

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: _____

Supervisor: _____
Work Performed: _____

Reason for Leaving: _____

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Address: _____ To: _____

Supervisor: _____
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Work Performed: _____

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Employer: _____ Dates Employed: From: _____
Address: _____ To: _____

Supervisor: _____
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