

# APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

**PERSONAL INFORMATION**

				DATE _____
NAME				SOCIAL SECURITY NUMBER _____
LAST	FIRST	MIDDLE		
PRESENT ADDRESS				
STREET		CITY		STATE _____ ZIP _____
PERMANENT ADDRESS				
STREET		CITY		STATE _____ ZIP _____
PHONE NO. _____		ARE YOU 18 YEARS OR OLDER? Yes <input type="checkbox"/> No <input type="checkbox"/>		
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? Yes <input type="checkbox"/> _____ No <input type="checkbox"/> _____				

LAST

**EMPLOYMENT DESIRED**

POSITION _____	DATE YOU CAN START _____	SALARY DESIRED _____
ARE YOU EMPLOYED NOW? _____		IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____
EVER APPLIED TO THIS COMPANY BEFORE? _____	WHERE? _____	WHEN? _____
REFERRED BY _____		

FIRST

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

MIDDLE

**GENERAL**  
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK \_\_\_\_\_

SPECIAL SKILLS \_\_\_\_\_

ACTIVITIES: (CIVIC, ATHLETIC, ETC.) \_\_\_\_\_  
EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

U.S. MILITARY OR NAVAL SERVICE _____	RANK _____	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES _____
--------------------------------------	------------	--

\*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

**FORMER EMPLOYERS** (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				
FROM TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS. (Fill in name of state)  
 IT IS UNLAWFUL IN THE STATE OF \_\_\_\_\_ 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.

Signature of Applicant \_\_\_\_\_

IN CASE OF  
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY

DATE

REMARKS:

NEATNESS

ABILITY

HIRED:  Yes  No

POSITION

DEPT.

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED: 1.

2.

3.

EMPLOYMENT MANAGER

DEPT. HEAD

GENERAL MANAGER

C. APPLICATIONS

Applications for employment must be filed on forms prescribed by the Town, and available at the Selectmen's Office and meet the specified requirements as advertised. Such forms may require whatever information deemed necessary and applications must be signed by the person applying unless the applicant is physically incapable of doing so. The Town will only accept applications for positions when there are vacancies to be filled.

D. COMPENSATION

To the extent feasible, it is the intent of the Town to pay Town employees a basis that is commensurate with salaries and wages for comparable public and private work in the area in order to attract and retain well qualified employees.

E. ORIENTATION

Each new employee shall be given an orientation to the Town of Alfred. Such orientation will include:

1. A review of the Personnel Policy
2. A review of the employee's job description
3. A review of benefits and the submission of completed application form
4. A discussion of payroll schedule and payroll deduction options
5. A review of all required training, including sexual harassment and VDT training

F. PROBATIONARY PERIOD

Initial Appointment: Upon appointment, all employees shall be employed on probationary status for a period of six months (180 days).

At the end of thirty (30) days all benefits, privileges, etc., will commence and be retroactive to the date of hire; with the exception of Banked Time which begins to accrue immediately upon employment, but can not be used for the first 90 days of service.

During the probationary period, employees will be evaluated prior to the completion of the third and sixth months of employment. Upon completion of each appraisal, the Department Head will forward the appraisal to the Administrative Assistant to the Selectmen who shall review it and then place it in the employee's Personnel folder. If in the judgment of the Department Head, the employee's performance is deemed unsatisfactory at any of the periodic appraisals, the employee shall be informed of any deficiencies and may be given an opportunity to correct them. The Board of Selectmen shall also be notified of the situation. An employee may be terminated at any time during the probationary period and such termination is not subject to review.