

**Town of Leverett
Application for Employment
Highway Department**

Applications are considered for all positions without regard to race, gender, color, disability, religion, national origin, national ancestry, sexual orientation, genetics, military background, gender identity, age, or any other protected class under the law.

(Please print)

Date of application _____

Position(s) applied for _____

Name _____
Last First Middle

Address _____
Street Address Town State Zip

Telephone (____) _____ Cell (____) _____

Email address _____

If hired and you are under 18, can you furnish a work permit? Yes ___ No ___ Not Applicable ___

Have you filed an application here before? Yes ___ No ___ If yes, when? _____

Have you ever been employed here before? Yes ___ No ___ If yes, when? _____

Are you prevented from lawfully becoming employed in the United States because of Visa or immigration status? Yes ___ No ___ (proof of immigration status required upon employment)

On what date are you available to begin work? _____

Are you available to work: Days _____ Evenings _____ Weekends _____

What days of the week are you available to work? _____

Are you available to work: Year round _____ Academic year only _____ Summers only _____

Are you aware that highway work includes work for weather emergencies that occur during days, evenings, nights and weekends and that by applying for this position you are agreeing that you are able to work during all of those times? Yes ___ No ___

What qualifications, licenses, or skills do you possess which should be considered?

Do you have prior experience/training working for a highway department? If so, list starting with most current experience: _____

Please write a brief statement explaining why you wish to work on highway department: _____

List the kinds of equipment you can operate:

List the kinds of office equipment, and/or computer software you can operate:

Do you possess a valid CDL license? Yes _____ No _____ What class? _____
State _____ Expiration date _____

Do you authorize the Town to check your driving record? Yes _____ No _____

Do you possess a valid hoister's license? Yes _____ No _____ What class? _____

Do you have a current motor carrier's medical examiners certificate? Yes _____ No _____
Expiration date _____

Please state any additional information you feel may be helpful to us in considering your application: _____

EDUCATION

Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College Advanced
1 2 3 4 masters doctorate

Did you graduate from high school or do you possess a high school equivalency certificate (GED) or HiSET? Yes _____ No _____

Name of High School _____ City/Town _____ State _____

College or other training programs after high school, including military schools:

Name of school/ College/Program	Major	Diploma, degree Licenses or Certificates
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT HISTORY

Start with your present or most recent job. Include military service assignments and volunteer activities if related to position(s) for which you are applying. Exclude organization names which indicate race, gender, color, disability, religion, national origin, national ancestry, sexual orientation, genetics, gender identity, age, or any other protected class under the law.

Employer (present or most recent) _____ Dates employed from: _____ to: _____

Address (street, town, zip) _____

Job title _____ Work performed _____

Supervisor _____

Employer _____ Dates employed from: _____ to: _____

Address (street, town, zip) _____

Job title _____ Work performed _____

Supervisor _____

Employer _____ Dates employed from: _____ to: _____

Address (street, town, zip) _____

Job title _____ Work performed _____

Supervisor _____

REFERENCES:

Please list three references (one should be in the field in which you are applying).

Name _____ Position _____

Address (street, town, zip) _____

Telephone: () _____ Day or evening _____

Name _____ Position _____

Address (street, town, zip) _____

Telephone: () _____ Day or evening _____

Name _____ Position _____

Address (street, town, zip) _____

Telephone: () _____ Day or evening _____

These statements made by me in this application are true and complete to the best of my knowledge and belief. I understand and authorize that the information provided may be certified and that any willful misstatement of material facts herein will cause forfeiture on my part of all rights to any employment in the service of the Town of Leverett.

I authorize investigation of all statements contained in this application and the release of any pertinent information regarding my education, past employment history, driving history, and background. I authorize the Town of Leverett 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 Leverett any relevant information that may be required to arrive at an employment decision. I understand that the information released is for the Town of Leverett use only.

I hereby voluntarily release, discharge and exonerate the Town of Leverett Massachusetts, 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 Leverett.

I understand that all appointments are at will and that I must demonstrate my ability for continued employment. I also understand that I must be available 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/or to a Criminal Offender Record Information Search and recognize that any offer of employment may be contingent upon the results of such an examination or search.

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 _____

The Town of Leverett is an equal employment opportunity/affirmative action employer.