



**TOWN OF SHERBORN**

TOWN ADMINISTRATOR OFFICE  
SHERBORN TOWN HALL  
19 WASHINGTON ST.  
SHERBORN, MA 01770  
T: (508) 651 - 7850 E: [HR@SherbornMA.org](mailto:HR@SherbornMA.org)

**Employment  
Application**  
(Eff. 11/1/16)

**The Town of Sherborn is an Equal Opportunity/Affirmative Action Employer.**  
Race, color, religion, age, sex, disability, marital or veteran status, national origin, or any other status/category protected by law are not factors in employment, promotions, compensation or working conditions.

(PLEASE PRINT)

Date of Application: \_\_\_/\_\_\_/\_\_\_

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

Name: \_\_\_\_\_  
Last First Middle Alias/Nickname

Physical Address: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Email: \_\_\_\_\_ Contact #: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Time to Call: AM PM EVE

Are you under 18 years of age?  YES  NO

Are you prevented from lawfully becoming employed in this country because of a Visa or Immigration Status?  YES  NO (Proof of citizenship/immigration status will be required upon employment)

Have you filed an application with the Town of Sherborn before?  
 YES  NO If yes, please give date: \_\_\_/\_\_\_/\_\_\_; and position: \_\_\_\_\_

Have you ever worked for the Town of Sherborn before?  
 YES  NO If yes, date of last day worked: \_\_\_/\_\_\_/\_\_\_; and position: \_\_\_\_\_

Are you related to any Town of Sherborn employee or official?  
 YES  NO If yes, please provide name: \_\_\_\_\_ Relation: \_\_\_\_\_

Are you currently employed?  
 YES  NO If yes, please circle one: Full-time Part-time Avg. # hours per week: \_\_\_\_\_

May we contact your present employer?  YES  NO Do you intend to resign?  YES  NO

Is your current employer a municipality?  YES  NO

*Sherborn requires full disclosure of all other employment and/or contracts while employed for the Town of Sherborn. Written permission from other employers may be required for employment. Failure to disclose other employers or contracts prior to hiring or while being employed in Sherborn, or failure to provide requested written approval, may result in termination.*

Are you available to work:  Full-time  Part-time  Temporary/Seasonal

Date available to begin work: \_\_\_/\_\_\_/\_\_\_

# I. EMPLOYMENT EXPERIENCE

a.) Start with your present or most recent employment. Include military service assignments and verifiable work performed on a volunteer basis. You may exclude organization names which indicate race, color, religion, sex, gender, national origin, disability or any other protected status. Attach a separate sheet if you need more space to report previous, relevant employment.

Employer:				Employer:				Employer:			
Address:				Address:				Address:			
Supervisor:				Supervisor:				Supervisor:			
Telephone: (    )				Telephone: (    )				Telephone: (    )			
Status: <input type="checkbox"/> FT <input type="checkbox"/> PT Hrs/Wk:				Status: <input type="checkbox"/> FT <input type="checkbox"/> PT Hrs/Wk:				Status: <input type="checkbox"/> FT <input type="checkbox"/> PT Hrs/Wk:			
Job Title:				Job Title:				Job Title:			
Dates Employed		Hrly. Rate/Salary*		Dates Employed		Hrly. Rate/Salary*		Dates Employed		Hrly. Rate/Salary*	
From	To	Start	Final	From	To	Start	Final	From	To	Start	Final
Work Performed				Work Performed				Work Performed			
Reason For Leaving				Reason For Leaving				Reason For Leaving			

*\*Note: Beginning 7/1/18, applicant's wage history should be provided to the Town only on request and after receiving an offer of employment with specific compensation. Wage history can then be verified prior to first day of employment.*

b.) Sherborn requires full disclosure of other employment and/or contracts, and may request that you submit written approval from those employers to be employed at Sherborn. Failure to disclose other employers or contracts prior to hiring or while being employed in Sherborn, or failure to provide requested written approval, may result in termination. List any employers where you currently or plan to hold employment or a contract while being employed for the Town of Sherborn, and name the position or contract:  
(Attach a separate sheet if needed.)

a) \_\_\_\_\_ b) \_\_\_\_\_ c) \_\_\_\_\_ d) \_\_\_\_\_

c.) List any professional, trade, business or civic activities/offices held:  
(You may exclude memberships which would reveal sex, race, religion, national origin, age, or any other protected status.)

