

APPLICATION FOR EMPLOYMENT TOWN OF HUDSON, MA



Date: _____

Name	Social Security Number
Mailing Address	City, State, Zip Code
Home Phone	Cell Phone
Email Address	Date of Birth

Position Sought:	Available Start Date:		
Please Circle One:			
Full-Time	Part-Time	Shift Work	Seasonal
How did you find out about this position?			

If you are under 18 years of age, can you provide required proof of your eligibility to work?	YES	NO
Have you ever filed an application with the Town of Hudson before? If yes, give date _____	YES	NO
Have you ever been employed by the Town of Hudson before?	YES	NO
Are you currently employed? If yes, since what date _____	YES	NO
May we contact your present employer?	YES	NO
Are you a citizen of the United State or a person authorized to work under the Immigration Laws of the U.S.?	YES	NO

EDUCATION	Name and Location	Years Completed	Degree /Diploma
HIGH SCHOOL			
COLLEGE / UNIVERSITY			
TRADE SCHOOL			
OTHER EDUCATION			

The Town of Hudson considers applicants for all positions without regard to race, color, religion, sex, sexual orientation, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

REFERENCES

Please give name, address and telephone number of three references who are not related to you and not previous employers.

1.

2.

3.

EMPLOYMENT EXPERIENCE

Employer	Address & Phone Number	Dates of Employment	Hourly Rate / Salary
Job Title	Supervisor	Work Performed	

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Special Skills and Qualifications

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at the time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, and employment relationship with this organization is an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause or notice. It is further understood that this "at will" employment relationship may not be change by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations as set forth in the Town's policies, by-laws, or other communication distributed to all employees, which may be changed without notice at the discretion of the Town.

Signature of Applicant

Date