

TOWN OF PITTSFIELD

Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Please complete this section even if you have attached a resume. Give a complete account of employment. Begin with your *present* or *most recent* positions and work backward in time.

Company		Phone ()
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone ()
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone ()
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

OTHER SKILLS/TRAINING

Describe your skills, experience, certifications or other training that are relevant to the position sought

HOW DID YOU HEAR ABOUT THIS POSITION?

Friend Online/print ad (*please specify*)

Relative Other (*please specify*)

Employment Agency

CERTIFICATION BY APPLICANT

All information provided by me is true and correct to the best of my knowledge. I understand omissions or misrepresentations may be cause for rejection or, if employed, may be just cause for dismissal. I hereby authorize any former employer, person, firm, corporation or educational institution listed herein including this municipality to answer any and all questions and provide documents and agree to hold all persons harmless for giving any and all truthful information within their knowledge or records. I understand this is a preliminary application and not a contract to employ me. Furthermore, in the event I am hired, my employment shall be completely voluntary and may be terminated at will at any time for any non-discriminatory reason upon notice by either myself or the municipality. I agree to comply with all reasonable rules of the municipality as a condition of employment.

Applicant Signature

Date

The Town of Pittsfield is an equal opportunity employer. It is the policy of this municipality to provide equal employment opportunity to all applicants and employees without regard to race, color, religion, sex, national origin, ancestry, place of birth, age, marital status, pregnancy status, genetic information, physical or mental condition, HIV status, veteran status, sexual orientation, gender identity, or other category protected by state or federal law. No question is asked on this application or during the application process for the purpose of excluding any applicant due to the aforementioned protected categories or other category protected by state or federal law.