



**TOWN OF HINGHAM  
EMPLOYMENT APPLICATION**

**POSITION APPLIED FOR:** \_\_\_\_\_

**NAME** \_\_\_\_\_  
Last First Middle

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

Best time to contact you at home: \_\_\_\_\_ Do you have any relatives who work for the Town: \_\_\_\_\_

Have you ever been employed by us before? If yes, when \_\_\_\_\_

Have you ever been employed by a public agency or municipality in Massachusetts? \_\_\_\_\_ If yes, where and when \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ May we contact you at work? \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? \_\_\_\_\_ *Proof of citizenship or immigration status will be required upon employment.*

Are you able to perform the essential job-related functions? \_\_\_\_\_. (*see Job Description*)

**EDUCATION**

	Name & Address	Course of Study	Years Completed	Degree
High School				
College				
Graduate or Professional				
Other				

**Employment History**

Please account for the last 4 positions you have held. **We ( ) may ( ) may not contact your present employer**

Employer	Address
Telephone	Title
Supervisor	Dates Worked
Salary Received	Reason for Leaving

Employer	Address
Telephone	Title
Supervisor	Dates Worked
Salary Received	Reason for Leaving

Employer	Address
Telephone	Title
Supervisor	Dates Worked
Salary Received	Reason for Leaving

Employer	Address
Telephone	Title
Supervisor	Dates Worked
Salary Received	Reason for Leaving

**Office Skills (if applicable)**

Check the column that best describes your knowledge:

	Beginner	Intermediate	Advanced
Microsoft Word			
Microsoft Excel			
Microsoft Access			
Microsoft Power Point			
Bookkeeping			
Transcription Ability			
Shorthand Ability			

**LICENSES & CERTIFICATE**

Type	Licensing Authority	Number	Expiration

**BUSINESS/PROFESSIONAL REFERENCES:** *Do not include family members.*

Name & Address	Phone

**ADDITIONAL INFORMATION:** *List below any specialized training or job related skills acquired through military, civic, business or other activity, **paid or unpaid.***

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*State any additional information which might be helpful to us in considering your application.*

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**EMPLOYMENT OF MINORS**

The Town of Hingham 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? If yes, please indicate your age: \_\_\_\_\_

**CAREFULLY READ ALL PARTS OF THIS APPLICATION FORM BEFORE SIGNING**

- I understand that acceptance of this application by the Town of Hingham does not imply that I will be employed.
- The information that I 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.
- I understand that any offer of employment that I receive from the Town of Hingham is contingent upon my successful completion of the pre-employment screening process including but not limited to the Town of Hingham receiving satisfactory references, a satisfactory criminal history and Criminal Offense Record Inquiry (CORI check) and/or Credit 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.
- In processing my application, the Town of Hingham 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.
- I authorize the Town to take whatever steps deemed necessary to obtain information regarding my qualifications for employment including contacting: my present and former employers; individuals listed as business, educational or personal references; and other individuals to provide or further clarify information about me.

- I hereby release the Town, 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.
- If employed by the Town of Hingham, 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 a physical examination, that I may be subject to drug and/or alcohol testing, that the Town may request a CORI and/or Credit check on me, investigate my driving record or verify my license(s) or certifications as required for employment at any time during my employment. I hereby authorize the Town to conduct a CORI and/or Credit check on me as a condition of applying for a position with the Town, where applicable, and agree to sign a CORI and/or Credit Request Form reflecting my authorization of the CORI and/or Credit check. I further release the Town and its agents from any and all potential claims associated with the Town's performing a CORI and/or Credit check on me in connection with my application for a position with the Town. As a condition of employment an employee may be required to provide additional or updated information and may require both drug testing and employment physical in order to allow us to have necessary information for making a proper decision or reasonable accommodations, if necessary.
- I understand that the Town of Hingham 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.

MY SIGNATURE CERTIFIES THAT I HAVE READ AND AGREED WITH THE ABOVE STATEMENTS AND ALL STATEMENTS CONTAINED IN THIS EMPLOYMENT APPLICATION.

Signature of Applicant: \_\_\_\_\_ Date : \_\_\_\_\_

Please Print Name: \_\_\_\_\_

The Town of Hingham is an equal opportunity employer M/F/D/V and does not discriminate based on race, gender, national origin, age, disability, marital or veteran status, sexual preference or any other legally protected status.

## APPLICANT EQUAL EMPLOYMENT OPPORTUNITY DATA FORM

The information requested is optional and is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and will not be considered as part of the application for employment. Human Resources will file separately and process your responses to these confidential questions.

Position Applied For \_\_\_\_\_ Date \_\_\_\_\_

- **OPTIONAL:** Male \_\_\_\_\_ Female \_\_\_\_\_

- **OPTIONAL:** Please select your age group.

\_\_\_ Under 18

\_\_\_ 18-25

\_\_\_ 26-39

\_\_\_ 40-54

\_\_\_ 55-69

\_\_\_ 70+

- **OPTIONAL:** Race/Ethnicity

\_\_\_ **WHITE:** All persons having origins in any of the original peoples of Europe, North Africa or the Middle East

\_\_\_ **BLACK:** All persons having origins in any of the Black racial groups of Africa

\_\_\_ **HISPANIC or LATINO:** All persons of Mexican, Puerto Rican, Cuban, Central America or other Spanish culture, regardless of race

\_\_\_ **ASIAN:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent (for example, China, India, Japan and Korea)

\_\_\_ **NATIVE HAWAIIAN or PACIFIC ISLANDER:** All persons having origins in any of the original peoples of the Hawaiian or Pacific Islands (for example, Hawaii, Philippine Islands and Samoa)

\_\_\_ **AMERICAN INDIAN or ALASKAN NATIVE:** All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition

\_\_\_ **OTHER:** Please define \_\_\_\_\_