



*Town of Mansfield*  
**APPLICATION FOR EMPLOYMENT**

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

It is the policy of the Town of Mansfield to afford equal employment opportunity to all qualified persons regardless of race, color, religious creed, national origin, age, military status, sexual orientation, disability, genetic information, gender identity, gender expression or gender unless based upon a bona fide occupational qualification.

**PERSONAL INFORMATION**

First Name	Middle Initial	Last Name
Home Telephone Number	Cell Phone Number	Email Address

**Mailing Address**

Street	City	State	Zip Code
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**Home Address – if different than mailing address**

Street	City	State	Zip Code
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**EMPLOYMENT DESIRED**

Position Applied For	How soon can you start if a job offer is made?
Are you available to work?	
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
<input type="checkbox"/> Shift Work	<input type="checkbox"/> Temporary
Can you travel if a job requires it? _____ Yes _____ NO	

**Note to Applicant: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing the essential functions of the position for which you have applied?     Yes     No

**EDUCATION**

Name of School	City	State	Major	Grad. Y or N	Degree	Yrs Attended
High School						
Undergraduate College						
Graduate Professional						

List any additional education or training

COMPLETE INFORMATION IN FULL: ***Applicants must complete this page even if they are also submitting a resume.***

BEGIN WITH YOUR MOST RECENT EMPLOYMENT, INCLUDING ANY PRESENT EMPLOYMENT. YOUR PRESENT EMPLOYER WILL NOT BE CONTACTED WITHOUT YOUR PERMISSION. YOU MAY INCLUDE ANY VERIFIABLE WORK PERFORMED ON A VOLUNTEER BASIS, ANY GAPS IN EMPLOYMENT MUST BE BRIEFLY EXPLAINED.

**EMPLOYMENT HISTORY**

**Job #1**

Are you employed now?	Yes	No		
Company Name		May we contact?	Y	N
Telephone Number	Job Title			
Supervisor Name	Supervisor Phone #			
Specific Duties				
Dates Employee From:	To:			
Reason for Leaving				

**Job #2**

Are you employed now?	Yes	No		
Company Name		May we contact?	Y	N
Telephone Number	Job Title			
Supervisor Name	Supervisor Phone #			
Specific Duties				
Dates Employee From:	To:			
Reason for Leaving				

**Job #3**

Are you employed now?	Yes	No		
Company Name		May we contact?	Y	N
Telephone Number	Job Title			

Supervisor Name		Supervisor Phone #		
Specific Duties				
Dates Employee From:		To:		
Reason for Leaving				
<b>CERTIFICATIONS AND LISCENSES</b>				
List any professional licenses, registrations or certifications you possess.				
License/Certification	License #	Date Issued	State Issued	Expiration Date
License/Certification	License #	Date Issued	State Issued	Expiration Date
License/Certification	License #	Date Issued	State Issued	Expiration Date

**Applicant's Statement**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that unless I attain permanent status or am subject to the terms of a collective bargaining agreement and have completed the requisite probationary period, my employee will be at-will, which means that both the Town of Mansfield and I are free to terminate the employment relationship at any time for any non-statutorily prohibited reason or for no reason at all, with or without notice. 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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

"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."  
MGL Ch. 149, Section 19B

## Voluntary Affirmative Action Request Form

The Town of Mansfield as part of its commitment to Affirmative Action/Equal Opportunity policies invites you to provide the following information. All applicants will be considered without regard to race, color, religion, gender, national origin, age, marital or veteran status, medical condition or disability. The information is voluntary and refusal to provide it will not have any bearing on our employment decision. The data is confidential and will be filed separately. It will be available only to authorized personnel and is used to further the Town's Affirmative Action/Equal Opportunity policies. Your cooperation is appreciated.

Position Title: \_\_\_\_\_

Gender:        Male                          Female   

Ethnic Origin:

- White – All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Black – All persons having origins in any of the black racial groups of Africa.
- Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race.
- Asian or Pacific Islander – All persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- American Indian or Alaskan Native – All persons having origins in any of the original people of North America maintaining cultural identification through tribal affiliations or community recognition.
- Cape Verdean – All persons having origins on the Cape Verde Islands.

National Origin: \_\_\_\_\_

Veteran Status                       YES                       NO

Vietnam Era, 1962 – 1975         YES                       NO

Disabled:                               YES                       NO