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| **APPLICATION FOR EMPLOYMENT** |
| **Notice to Applicants** |
| All applicants will be given equal consideration regardless of race, color, religion, sex, sexual orientation, ancestry, age, disability, handicap, genetic information, service in the military, gender identity, or membership in any other group protected by applicable law. Applicants who need an accommodation in the application or interview process are asked to make a request by contacting Conway's Town Administrator (townadmin@townofconway.com; 413-369-4235, x3). |
| **Personal Information** |
| Date: \_\_\_\_\_\_\_\_\_\_ Phone: (\_\_)\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(last) (first) (middle)*  Street Address/P.O. Box: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City, State, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position Desired: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date available for employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Have you ever been employed by the Town of Conway before? \_\_\_Yes \_\_\_No  If so, dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prior position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If so, reason for leaving: |
| **Education** |
| Please describe any education or experience you have relevant to the position you are applying for. |
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| **Employment History** | | |
| Please give accurate, complete. full-time and part-time employment record. Start with your most recent | |
| employer. You may also include any verified work performed as a volunteer in this listing. | |
| Company Name | Telephone |
| Address: | Employed (state Month & Year)    From: To: |
| Name of Supervisor |
| Job Title and Description |  |
| Reason for Leaving | |
|  | |
| Company Name | Telephone |
| Address: | Employed (state Month & Year)    From: To: |
| Name of Supervisor |
| Job Title and Description |  |
| Reason for leaving | |
|  | |
| Company Name | Telephone |
| Address: | Employed (state Month & Year)    From: To: |
| Name of Supervisor |
| Job Title and Description |  |
| Reason for Leaving | |
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| **References (work-related only, please omit relatives)** | | | |
| Name | Address | Telephone | Relationship |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

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| **Other Information** |
| Names of friends and/or relatives employed by the Town: |

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| **Acknowledgement Statement** |
| I hereby certify that the information contained in this application form and in any attachments listed or attached, hereinafter made a part of this application, and to the best of my knowledge are true and correct unless I have indicated to the contrary. I authorize the references listed above to provide the Town any and all information concerning my previous employment and I further indemnify and hold harmless the Town from any and all liability and/or damages that may result from furnishing and/or disclosing such information to the Town. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, in my dismissal from employment.  I also understand and agree that no representative of the Town has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized Town representative. I understand, also, that I am required to abide by all rules and regulations of the Town. I understand that if l am hired, the nature of my relationship with the Town will be that of an **at­-will employee** and that either I or the Town may terminate the employment relationship with or without cause or notice.  I hereby certify that the information contained in this application form and in any attachments listed or attached, hereinafter made a part of this application, and to the best of my knowledge are true and correct unless I have indicated to the contrary. I authorize the references listed above to provide the Town any and all information concerning my previous employment and I further indemnify and hold harmless the Town from any and all liability and/or damages that may result from furnishing and/or disclosing such information to the Town. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, in my dismissal from employment.  I also understand and agree that no representative of the Town has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized Town representative. I understand, also, that I am required to abide by all rules and regulations of the Town. I understand that if l am hired, the nature of my relationship with the Town will be that of an **at­-will employee** and that either I or the Town may terminate the employment relationship with or without cause or notice. |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_