



**HUMAN RESOURCES**  
 Town of Acton 472 Main Street  
 Acton, Massachusetts, 01720  
 Phone: 978-929-6613  
 Email: jobs@actonma.gov

## TOWN OF ACTON APPLICATION FOR EMPLOYMENT

*(Please Print or Fill Out Digitally)*

### AN EQUAL OPPORTUNITY EMPLOYER

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, gender identity, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

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

### I. Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Optional: Pronoun (i.e. she, he, they): \_\_\_\_\_ Optional: Chosen Name (e.g. nickname): \_\_\_\_\_

Street Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Telephone: \_\_\_\_\_ Alternative Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### II. Educational History *Fill all applicable rows*

	School Name	Year Completed
High School		
College		
Tech Training		
Other (i.e. Grad)		

**III. Employment Record** *Please include all employment history or attach resume. If you have more than 5 entries please attach resume.*

1. Organization: \_\_\_\_\_ Position: \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date: \_\_\_\_\_
2. Organization: \_\_\_\_\_ Position: \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date: \_\_\_\_\_
3. Organization: \_\_\_\_\_ Position: \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date: \_\_\_\_\_
4. Organization: \_\_\_\_\_ Position: \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date: \_\_\_\_\_
5. Organization: \_\_\_\_\_ Position: \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date: \_\_\_\_\_

**IV. Attestations**

**Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.**

Are you legally eligible for employment in this country? ( ) Yes ( ) No

If you are under 18, and it is required, can you furnish a work permit? ( ) Yes ( ) No ( ) N/A

Do you have any relatives who are presently (or have formerly been) employed by the Town of Acton? ( ) Yes ( ) No

How were you referred to the Town: \_\_\_\_\_

I UNDERSTAND THAT IF I AM EMPLOYED, ANY MISREPRESENTATIONS OR MATERIAL OMISSION MADE BY ME ON ANY DOCUMENTS I HAVE PROVIDED WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE DISCHARGE FROM THE EMPLOYER'S SERVICE, WHENEVER IT IS DISCOVERED.

I GIVE THE EMPLOYER THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS AND EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN ANY OF THE DOCUMENTS PROVIDED. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

IT IS UNLAWFUL IN MASSACHUSETTS TO ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PROSECUTION OR CIVIL LIABILITY.

THE TOWN OF ACTON DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION OR IN SUBSEQUENT INTERVIEWS IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE, OR FEDERAL LAW.

I UNDERSTAND THAT IT IS THE TOWN'S POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR A REASONABLE ACCOMMODATION AS REQUIRED BY THE ADA.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

I REPRESENT AND WARRANT THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING AND SEEK EMPLOYMENT UNDER THESE CONDITIONS.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date