

Town of Bellingham Employment Application

(PLEASE PRINT) Position(s) Applied For:					Date of Appl	lication:	
Last Name	First Name			Middle Name (Mandatory)			
Adding Name	SAA		7.4		C4-4-	7: 6	(. J.
Address: Number	Street	,	City		State	Zip C	ode
Telephone Number(s) Cell:			Email Add	ress:			
Home:			Social Secu	ırity Numl	oer:		
Race (not required) Circle One	White	Black/African A	merican	Asian	Americ	an Indian	Alaska Native
Ethnicity (not required) Circle one		Hispanic /Latino			Not Hispanic o	or Latino	
Please check applicable box	es below:						Y / N
If you are under 18 years of	age, can you pro	ovide required pro	of of eligibili	ty to work?	,		
Have you ever filed an application with us before? If yes, please provide date:							
Have you ever been employed with us before? If yes, please provide date:							
Do any of your friends or relatives, other than spouse, work here? It yes, please provide name, relationship, and location:							
Are you currently employed?							
May we contact your current employer?							
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Proof of citizenship or immigration status will be required upon employment							
Do any of your friends or relatives, other than spouse, work here? If Yes, state name, relationship, /and location:							
Are you available to work: Full Time Part Time Temporary							

Education:						
SCHOOL	NAME/ADDRESS OF SCHOOL	MAJOR/	MINOR	YEAR COMP	PLETED	DIPLOMA/ DEGREE
High School						
Undergraduate College						
Graduate/Professional						
Other (Specify)						
Work Experience	e:					
	ast job. Include any job-related te race, color, religion, gender,					
Employer			Dates	Employed		Work Performed
Address			То	From		
Telephone Numbers						
Job Title						
Supervisor						
Reason for Leaving			May We Cont	act Yes No		
Employer			Dates	Employed		Work Performed
Address			То	From		
Telephone Numbers						
Job Title						
Supervisor						
Reason for Leaving			May We Cont	act Yes No		
Comments: Include explan	ation of any gaps in employme	ent.				
Describe any specialized tr curricular activities.	aining, apprenticeship, skills, a	and extra-				

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	Additional Information					
Other Qualifications: (Summarize special job	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 the 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, as a condition of employment. This application for employment shall be considered active for a period of time not to exceed 100 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.					
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:					
Bellingham Human Resources					
Beth Cornell- Smith					
10 Mechanic Street					
Bellingham, MA 02019					
Email: hrsupport@bellinghamma.org					
Signature of Applicant	Date				

Equal Opportunity Affirmative Action Employer

EQUAL OPPORTUNITIES

No person shall be excluded from or discriminated against in admission to and/or employment in the public schools of Bellingham, for admittance to State and Federally funded grant programs, or in obtaining the advantages, privileges, and course of study presented in these schools, on account of race, color, national origin, sex, gender identity, disability, religion, sexual orientation, or homelessness. This non-discrimination applies to all persons, whether or not the individual is a member of a conventionally defined "minority group". If you have any questions or concerns regarding compliance under Title IX and/or Section 504, please contact Rachel Lawrence, District Coordinator Title IX/Section 504, Bellingham Public School District, 4 Mechanic Street, Bellingham, MA 02019, 508-883-1706.