



**EDUCATION**

Name/Location      Course of study      Did you graduate?      Years attended      Degree

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High School:

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Business/Technical/Other training:

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College:

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Graduate school:

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**LICENSES / CERTIFICATES / PROFICIENCIES**

Do you have a valid driver's license?      \_\_\_ Yes \_\_\_ No

(Not required for all positions. Unless driving is an essential function of the position, lack of a driver's license will not disqualify an applicant.)

Driver License Class: \_\_\_\_\_ Endorsements: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you have any professional licenses?      \_\_\_ Yes \_\_\_ No

If yes, please identify.

License: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Please list any computer software programs in which you are proficient:

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Please describe any additional specialized training or job-related skills you may have that will help us evaluate your application for employment.

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**EMPLOYMENT or VOLUNTEER HISTORY**

Please list most recent employment first. You may include work performed on a volunteer basis.

**1. Employer:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

Job title: \_\_\_\_\_ Dates of employment: \_\_\_\_\_ to \_\_\_\_\_

Immediate supervisor name and job title: \_\_\_\_\_

Immediate supervisor phone and/or email: \_\_\_\_\_

Describe the work you performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

**2. Employer:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

Job title: \_\_\_\_\_ Dates of employment: \_\_\_\_\_ to \_\_\_\_\_

Immediate supervisor name and job title: \_\_\_\_\_

Immediate supervisor phone and/or email: \_\_\_\_\_

Describe the work you performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

**3. Employer:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

Job title: \_\_\_\_\_ Dates of employment: \_\_\_\_\_ to \_\_\_\_\_

Immediate supervisor name and job title: \_\_\_\_\_

Immediate supervisor phone and/or email: \_\_\_\_\_

Describe the work you performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

**4. Employer:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

Job title: \_\_\_\_\_ Dates of employment: \_\_\_\_\_ to \_\_\_\_\_

Immediate supervisor name and job title: \_\_\_\_\_

Immediate supervisor phone and/or email: \_\_\_\_\_

Describe the work you performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

**REFERENCES**

Please list three business/employment/volunteer references:

1. Name: \_\_\_\_\_ Company: \_\_\_\_\_

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

Position: \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

2. Name: \_\_\_\_\_ Company: \_\_\_\_\_

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

Position: \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

3. Name: \_\_\_\_\_ Company: \_\_\_\_\_

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

Position: \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**AGREEMENT**

The information provided in this application for employment is true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information or omissions given in my application or interview(s) may result in discharge. I understand that all appointments are probationary and that I must demonstrate my fitness for continued employment during the probationary period. I also understand that I must be available from time to time to work outside normal business hours as the needs of the department require. I authorize the Town to conduct a criminal background check on me in consideration of my being offered employment. If offered the position, I agree to take a physical examination, given by an appointed Town physician, which may include testing for drugs, alcohol and/or a psychological examination, as required by the particular department, and recognize that any offer of employment may be contingent upon passing the physical and psychological exam (if applicable) and my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986. I authorize investigation of all statements contained in this application and the release of any pertinent information regarding my education, past employment history and background.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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.

# TOWN OF WAYLAND

## RELEASE FORM

I \_\_\_\_\_ a candidate for the position of \_\_\_\_\_ hereby authorize the Town of Wayland to investigate all statements in my application and to secure information from all my employers, references, and academic institutions. I hereby release all of those employers (current and prior), references, academic institutions, and the Town of Wayland from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the Town of Wayland.

Prior to being considered as a finalist for a position, I hereby voluntarily authorize the Town to conduct a criminal background check. Furthermore, I authorize the Town to investigate any and all statements made on my resume and/or application for employment. I hereby release the Town from any and all liability as a result of such investigation.

I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my criminal background check, academic credentials and/or employment references. I further understand that any false or misleading statements will be sufficient cause for rejection of my application if the Town of Wayland has not employed me and for immediate dismissal if the Town of Wayland has employed me. I also authorize the Town of Wayland to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency, or other party having a legal and proper interest, and I hereby release the Town of Wayland from any and all liability for its providing this information.

In the event of my employment with the Town of Wayland, I will comply with all rules, regulations, and policies set forth in the Town of Wayland's policy manual or other communications distributed by the Town of Wayland.

I understand that nothing in this employment application, in the Town of Wayland's policy statements or personnel guidelines, or in my communications with any Town of Wayland official is intended to create an employment contract between the Town of Wayland and me. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Town of Wayland unless it is made in writing and signed by a Town of Wayland official.

I hereby acknowledge that I have read, understand and agree to the terms in the preceding statement.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**