



TOWN OF AQUINNAH

EMPLOYMENT APPLICATION

955 State Road, Aquinnah, Massachusetts 02535
Tel. (508) 645-2301 - Fax (508) 645-7884 - www.aquinnah-ma.gov

(PLEASE PRINT AND COMPLETELY ANSWER ALL QUESTIONS)

Town of Aquinnah ("Town") fully subscribes to the principles of Equal Employment opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, genetic information, disability, or any other basis prohibited by federal, state or local law. In accordance with requirements of the Americans with Disabilities Act and applicable state laws, it is our policy to provide reasonable accommodation upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for employment. As an Equal Opportunity Employer, we intend to comply fully with applicable federal and State employment laws and the information requested on this application will only be used for purposes consistent with those laws. To the extent required by applicable law, the Town maintains a smoke-free workplace.

POSITION APPLIED FOR: _____ DATE: _____

PERSONAL DATA

Name: _____
Last Middle First

Street Address: _____ City: _____ State: _____ Zip Code: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____
Home Mobile Work

Are you at least 18 years or older? ☐ Yes ☐ No
(If not, you may be required to provide authorization to work.)

When will you be able to start work? _____

Are there any days, shifts or hours you will not work? Specify: _____

Have you ever applied or worked for the Town of Aquinnah before? ☐ Yes ☐ No

If "Yes," provide dates: _____

Note: The Federal Immigration and Reform and Control Act of 1986 requires that a DHS Employment Eligibility Verification "Form I-9" be completed for every new hire and that within three (3) business days of beginning work every new hire must present to the employer documentation establishing his/her identity and authorization to work. This federal requirement must be satisfied as a condition of employment. The Town uses the U.S. Department of Homeland Security "E-Verify" system for employment eligibility verification purposes.

Town of Aquinnah Employment Application

Applicant Name: _____

EMPLOYMENT HISTORY:

Complete for all full-time or part-time employment starting with the most recent. Include active military assignments. You may include as part of your employment any verified work performed on a volunteer basis. Please attach your resume, if applicable, or a separate sheet with additional experience.

Company Name: _____ Address: _____

Name of Supervisor: _____ May we contact: ☐ Yes ☐ No

Dates Employed: From: _____ To: _____

State job title(s) and describe job duties: _____

Reason for leaving: _____

Please attach your resume, if applicable, or a separate sheet with additional experience.

Company Name: _____ Address: _____

Name of Supervisor: _____ May we contact: ☐ Yes ☐ No

Dates Employed: From: _____ To: _____

State job title(s) and describe job duties: _____

Reason for leaving: _____

MILITARY

Branch of Service: _____ Number of Years /Months of Service: _____

Rank at Discharge: _____ Date of Discharge: _____

Reason for Leaving: _____

REFERENCES

Please list three (3) persons not related to you who know your qualifications.

Name	Address	Telephone	Relationship

Town of Aquinnah Employment Application

Applicant Name: _____

APPLICANT'S ACKNOWLEDGMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document may be cause for my dismissal at any time without prior notice. I consent to and authorize the Town and/or its Agent(s) to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and personal references to give the Town and/or its Agent(s) (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference.

I EXPRESSLY AGREE AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT IS NOT FOR A SPECIFIC TERM, IS BASED ON MUTUAL CONSENT AND MAY BE TERMINATED BY ME OR THE TOWN WITH OR WITHOUT NOTICE OR CAUSE AT ANY TIME. I FURTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER POLICY, CUSTOM, BUSINESS PRACTICE OR OTHER PROCEDURE (INCLUDING THE BASIC EMPLOYMENT POLICIES, PERSONNEL HANDBOOK, ANY PERSONNEL MANUALS OR PERSONNEL BY-LAW) CONSTITUTES AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT-WILL EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE TOWN. I ALSO UNDERSTAND THAT THIS ASPECT OF MY EMPLOYMENT WITH THE TOWN MAY ONLY BE ALTERED WITH A WRITTEN AUTHORIZATION SIGNED BY THE CHIEF EXECUTIVE OFFICERS OF THE TOWN, AND THAT MY AT-WILL STATUS WITH THE TOWN MAY NOT BE ALTERED.

I understand that applicants may be required to qualify for employment based on additional employment criteria, such as, for example, job-related tests, background investigation or pre-employment drug test. If I am offered employment or start work before any required test is completed, my employment is contingent on a satisfactory result on all required tests. I authorize the Town and/or its Agent(s) to release the results of background checks (if any) and my pre-employment drug/alcohol test (if any), any information on this application and any relevant information about me to each other and release the Town and/or its Agent(s) from all claims related to the lawful release of this information. I further authorize the release of any background check results and of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document.

Applicant's Signature

Date

FOR OFFICE USE ONLY – DO NOT COMPLETE

Date Application Received: _____ Town Employee Signature: _____

Date First Reviewed: _____ Applicant Recommended to Interview Panel: ☐ Yes ☐ No

If "Yes," Date of Interview: _____ Date of Final Review / Interview (if any): _____

Position Offered to Applicant: ☐ Yes ☐ No If "Yes," Applicant Accepted: ☐ Yes ☐ No

If "Yes," Start Date: ☐ Yes ☐ No Fiscal Year Hired: _____

Pay Grade: _____ Pay Step: _____

Salary (if exempt): _____ per _____ Hourly Wage: _____

Personal Services Contract: ☐ Yes ☐ No

Authorized Town Official Signature: _____ Date: _____