



Town of Orleans Employment Application

Office of the Town Administrator

19 School Road, Orleans MA 02653

Phone: 508-240-3700

www.town.orleans.ma.us

An Equal Opportunity Employer

The Town of Orleans is an equal opportunity employer and does not discriminate against any applicant because of race, color, religion, sex, marital status, national origin, age, disability, sexual orientation or any other class protected by federal, state or local law. Any person who needs assistance in fully participating in the application process should contact the Assistant Town Administrator.

A fully completed application is required for each position applied for. Also, "see resume" is not acceptable in any field. Please attach resume & letter of interest if required.

I. Contact and Personal Information.

Date: _____

Name _____
Last First Middle

Address _____
Number Street Town State Zip Code

Mailing Address _____
(If Different) Number Street Town State Zip Code

() () _____
Telephone Cellphone Email Address

II. Position

Position for which you are applying _____

How did you hear about this position? _____

Have you ever been employed by the Town of Orleans? YES ___ NO ___ If yes, when? _____ to _____ Department

III. Office Skills (If applicable). Check the column that you feel best describes your knowledge and specify software products:

	Beginner	Intermediate Level	Advanced Level
Knowledge of Word Processing			
Knowledge of Spreadsheets			
Knowledge of Databases			
Automated Accounting System Knowledge			
Bookkeeping Knowledge			
Transcription Ability			
Shorthand/Speedwriting Ability			

IV. Licenses (Please list all licenses you possess that are relative to the position you seek).

A valid license is a condition of employment, where required.

Do you have a valid driver’s license (Class D Auto)? Yes _____ No _____ If yes, enter expiration date _____

Do you have a valid CDL license (Class A or B)? Yes _____ No _____ If yes, enter expiration date _____

Do you have a valid Hydraulic license? Yes _____ No _____ If yes, enter expiration date _____

What other valid licenses or certifications do you possess (job related)? _____

V. Education.

School	Name, Address, City, State	Number of Years Attended	Degree Awarded
High School			
College			
Graduate School			
Trade, Business, Night Courses			
Military Service, Other Training			

VI. Special Skills.

Please list any other skills or abilities you feel are relevant:

VII. Pre-employment Requirements. All offers of employment are conditional upon satisfactory completion of all pre-employment requirements, including, but not limited to:

- A. Criminal Offense Record Inquiry (CORI) and Sex Offender Record Information (SORI) check.
- B. Drug Testing. Satisfactory completion of a required drug or alcohol test is a condition of employment as outlined in the Drug and Alcohol Testing Policy of the Town of Orleans.
- C. Clearinghouse rules. All offers of employment to persons holding a Commercial Driver’s License are conditioned on the completion of a pre-employment query in accordance with 49 CFR § 382.701 and compliance with the Federal Motor Carrier Safety Administration (FMCSA) drug and alcohol use and testing regulations 49 CFR § 382 and 49 CFR § 40.
- D. Physical. All offers of employment are conditional upon the satisfactory completion of a Health Questionnaire and conditional upon a physical examination, where required. Satisfactory fitness to perform the essential duties of the position is a condition of employment.

VIII. Employment of Minors.

The Town of Orleans is subject to certain child labor provisions regarding the employment of persons under the age of 18. Further, an Employment Permit or Educational Certificate may be required, depending on your age.

Are you under age 18? No _____ Yes _____ If yes, please indicate your age. _____

IX. Employment History. (Please do not write "see resume")

Please account for the last 4 positions you have held. Start with your present or last employer. You may include military service and any verifiable work performed as an intern or volunteer.

May we contact your present employer? Immediately _____ After acceptance of employment _____ No _____

If no, please give reason: _____

Employer	Address
Telephone	Your Title
Supervisor	Supervisor's Title
Dates Worked	Reason for Leaving

Description of Primary duties: _____

Employer	Address
Telephone	Your Title
Supervisor	Supervisor's Title
Dates Worked	Reason for Leaving

Description of Primary duties: _____

Employer	Address
Telephone	Your Title
Supervisor	Supervisor's Title
Dates Worked	Reason for Leaving

Description of Primary duties: _____

Employer	Address
Telephone	Your Title
Supervisor	Supervisor's Title
Dates Worked	Reason for Leaving

Description of Primary duties: _____

X. Business References: (List a minimum of 3 people not related to you who we may request comment on your work performance and/or experience.)

Name	Address	Phone	Relationship
Name	Address	Phone	Relationship
Name	Address	Phone	Relationship

XI. Signature. * CAREFULLY READ ALL PARTS OF THIS APPLICATION FORM BEFORE SIGNING *

- A. I understand that acceptance of this application by the Town of Orleans does not imply that I will be employed. (Exceptions to A is an employee filling out this application for promotional purposes only.)
- B. The information that I have provided is true and complete. I understand that misrepresentation or omission of any fact in my application, resume, or in any other materials or as provided during interviews, can be justification for refusal of employment or can be justification for termination from employment, if employed.
- C. I understand that any offer of employment that I receive from the Town of Orleans is contingent upon my successful completion of the pre-employment screening process including but not limited to the Town receiving satisfactory references, a satisfactory criminal history and Criminal Offense Record Inquiry or Sex Offender Record Information check if required, satisfactory verification of driver’s license or certifications where required, and satisfactory completion of any required post-offer pre-employment drug test or physical examination.
- D. In processing my application for employment, the Town of Orleans may verify all of the information provided by me concerning, among other things, my prior employment or military record, education, character, general reputation and personal characteristics.
- E. I authorize the Town of Orleans to take whatever steps deemed necessary to obtain information regarding my qualifications for employment including contacting my present and former employers, by contacting individuals listed as business, educational or personal references, and by contacting other individuals to provide or further clarify information about me.
- F. I hereby release my present and former employers and all individuals contacted for factual information about me from any and all liability for damages arising from furnishing the requested information.
- G. If employed by the Town of Orleans, I understand that as a condition of employment, I may be required to furnish additional or updated medical information, that I may be required to undergo a physical examination, that I may be subject to drug and/or alcohol testing, that the Town may request a Criminal Offense Record Inquiry (CORI check) or Sex Offender Record Information (SORI check) on me, investigate my driving record or verify my license(s) or certification(s) as required for employment at any time during my employment. As a condition of employment an employee may be required to provide additional or updated information especially if this employee has been on workers comp and may require both drug testing and an employment physical in order to allow us to have the necessary information for making a proper decision or reasonable accommodations, if necessary.
- H. I understand that the Town of Orleans is an at-will employer. If employed, I understand that my employment may be terminated with or without cause at any time unless there is an applicable bargaining unit contract provision.
- I. 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.

My signature certifies that I have read and agree with all statements contained in this Application for Employment.

Applicant Name (Please Print)

Applicant Signature

Date