



# EMPLOYMENT APPLICATION

Thank you for applying for employment within the Town of Burlington. In order to process your application, please answer all of the following questions. The Town of Burlington is an equal opportunity employer. The Town of Burlington considers applicants for all positions without discrimination on the basis of race, color, religion, national origin, sex, age, physical or mental disability, sexual orientation, ancestry, marital status, veteran status, or any other legally protected status. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on any basis prohibited by local, state or federal law. Please fill out completely even if submitting a resume.

## PERSONAL DATA (PLEASE PRINT):

<b>Name (Last, First, Middle):</b>		<b>Date:</b>	
<b>Address (Street):</b>		month	day year
<b>(City, State, Zip Code):</b>			
<b>Telephone Number:</b>		<b>Emergency Contact &amp; Telephone #:</b>	
<b>License Plate Number &amp; State:</b>		<b>E-mail Address:</b>	

Only U.S. Citizens or other persons who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your identity and legal right to work in the U.S.?  
 \_\_\_ Yes \_\_\_ No

How were you referred to the Town of Burlington? \_\_\_\_\_

Have you ever worked for the Town of Burlington? \_\_\_\_\_

If yes, where, when, and in what capacity?  
 \_\_\_\_\_

Position for which you are applying? \_\_\_\_\_ Salary expected: \$ \_\_\_\_\_

Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_ Temporary: \_\_\_\_\_ Date available: \_\_\_\_\_

If hired, are you able to perform the essential functions of the position applied for, with or without reasonable accommodations? \_\_\_ Yes \_\_\_ No

## EDUCATION: List all education relevant to position (high school, college, technical school, graduate, etc.)

SCHOOL NAME	ADDRESS	# of years attended	DEGREE	MAJOR
<b>Courses now studying:</b>				

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.

---

**EXPERIENCE: (List MOST RECENT experience first)****Include employment data and verifiable work performed on a volunteer basis and/or U.S. military experience:** (You need not list organization's names that indicate race, color, religion, sex, sexual orientation or national origin.)

---

Reason for Leaving or Considering Change: \_\_\_\_\_

Company Name: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Your Title: \_\_\_\_\_ Salary (Per year) or Earnings (Per hour): \$ \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Name and Title of Immediate Supervisor: \_\_\_\_\_

May we contact this Employer?  YES  NO

---

Reason for Leaving or Considering Change: \_\_\_\_\_

Company Name: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Your Title: \_\_\_\_\_ Salary (Per year) or Earnings (Per hour): \$ \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Name and Title of Immediate Supervisor: \_\_\_\_\_

May we contact this Employer?  YES  NO

---

Reason for Leaving or Considering Change: \_\_\_\_\_

Company Name: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Your Title: \_\_\_\_\_ Salary (Per year) or Earnings (Per hour): \$ \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Name and Title of Immediate Supervisor: \_\_\_\_\_

May we contact this Employer?  YES  NO

---

**Please list the name(s) of relative(s) or friend(s) presently or formerly employed by the Town of Burlington:**

NAME	Relationship
NAME	Relationship

Have you ever been convicted of a felony? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please provide details and dates of the conviction:  
\_\_\_\_\_Within the past 5 years have you been convicted of a misdemeanor (do not list first convictions for simple assault, drunkenness, speeding, minor traffic violations, affray or disturbance of the peace.)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please provide the details and dates of the conviction on the reverse side of the application.

**SKILLS: (List all skills relevant to position desired)**

Keyboarding Speed: \_\_\_\_\_ Shorthand Speed: \_\_\_\_\_ Languages: \_\_\_\_\_

Software Experience (Please Specify): \_\_\_\_\_

Office Equipment (Please Specify): \_\_\_\_\_

Other Skills: \_\_\_\_\_

**DRIVING RECORD:**

Do you have a valid driver's license? \_\_\_ Yes \_\_\_ No What class of license do you possess? \_\_\_\_\_

Have you ever had your license or driving privileges revoked, suspended, or placed on probation?  
\_\_\_ Yes \_\_\_ No (If yes, please explain. Include when, where and what action was taken):

\_\_\_\_\_  
*Do not list losses of license resulting from convictions of misdemeanors within the last 5 years or resulting from first convictions of simple assault, drunkenness, speeding, minor traffic violations, affray or disturbance of the peace.*

**REFERENCES:**

**Please list three people (non-relatives) whom we may contact who are able to evaluate your professional knowledge and ability:**

1. Name & Title: \_\_\_\_\_

Company: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_

2. Name & Title: \_\_\_\_\_

Company: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_

3. Name & Title: \_\_\_\_\_

Company: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_

---

---

## STATEMENT BY APPLICANT:

I hereby certify that all of the facts and information listed on this employment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in my dismissal.

I hereby authorize the Town of Burlington to investigate all statements contained in this application, to interview the references and previous employers listed in this application, and to obtain a report from a consumer reporting agency to be used for employment purposes in accordance with the *Fair Credit Reporting Act* and/or a criminal history background report as permitted by law. I authorize the references and previous employers listed to give the Town of Burlington all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to the Town of Burlington, including, but not limited to, any liability for defamation or invasion of privacy.

If I am offered employment, I understand that such an offer may be conditioned upon satisfactory results of a background investigation and/or Company medical examination or inquiry, including a drug screen test. I further understand and voluntarily agree as a condition of employment or my continued employment, that I may be requested by the Town of Burlington to submit to a urinalysis or other drug screen test and that my failure to take such test(s) when requested to do so, or unsatisfactory test results, will disqualify me from consideration for employment, or if I am then employed, may result in my immediate dismissal.

I certify that I have read, understand and agree with the above.

---

Signature of Applicant

Date

# FEDERAL GOVERNMENT REPORTING

**PLEASE NOTE: YOUR COOPERATION IS VOLUNTARY; INCLUSION OR OMISSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

**SUBMISSION OF THIS INFORMATION IS VOLUNTARY. IT IS NOT FOR INTERVIEW PURPOSES. THIS FORM IS FILED SEPERATELY FROM YOUR APPLICATION.**

The purpose of this form is to comply with federal government record keeping and reporting requirements. As a federal government contractor or subcontractor, the TOWN OF BURLINGTON is required to make periodic reports to the federal government, which includes the information below. The completion of this form is optional. If you choose to volunteer the requested information, please note that all of this data is kept in a "Confidential File" and is not considered as part of your *Application for Employment*.

**PLEASE PRINT:**

Date: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Name: Last \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**CHECK ONE:**     Male                       Female

**CHECK ONE:**     White                       African/American                       Hispanic  
 Asian/  
Pacific Islander                       American Indian/  
Native Alaskan                       Other  
(Please specify): \_\_\_\_\_

**PLEASE CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:**

Veteran                       Disabled Veteran