



# Town of Mansfield

## APPLICATION FOR EMPLOYMENT

### WE ARE AN EQUAL OPPORTUNITY

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 |
|--------|------|-------|----------|

### Home Address – if different than mailing address

|        |      |       |          |
|--------|------|-------|----------|
| Street | City | State | Zip Code |
|--------|------|-------|----------|

|   |     |    |
|---|-----|----|
| Are you 18 years or older   | Yes | No |
| If you are under 18 years of age, can you provide required proof of your eligibility to work?   | Yes | No |
| Have you ever filed an application with us before? If yes, give date. _____   | Yes | No |
| Are you currently authorized to work in the United States?  | Yes | No |
| Do you now, or will you in the future, require sponsorship for a work visa in the U.S.?   | Yes | No |
| Are you currently on "lay-off" status and subject to recall?  | Yes | No |
| Have you been convicted of a felony within the last seven years?<br>(Conviction will not necessarily disqualify an applicant from employment) | Yes | No |

If yes, please explain:

Who referred you?

Current Employee \_\_\_\_\_ Employment Agency \_\_\_\_\_ Newspaper advertisement \_\_\_\_\_ Town of Mansfield web site \_\_\_\_\_ Other Internet job site \_\_\_\_\_ Unemployment Office \_\_\_\_\_ Other \_\_\_\_\_

### EMPLOYMENT DESIRED

|   |  |            |           |
|---|--|------------|-----------|
| Position Applied For                                    | How soon can you start if a job offer is made? |            |           |
| Are you available to work? (circle one)                 |  |            |           |
| Full Time   | Part Time                                      | Shift Work | 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 in a reasonable manner the activities involved in the job or occupation for which you have applied?  Yes  No

**EDUCATION**

| Name of School        | City | State | Main Course of Study | Grad. Y or N | Degree | Yrs Attended |
|-----------------------|------|-------|----------------------|--------------|--------|--------------|
| High School           |      |       |                      |              |        |              |
| Undergraduate College |      |       |                      |              |        |              |
| Graduate Professional |      |       |                      |              |        |              |

List any additional education or training

COMPLETE ALL INFORMATION IN FULL: All 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? | Yes No |
| 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? | Yes No |
| Telephone Number      |  | Job Title          |  |                 |        |
| Supervisor Name       |  | Supervisor Phone # |  |                 |        |

|                       |  |                    |                 |        |
|-----------------------|--|--------------------|-----------------|--------|
| Specific Duties       |  |                    |                 |        |
| Dates Employee From:  |  | To:                |                 |        |
| Reason for Leaving    |  |                    |                 |        |
| <b>Job #3</b>         |  |                    |                 |        |
| Are you employed now? |  | Yes                |                 | No     |
| Company Name          |  |                    | May we contact? | Yes No |
| Telephone Number      |  | Job Title          |                 |        |
| Supervisor Name       |  | Supervisor Phone # |                 |        |
| Specific Duties       |  |                    |                 |        |
| Dates Employee From:  |  | To:                |                 |        |
| Reason for Leaving    |  |                    |                 |        |
| <b>Job #4</b>         |  |                    |                 |        |
| Are you employed now? |  | Yes                |                 | No     |
| Company Name          |  |                    | May we contact? | Yes No |
| Telephone Number      |  | Job Title          |                 |        |
| Supervisor Name       |  | Supervisor Phone # |                 |        |
| Specific Duties       |  |                    |                 |        |
| Dates Employee From:  |  | To:                |                 |        |
| Reason for Leaving    |  |                    |                 |        |

|  |                 |
|--|-----------------|
| <b>Check Skills/Equipment Operated</b> | _____Other      |
| _____Computer                          | Please explain: |
| _____MS Office                         |                 |

**CERTIFICATIONS AND LICENSES**

List any professional licenses, registrations or certifications you possess.

| 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. This application for employment shall be considered active for a period of time not to exceed 45 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 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