

# TOWN OF CANTON APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to age, race, color, religion, sex, sexual orientation, national origin, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

(PLEASE PRINT) Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source: \_\_\_\_\_ Advertisement \_\_\_\_\_ Friend \_\_\_\_\_ Relative \_\_\_\_\_ Walk-In  
\_\_\_\_\_ Employment Agency \_\_\_\_\_ Other \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
\_\_\_\_\_ City State Zip Code

Social Security # \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Work

May we contact you at your work number? \_\_\_\_\_ Yes \_\_\_\_\_ No

If employed and you are under 18, can you furnish a work permit? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you a relative of a Town of Canton or Canton Public Schools employee? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please furnish the name of your relative \_\_\_\_\_

Have you filed an application here before? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give date \_\_\_\_\_

Have you ever been employed here before? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give date, location and reason  
for leaving \_\_\_\_\_

Are you employed now? \_\_\_\_\_ Yes \_\_\_\_\_ No May we contact your present employer \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(In accordance with the Immigration and Reform Control Act proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? \_\_\_\_\_

Would you accept \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Shift Work \_\_\_\_\_ Temporary Work?

Are you on a lay-off subject to recall? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you travel if a job requires it? \_\_\_\_ Yes \_\_\_\_ No

**\*Applicants should review the back of the application before completing the next two questions.**

\*Have you ever been convicted of a felony? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain (include age at time of conviction): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Have you been convicted of a misdemeanor within the last 5 years (other than first conviction for any of the following drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace)? \_\_\_\_\_ Yes \_\_ No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Specify languages in which you are proficient:

Speak:	Read:	Write:

List professional, trade, business or civic activities and offices held. Exclude those which indicate age, race, color, religion, sex, national origin, or other protected class:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give name, address and telephone number of three personal references who are not related to you and are not previous employers.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EDUCATION

	School Name	Years Completed	Diploma/Degree Describe Course of Study:	Describe Skills, Specialized Training, Apprenticeship, Extra-Curricular Activities
Elementary				
High		12		
College or University		1 2 3 4		
Graduate or Professional		1 2 3 4		

Honors Received: \_\_\_\_\_

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate age, race, color, religion, sex, national origin, or other protected class.

Employer	Dates Employed From                      To	Work Performed:
Address		
Job Title	Hourly Rate/Salary Starting                      Final	
Supervisor	Telephone Number:	May we contact your supervisor?
Reason for Leaving		

Employer	Dates Employed From                      To	Work Performed:
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Job Title	Hourly Rate/Salary Starting                      Final	
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Reason for Leaving		

If you need additional space, please continue on a separate sheet of paper. Please include verified volunteer work (MGL C.149.52B)

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience: \_\_\_\_\_

\_\_\_\_\_

**Agreement**

I certify that the answers given herein are true and complete to the best of my knowledge.

I acknowledge that the Town may, at any time, investigate all statements contained in this application for employment and from any other source as may be necessary in arriving at an employment decision and release the Town of Canton and any of its authorized representatives from any liability whatsoever, in connection with any investigations and findings, including personal or professional records of any type, provided to the Town. I understand that false and misleading information may result in disciplinary proceedings, including suspension and/or termination of employment.

I understand that, if applicable, as an employee-at-will, both the employer and the employee are free to terminate the employment relationship at any time with or without notice. I further understand there may be a probationary performance period as part of my employment.

I understand and agree that I may/will have to undergo pre-employment physical examinations, a criminal background investigation, pre- or post-employment drug and alcohol testing, or any other employment-related examinations. I understand that I am required to abide by all rules and regulations of the employer.

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

\_\_\_\_\_  
Date

NOTE: 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 liabilities.

\*"An applicant for employment with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry relative to prior arrests, court appearances or convictions. In addition, any applicant for employment with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the Superior Court for criminal prosecution."

**THE TOWN OF CANTON IS AN EQUAL OPPORTUNITY EMPLOYER.**

## Applicant Data Record (Voluntary)

Applicants are considered for all positions without regard to age, race, color, religion, sex, sexual orientation, national origin, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

As employers government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(PLEASE PRINT) Date of Application \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

### Affirmative Action Survey

Government agencies require periodic reporting of the sex, ethnicity, handicapped, veteran status and that of other protected classes of applicants. This data is for analysis and affirmative action only.

Check one: \_\_\_\_\_ Male \_\_\_\_\_ Female

Check one of the following:

Race/Ethnic Group \_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic  
\_\_\_\_\_ American Indian, Alaskan Native \_\_\_\_\_ Asian Pacific Islander

Check if any of the following are applicable:

\_\_\_\_\_ Vietnam Era Veteran \_\_\_\_\_ Disabled Veteran \_\_\_\_\_ Handicapped Individual