



Town of Bellingham **Employment Application**

(PLEASE PRINT) Position(s) Applied For :				Date of Application:	
Last Name		First Name		Middle Name (Mandatory)	
Address: Number Street City State Zip Code					
Telephone Number(s) Cell:			Email Address:		
Home:			Social Security Number:		

Please check applicable boxes below:	Y / N
If you are under 18 years of age, can you provide required proof of eligibility 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? If 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? <i>Proof of citizenship or immigration status will be required upon employment</i>	
Do any of your friends or relatives, other than spouse, work here? If Yes, state name, relationship, /and location:	
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>	
Are you available to work: Full Time Part Time Temporary	

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

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 Yes 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 Yes 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 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 Fire Department
Chief William R. Miller
28 Blackstone Street
Bellingham, MA 02019
Email: Fireadministration@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.



TOWN OF BELLINGHAM

RELEASE AND AUTHORIZATION FOR INVESTIGATION AND REFERENCE CHECK

Please read the following carefully and acknowledge your understanding and agreement by signing your name in the space provided.

I understand that it is the policy of the Town of Bellingham to carefully investigate the backgrounds of all prospective applicants for employment. Accordingly, as a condition of and in consideration of the Town's consideration of my application for employment, I hereby authorize the Town to contact all employers listed on my application for references. I further authorize the Town to contact educational institutions, law enforcement agencies, military services, and other relevant entities for the purpose of verifying information contained on my application for employment.

I hereby authorize such employers, educational institutions, law enforcement agencies, military services, and other entities to provide appropriate information orally and/or in writing to representatives of the Town and consent to the release of such information.

I understand that any falsification or willful omission of fact made in my employment application or in connection with any background investigation shall constitute grounds for rejection of my application or, if discovered after the commencement of employment, for immediate dismissal.

Print Name

Signature

Date



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services 200
Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



This form is not to be faxed. Please return form to organization.

**Criminal Offender Record Information (CORI)
Acknowledgement Form**

To be used by organizations using consumer reporting agencies to conduct CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

_____ is registered under the
(Organization)
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing. _____ has authorized
(Organization)
_____ to submit CORI checks
(Consumer Reporting Agency)
to the Massachusetts Department of Criminal Justice Information Services (DCJIS) on its behalf.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to _____

(Consumer Reporting Agency)
to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing _____

(Organization)
with written notice of my intent to withdraw consent to a CORI check. I also understand that this form is a CORI acknowledgement form and I am entitled to additional consumer reporting disclosure forms under the Fair Credit Reporting Act. If I have not received those disclosures, I should contact _____

(Organization)
to request this information.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

I also understand that the _____, on behalf of
(Consumer Reporting Agency)
_____ may conduct
(Organization)
subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last **SIX** digits of Social Security Number: ____ -- ____ ☐ No Social Security Number

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date