



TOWN OF BURLINGTON

Human Resources Department

29 CENTER STREET, BURLINGTON, MA 01803

www.burlington.org

Application for Employment

The Town of Burlington is an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, marital or veteran status, national origin, sex, age, disability, sexual orientation or any other class protected by federal, state or local law.

Please PRINT - application must be filled out COMPLETELY

Date of Application: ____/____/____

PERSONAL INFORMATION

Name (Last, First, Middle):

Current Address (Street):

City, State, Zip Code:

Mailing Address, if different:

Telephone (Primary):

Telephone (Alternate):

Preferred Phone: Primary Alternate

Email Address:

Are you legally eligible to work in the United States? Yes No
(*proof of citizenship or immigration status will be required upon employment*)

If you are under 18 years of age, can you provide proof of eligibility to work? Yes No

If hired, are you able to perform the essential job functions of the job you are applying for, with or without reasonable accommodation? Yes No

EMPLOYMENT DESIRED

Position Applying For:

Date Available:

Are you available to work:

Full Time Part Time Evenings/Weekends Temporary/Seasonal

Are you able to work overtime on evenings, weekends, and holidays if necessary? Yes No

How did you hear about the position?

Have you ever been an employee of the Town of Burlington? Yes No

If yes, please give dates? From: ____/____/____ To: ____/____/____

For which department?

What position?

EMPLOYMENT EXPERIENCE

Please start with your present or last job. Include any job related military and/or volunteer assignments. This section must be completed in full. Please do NOT respond "see resume".

Company Name:

Street Address:

City, State, Zip Code:

Telephone Number:

Supervisor:

Dates Employed (Mo/Yr):

From: ____ / ____ To: ____ / ____

May we contact this employer? Yes No

Job Title:

Full Time Part Time (# hours/week _____)

Description of Duties:

Reason for Leaving or seeking other employment:

Company Name:

Street Address:

City, State, Zip Code:

Telephone Number:

Supervisor:

Dates Employed (Mo/Yr):

From: ____ / ____ To: ____ / ____

May we contact this employer? Yes No

Job Title:

Full Time Part Time (# hours/week _____)

Description of Duties:

Reason for Leaving or seeking other employment:

Company Name:

Street Address:

City, State, Zip Code:

Telephone Number:

Supervisor:

Dates Employed (Mo/Yr):

From: ____ / ____ To: ____ / ____

May we contact this employer? Yes No

Job Title:

Full Time Part Time (# hours/week _____)

Description of Duties:

Reason for Leaving or seeking other employment:

EDUCATION

SCHOOL	NAME AND LOCATION	COMPLETED?	DEGREE EARNED
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe any specialized training, coursework or apprenticeships

List professional, trade, business or civic activities and offices held

SPECIAL SKILLS AND OTHER QUALIFICATIONS

Please select the skills that are relevant to the position desired

<input type="checkbox"/> Microsoft Word	or	<input type="checkbox"/> Other word processing software (<i>Specify</i>): _____
<input type="checkbox"/> Microsoft Excel	or	<input type="checkbox"/> Other spreadsheet software (<i>Specify</i>): _____
<input type="checkbox"/> Microsoft PowerPoint	or	<input type="checkbox"/> Other presentation software (<i>Specify</i>): _____
<input type="checkbox"/> Microsoft Access	or	<input type="checkbox"/> Other database software (<i>Specify</i>): _____
<input type="checkbox"/> Other Technology		
<input type="checkbox"/> Typing Speed (<i>Words per minute</i>): _____		
<input type="checkbox"/> Foreign Languages (<i>Specify</i>): _____		
Please list any other skills or abilities you feel relevant _____		

