



Town of Bellingham Employment Application

The Town of Bellingham does not discriminate on the basis of race, color, gender, disability, sexual orientation, religion, national origin or homelessness in any phase of the employment process from the initial application for employment, up to and including the retention, promotion, termination/discharge of employees from the Town of Bellingham.

(PLEASE PRINT OR TYPE) Position(s) Applied For:		Date of Application:	
Last Name		First Name	
		Middle Name (Mandatory)	
Address		Number	
		Street	
		City	
		State	
		Zip Code	
Telephone Number(s) Home: Cell:		Social Security Number	
Email Address:		_____/_____/_____	
Please Check Box	White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/>		
Race: <i>requested- not required</i>			
Please Check Box	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		
Ethnicity: <i>requested- not required</i>			

If you are under 18 years of age, can you provide required proof of eligibility to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with us before? If Yes, give date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed with us before? If Yes, give date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of your friends or relatives, other than spouse, work here? If Yes, state name, relationship and location:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you available to work: Full Time Part Time Temporary

Date available to work ___/___/___

Education				
SCHOOL	NAME, ADDRESS OF SCHOOL	MAJOR/Minor	YEAR COMPLETED	DIPLOMA/DEGREE
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

Certification: Yes No If yes, please list below: Copy of Certification must be supplied.

STATE	AREAS	EXPIRATION DATE

Work Experience		
Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status:		
Employer	Dates Employed	Work Performed
Address	To From	
Telephone Numbers		
Job Title	Hourly Rate/Salary	
Supervisor	Starting Final	
Reason for Leaving	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Dates Employed	Work Performed
Address	To From	
Telephone Numbers		
Job Title	Hourly Rate/Salary	
Supervisor	Starting Final	
Reason for Leaving	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Dates Employed		Work Performed
Address	To From		
Telephone Numbers			
Job Title	Hourly Rate/Salary		
Supervisor	Starting Final		
Reason for Leaving	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer	Dates Employed		Work Performed
Address	To From		
Telephone Numbers			
Job Title	Hourly Rate/Salary		
Supervisor	Starting Final		
Reason for Leaving	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments: Include explanation of any gaps in employment.			
Describe any specialized training, apprenticeship, skills and extra-curricular activities.			
Describe any job-related training received in the United States military.			
List professional, trade, business or civic activities and offices held. (You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status)			

Additional Information

Other Qualifications: (Summarize special job-related skills and qualifications acquired from employment or other experience).

Personal/Professional References

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			
4.			

Applicant's Statement

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I agree to sign a Criminal Offender Record Information release form, if requested, as a condition of employment.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Return Application to:

Town of Bellingham, Municipal Center ** 10 Mechanic Street ** Bellingham, MA 02019

Signature of Applicant

Date