



Employment Application
Town of Bellingham
Human Resources Department
10 Mechanic Street
Bellingham, MA 02019
Email: hrsupport@bellinghamma.org

TEL: (508) 966-2967
FAX: (508) 966-4303

The Town of Bellingham is an equal opportunity/affirmative action employer. Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, disability, veterans' status, sexual orientation or any other protected class status.

Application information

Name: _____ Date: _____
 Last *First* *M.I.*

Address: _____ Phone: _____
 Street Address *Apt/Unit #*

 City *State* *Zip Code*

Email: _____

Position Applied For: _____

Are you a citizen of the United States? Yes ☐ No ☐

If no, are you authorized to work in the U.S.? Yes ☐ No ☐

Have you ever worked for this company? Yes ☐ No ☐

Are you able to perform the essential functions of the position? Yes ☐ No ☐

If you are under 18 years of age, can you provide eligibility to work documentation? Yes ☐ No ☐

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes ☐ No ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes ☐ No ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes ☐ No ☐ Degree: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ From: _____ To: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? Yes ☐ No ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ From: _____ To: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? Yes ☐ No ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ From: _____ To: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? Yes ☐ No ☐

References

Please list three professional references.

Name: _____ Affiliation: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Name: _____ Affiliation: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Name: _____ Affiliation: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at discharge: _____ Type of discharge: _____

If other than honorable,
explain: _____

Disclaimer and signature

I certify that the information contained on the application for employment is true and complete. I authorize the investigation of all statements contained on the application of employment and agree to sign a Criminal Offender Record Information/Sex Offender Record Information release form and consent to any other pre-employment record review including by not limited to: driver license record report, credit report, training and certification verification check.

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

Signature: _____ Date: _____

Voluntary Affirmative Action Request Form

Please mark the one box that describes the race/ethnicity category and veteran status with which you primarily identify. Submission of this information is voluntary. The information may only be used in accordance with the provisions of applicable federal and state laws and regulations which require the information to be summarized and reported to the Federal or State Government.

- ☐ Alaska Native
- ☐ American Indian
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic/ Latino
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Veteran

Position Applied For: _____