LICENSES

Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration date: _____			
What class of license do you possess? <i>(check all that apply)</i>		<input type="checkbox"/> Class D Expiration date: _____ <input type="checkbox"/> CDL A Expiration date: _____ <input type="checkbox"/> CDL B Expiration date: _____ <input type="checkbox"/> CDL C Expiration date: _____	
Do you have any of the following licenses? <i>(check all that apply)</i>		<input type="checkbox"/> Hoisting <input type="checkbox"/> Playground Safety Certification <input type="checkbox"/> Pesticide <input type="checkbox"/> Certified Pool Operator	
Do you have any of the following Water Distribution licenses? <i>(check all that apply)</i>		<input type="checkbox"/> D-1 <input type="checkbox"/> D-2 <input type="checkbox"/> D-3	
Do you have any of the following Water Treatment licenses? <i>(check all that apply)</i>		<input type="checkbox"/> T-1 <input type="checkbox"/> T-2 <input type="checkbox"/> T-3	
Have you ever had your license or driving privileges revoked, suspended, or placed on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please explain. Include when, where and what action was taken: <i>Do not list losses of licenses resulting from convictions of misdemeanors within the last 5 years or resulting from first convictions of simple assault, drunkenness, speeding, minor traffic violations, affray or disturbance of the peace.</i> _____ _____ _____			

OTHER INFORMATION

Name of friends and/or relatives employed by the Town of Burlington:

Name:	Relationship:
Name:	Relationship:

REFERENCES

Please list (3) three professional and/or business references only

Full Name:	Relationship:
Company:	Phone:
Full Name:	Relationship:
Company:	Phone:
Full Name:	Relationship:
Company:	Phone:

APPLICANT'S STATEMENT

I acknowledge that 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 given in my application or interview(s) may result in discharge.

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. I authorize the Town of Burlington to obtain any information from schools, employers or individuals relating to my activities. This information may include, but is not limited to: academics, achievement, performance, attendance, personal history and discipline. Further, I hereby authorize all references, persons, schools, my current employer (if applicable) and previous employers and organizations named in this application, unless otherwise stated, to provide the Town of Burlington any relevant information that may be required to arrive at an employment decision. I understand that the information released is for the Town of Burlington's use only.

I hereby voluntarily release, discharge and exonerate the Town of Burlington, its agents and representatives, and any person so furnishing information from any and all liabilities of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of the Town of Burlington.

I understand that all appointments are probationary and that I must demonstrate my ability for continued employment. I also understand that I must be available to present myself at work during the established hours of the department. In the event of my employment with the Town of Burlington, I will comply with all rules, regulations, and policies set forth in the Town of Burlington's Personnel Rules & Regulations or other communications distributed by the Town of Burlington.

I agree to sign a Criminal Offender Record Information Release form and further authorize the Town of Burlington to conduct background checks that they deem necessary for evaluating your application for employment. If required for the position I am seeking, I agree to take a physical examination, which may include testing for drugs or a psychological examination, as required, and recognize that any offer of employment may be contingent upon the results of such an examination.

I understand that any employment offer by the Town is conditional upon my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986 within three days of the date of hire.

I understand that employment with the Town of Burlington is "at will" which means that either you or the Town of Burlington can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute or agreement. All employment is continued on that basis. I understand that no supervisor, manager or executive of the Town of Burlington has any authority to alter the foregoing.

Signature of Applicant

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.

Voluntary Affirmative Action Request Form

The Town of Burlington, as part of its commitment to Affirmative Action/Equal Employment Opportunity policies, invites you to provide the following information. The information is voluntary and refusal to provide it will not have any bearing on our employment decision. The data is confidential and will be filed separately. It will be available only to authorized personnel and is used to further the Town's Affirmative Action/Equal Employment Opportunity policies. Your cooperation is appreciated.

Date: ____/____/____

Name (Last, First, Middle):
Position Applied For:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnic Origin: <input type="checkbox"/> White (Not Hispanic or Latino) <input type="checkbox"/> Black (Not Hispanic or Latino) <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other (<i>Please Specify</i>): _____
Veteran Status: <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Vietnam Era