

TOWN OF SOUTHAMPTON

210 College Highway, Southampton, MA 01073

Phone: (413) 529-0106 Fax: (413) 529-1006

jobs@townofsouthampton.ORG

Application for Employment

It is the policy of The Town of Southampton to guarantee equal opportunity to all qualified applicants and to all employees with respect to initial appointment, advancement, compensation, and general working conditions without regard to race, color, religious creed, national origin, ancestry, sex, age, sexual orientation, physical condition, or any other factor or condition proscribed by federal or state law.

APPLICANT INFORMATION				
Last Name	First	M.I.	Date	
Street Address			Apartment/Unit #	
City	State	ZIP		
Phone	email Address			
Position Applied for	Social Security No.			
How did you hear about this position?				
Have you ever been employed by the Town of Southampton? <input type="checkbox"/> YES <input type="checkbox"/> NO			Position	
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Evenings/Weekends <input type="checkbox"/> Temporary				
EDUCATION				
High School		Address		
From	To	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree	
College		Address		
From	To	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree	
Other		Address		
From	To	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree	
LICENSES/CERTIFICATIONS/SPECIAL SKILLS				
Include any licenses, certifications and/or skills you feel are relevant.				

EMPLOYMENT HISTORY	
Employer	Address
Telephone	Title
Email	Dates Worked
Supervisor to Contact	Reason for Leaving
	May we contact for reference?
Description of Primary Duties	

Employer	Address
Telephone	Title
Email	Dates Worked
Supervisor to Contact	Reason for Leaving
	May we contact for reference?
Description of Primary Duties	

Employer	Address
Telephone	Title
Email	Dates Worked
Supervisor to Contact	Reason for Leaving
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Employer	Address
Telephone	Title
Email	Dates Worked
Supervisor to Contact	Reason for Leaving
	May we contact for reference?
Description of Primary Duties	

REFERENCES (Please list 3 professional references)	
Full Name	Relationship
Company	Phone
Address	Email

Full Name	Relationship
Company	Phone
Address	Email

Full Name	Relationship
Company	Phone
Address	Email

Please use this space to include any other credentials/information and why the Town of Southampton should hire you.

Have you had any job-related training in the United States Military? Yes No

If Yes, please describe:

What office equipment can you operate (i.e., fax, copier, computer, etc.)

What computer programs are you experienced with?

What special skills, knowledge, talents or other job-related experience not covered elsewhere do you possess?

Please list the experiences that you have had that qualify you for the position for which you are applying.

APPLICANT'S STATEMENT

CAREFULLY READ ALL PARTS OF THIS APPLICATION FORM BEFORE SIGNING:

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I understand that a physical and or psychological examination may be required for certain town positions due to the nature of the position at no personal expense, and agree that the examining physician may disclose to the Town or its representatives the results of such examination that related to the applicants ability to perform the functions of the position.

I hereby give permission to the Town or its duly authorized representative to contact any persons, educational institutions, and/or former employers named in this application. Those persons, educational institutions, and former employers are relieved of any liability in conjunction with providing information about my character, reliability, integrity, educational performance and work performance.

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

Applicant Name (Please Print)

Applicant Signature

Date