_\_  
Number Street City State Zip

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## Affirmative Action Survey

Government agencies require periodic reports on sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about handicap is voluntary.

Check one:  Male  Female

Check one of the following:

Race/Ethnic Group:  White  Black  Hispanic  
 American Indian/Alaskan Native  Asian/Pacific Islander

Check if any of the following are applicable:

Vietnam Era Vet  Disable Vet  Handicapped

# Employment Experience

List each job held. Start with your Present or Last Job. Include military service assignments and volunteer activities. (Exclude groups which indicate race, color, religion, sex or national origin.)

	Dates		Work Performed
	From	To	
Employer			
Address			
Job Title	Salary		
Supervisor	Start	End	
Reason for Leaving			

	Dates		Work Performed
	From	To	
Employer			
Address			
Job Title	Salary		
Supervisor	Start	End	
Reason for Leaving			

	Dates		Work Performed
	From	To	
Employer			
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Job Title	Salary		
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	Dates		Work Performed
	From	To	
Employer			
Address			
Job Title	Salary		
Supervisor	Start	End	
Reason for Leaving			

	Dates		Work Performed
	From	To	
Employer			
Address			
Job Title	Salary		
Supervisor	Start	End	
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

**Summarize Special Skills and Qualifications**

Acquired from employment and other experience \_\_\_\_\_

\_\_\_\_\_

If you checked yes, what was your branch of US Military Service? \_\_\_\_\_

Do you have nay physical, mental or medical impairment of disability that would limit your job performance for the position for which you are applying? \_\_\_ Yes \_\_\_ No

If yes, explain \_\_\_\_\_

What foreign languages do you speak, read and or write?

	FLUENTLY	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held. (Exclude groups which indicate race, color, religion, sex or national origin)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give name, address and phone number of three references not related to you.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Mental or Physical Handicaps  
Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodations to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below.

\_\_\_\_\_ Handicapped Individual    \_\_\_\_\_ Disabled Veteran    \_\_\_\_\_ Vietnam Era Veteran

Signed \_\_\_\_\_