\_\_\_\_\_

\_\_\_\_\_

d.) Have you ever been terminated or asked to resign from a job?     YES     NO  
If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

e.) What was your attendance record at your prior place of employment? \_\_\_\_\_

f.) State any additional information you feel may be helpful in considering your employment:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## II. EDUCATION

In order to ensure proper evaluation of your application, **all** questions must be answered clearly, completely, and accurately. You may attach a copy of your resume, but not as a substitute for responding to all questions on this application. If you need more space, attach a separate sheet.

	High School	Tech/College/University	Graduate/Professional
School Name/Location:			
Years Completed:			
Diploma or Degree:			
Course of study or Major: G.P.A.:			
Specialized training, internship, apprenticeship; extra-curricular activities, clubs, volunteer, athletics; awards, recognitions:			

## III. SPECIALIZED SKILLS AND QUALIFICATIONS

a.) Some positions require a valid Massachusetts Driver's License, and therefore will require verification of a clean driving record prior to and during employment at Sherborn. If you wish to be considered for such a job, do you have a valid Mass. driver's license?  YES  NO  
If yes, what class? A B C D M List endorsements: \_\_\_\_\_

b.) Please list any current certifications and licenses (*other than driver's license*) you have that are a requirement for the position for which you are applying:  
(Please attach a copy of each.)

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c.) Please indicate training, courses, and seminars related to the position for which you are applying:  
(Please note a brief description, source, and date for each.)

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d.) Please summarize any additional skills you feel may be helpful in considering your application:

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OFFICE SKILLS	Check the column that best describes your skill level:			
	None	Beginner	Intermediate	Advanced
Microsoft Office				
Word Processing				
Spreadsheets				
Databases				
Website/Internet/HTML				
Accounting, Bookkeeping, and Financial Software				

## IV. REFERENCES

Please provide the names of at least three persons not related to you who are current or previous employers. Each person you name may be asked to appraise your character, ability, experience, personality, and other qualities.

	Reference #1	Reference #2	Reference #3	Reference #4
Name:				
Job Title:				
Company Name & Address:				
Phone:				
Email:				

## V. APPLICANT STATEMENT

*PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH. IF THERE ARE ANY QUESTIONS, PLEASE ASK.*

- a.) I hereby authorize the Town of Sherborn, its agents and representatives to investigate my references, work records, education and other matters related to my suitability for employment. \_\_\_\_\_
- b.) I hereby release the Town of Sherborn, its agents and representatives, my current and former employers, educators, the references I have provided, and all other persons or organizations disclosed by myself from any and all claims, demands or liabilities arising out of or in any way related to investigation or disclosure related to this employment application; and agree to disclose any employment or contracts throughout my time as a Sherborn employee. \_\_\_\_\_
- c.) I understand and agree that nothing contained in the application or conveyed to me during any interview which may be granted is intended to create an employment contract, implied or explicit, with the Town of Sherborn. \_\_\_\_\_
- d.) I understand and agree that *if offered employment*, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States. \_\_\_\_\_
- e.) I understand and agree that *if offered employment*, the offer may be contingent on several factors, depending on the position I am offered. These may include my passing a pre-employment physical and drug test, the successful completion of medical and physical abilities tests, a CORI (Criminal Offender Record Information) inquiry, and I hereby authorize disclosures of such examinations/inquiries to the Town of Sherborn. I further may be required to provide proof of certifications, records, and licensures as required to perform the duties of the position I am offered, or to attend and successfully complete academy training. \_\_\_\_\_
- f.) I understand and agree that all appointments are probationary (*at least 6 months, and may be extended*) and that I must demonstrate my fitness for continued employment during the probationary period. I also understand and agree that I must be available from time to time for work outside normal business hours as the needs of the department require. \_\_\_\_\_
- g.) I understand and agree that *if I accept employment*, I will follow all personnel procedures, policies, and bylaws adopted by the Town of Sherborn, including but not limited to its policies regarding Harassment/Sexual Harassment, its Drug & Alcohol Policy, and any other policy as established as a condition of employment for all Town employees. I understand also that I am required to abide by all rules, regulations and policies of the Town of Sherborn. \_\_\_\_\_
- h.) I hereby certify that the information and answers herein are true and complete to the best of my knowledge. I further affirm that any omission of fact, misstatement, false or misleading information given on this application, interview, or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. My signature below certifies that I have read and understand this statement and that I agree to the terms and conditions outlined in this document. \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_