

TOWN OF OXFORD
APPLICATION FOR EMPLOYMENT

Applicants for employment are considered without regard to race, color, religion, sex, marital status, national origin, age as defined by law, handicap or sexual orientation. Also, 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 liability.

PLEASE PRINT ALL INFORMATION

DATE OF APPLICATION: _____

POSITION APPLYING FOR: _____

REFERRAL SOURCE: AD FRIEND/RELATIVE WALK-IN EMPLOYMENT AGENCY OTHER

NAME: _____
(LAST) (FIRST) (MIDDLE INITIAL)

RESIDENCE: _____
(NUMBER) (STREET) (CITY/TOWN) (STATE) (ZIP CODE)

MAILING ADDRESS: _____
(NUMBER) (STREET) (CITY/TOWN) (STATE) (ZIP CODE)

HOME PHONE: _____ CELL PHONE: _____

Are you under 18: YES NO (Employment permits are required for employees 14 & 15 years old)
(Education certificates are required for 16 & 17 year olds)

Have you filed an application here before: YES NO

Have you ever been employed by the Town of Oxford before: YES NO

If yes, give dates of employment and where worked: _____

Are you employed now? YES NO

If yes, may we contact your present employer? YES NO

Do you have any relatives currently employed by the Town: YES NO

If yes, name: _____ Relationship: _____

Are you lawfully entitled to work in the United States: YES NO

(All new employees will be required to complete an I-9 Form and to prove that they are lawfully eligible to work in the United States.)

On what date would you be available to work? _____

Are you available to work: Full Time Part Time Shift Work Temporary Overtime

Are you on a lay-off and subject to recall? YES NO

Can you travel if the job requires it? YES NO

THE TOWN OF OXFORD IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

RETURN APPLICATION TO:

TOWN OF OXFORD

TOWN MANAGER'S OFFICE

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and any verified work performed on a volunteer basis. Exclude organization names which indicate age, race, color, gender, religion, national origin, ancestry, or sexual orientation

Employer:	_____	Dates Employed:	From:	_____
Address:	_____		To:	_____
	_____	Hourly Rate:	Start:	_____
Supervisor:	_____		Final:	_____
Work Performed:	_____			

Reason for Leaving: _____

Employer:	_____	Dates Employed:	From:	_____
Address:	_____		To:	_____
	_____	Hourly Rate:	Start:	_____
Supervisor:	_____		Final:	_____
Work Performed:	_____			

Reason for Leaving: _____

Employer:	_____	Dates Employed:	From:	_____
Address:	_____		To:	_____
	_____	Hourly Rate:	Start:	_____
Supervisor:	_____		Final:	_____
Work Performed:	_____			

Reason for Leaving: _____

Employer:	_____	Dates Employed:	From:	_____
Address:	_____		To:	_____
	_____	Hourly Rate:	Start:	_____
Supervisor:	_____		Final:	_____
Work Performed:	_____			

Reason for Leaving: _____

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

Special Skills and Qualifications:

Summarize special skills and qualifications acquired from employment or other experience.

Veteran of the U.S. Military Service: YES ____ NO ____

If yes, branch? _____

Please describe any special skills or training acquired while in the service:

EDUCATION

HIGH SCHOOL

Name of School: _____ City/Town: _____ State: _____

Years Completed (circle): 9 10 11 12 Diploma Received YES ____ NO ____

Describe Course of Study: _____

COLLEGE

Name of College or

University: _____ City/Town: _____ State: _____

Years Completed (circle): 1 2 3 4

Describe Course of Study: _____

GRADUATE/PROFESSIONAL SCHOOL

Name of School: _____ City/Town: _____ State: _____

Describe specialized training, apprenticeship, skills, extra-curricular activities and honors received:

**PROFESSIONAL REFERENCES
(not personal)**

List 3 people not related to you who can comment on your work performance.

Name	Address	Occupation	Telephone Number	Years Acquainted

It is my understanding that this employment application or the granting of an oral interview does not represent a contract of employment or a promise of future benefits by the Town of Oxford.

I certify that the information on this application is true, complete and correct. I authorize the Town of Oxford to investigate my past employment, education and activities and I release from all liability, all persons, companies and corporations supplying such information.

Signature of Applicant

Date