



# Town of Bourne ~ Employment Application

24 Perry Avenue, Buzzards Bay, MA 02532-3441

Telephone (508) 759-0600 Fax (508) 759-0620

[www.townofbourne.com](http://www.townofbourne.com)

An Equal Opportunity/Affirmative Action Employer

## PLEASE READ BEFORE FILLING OUT THIS APPLICATION

It is the policy of the Town of Bourne to afford equal employment opportunity to all qualified persons regardless of race, color, religion, national origin, age, military status, sexual orientation, disability, or gender, except where age or sex is a bonafide occupational qualification, as allowed by the Civil Rights Act of 1964. To be sure that your application is properly evaluated, all questions should be answered clearly, completely and accurately. If you need more space, please attach a separate sheet.

**Please print clearly in black or blue ink. Also, "See Resume" is not acceptable in any field.**

### I. CONTACT INFORMATION

DATE

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street Town State Zip Code

Mailing Address \_\_\_\_\_  
Number Street Town State Zip Code

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

National ID (SS#) (optional) \_\_\_\_\_ Are you over age 18? YES \_\_\_\_\_ NO \_\_\_\_\_

### II. POSITION APPLYING FOR (Please specify position title) \_\_\_\_\_

How did you learn about the position? [newspaper, posting, web, DES] \_\_\_\_\_

Have you ever been employed by the Town of Bourne? When? What department? \_\_\_\_\_

### III. LICENSES (Please list all licenses you possess that are relative to the position you seek). A valid license is a condition a/employment, where required.

Do you have a valid driver's license (Class D Auto)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, enter expiration date

Do you have a valid CDL License (Class A or B)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, enter expiration date

Do you have a valid Hydraulic license? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, enter expiration date

What other valid licenses or certifications do you possess (job related)? \_\_\_\_\_

### IV. OFFICE SKILLS (if applicable) Check the column that you feel best describes your knowledge:

	Beginner	Intermediate	Advanced Level
Knowledge of Word Processing			
Knowledge of Spreadsheets			
Knowledge of Databases			
Accounting System Knowledge			
Bookkeeping Knowledge			
Transcription Ability			
Shorthand/Speedwriting Ability			

**V. EDUCATION**

School	Name, Address, City, State	Years Attended	Degree
High School			
College			
Graduate			
Trade Business, Night Courses			
Military Service, Other Training			

**VI. SPECIAL SKILLS.** Please list any other or abilities you feel are relevant:

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**VII. PRE-EMPLOYMENT DRUG TESTING.** All offers of employment are conditional upon the satisfactory completion of a pre-employment drug test, where required.

**VII. EMPLOYMENT OF MINORS.**

The Town of Bourne is subject to certain child labor provisions regarding the employment of persons under the age of 18. Further, an Employment Permit or Education Certificate may be required, depending on you age.

Are you under age 18? If yes, please indicate your age: \_\_\_\_\_

**IX. IMMIGRATION STATUS.** Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? \_\_\_\_\_ YES \_\_\_\_\_ NO

**X. IMMEDIATE FAMILY**

**IMMEDIATE FAMILY WORKING FOR THE TOWN OF BOURNE**

Please disclose any immediate family members, including those related to your immediate family by marriage, who are employed by the Town of Bourne. You are required to complete the information below. "Immediate family" is defined as a spouse, child, parent and sibling; and the spouse's child, parent and sibling. Include those employed in all branches of Town government; and those employed as regular or contract employees, or elected officials. This "sunshine disclosure" is intended to ensure that the citizens of our town have full confidence in their government and its hiring process. The disclosure will not be used to exclude any qualified applicant seeking a position from receiving full consideration based on the merits of his/her credentials and the requirements of the job. Attach additional pages if needed.

Name of Relative	Relationship	Title of Relative's Job	State Agency

**XI. EMPLOYMENT HISTORY.** (Please do not write, "See Resume". A resume may not be substituted but may be included as a supplement.) Please account for the last 4 positions you have held. Start with your present or last employer. You may include military service and any verifiable work performed as in intern or volunteer.

You ( \_\_\_ ) may ( \_\_\_ ) may not contact my present employer.

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

Description of Primary Duties: \_\_\_\_\_

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

Description of Primary Duties: \_\_\_\_\_

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

Description of Primary Duties: \_\_\_\_\_

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

Description of Primary Duties: \_\_\_\_\_

\_\_\_\_\_

PROFESSIONAL REFERENCES (Not Personal): List 3 people not related to you who can comment on your work performance and/or experience.				
NAME	ADDRESS	PHONE	OCCUPATION	YEARS ACQUAINTED

**RELEASE AND CERTIFICATION  
PLEASE READ BEFORE SIGNING**

I understand that acceptance of this application by the Town of Bourne does not imply that I will be employed.

The information that I have 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 Bourne is contingent upon my successful completion of the pre-employment screening process including but not limited to the Town of Bourne receiving satisfactory references, a satisfactory criminal history and Criminal Offense Record Inquiry, 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 for employment, the Town of Bourne 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, by contacting individuals listed as business, educational or personal references, and by contacting other individuals to provide or further clarify information about me.

I hereby release 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 Bourne, 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 undergo a physical examination, that I may be subject to drug and/or alcohol testing, that the Town may require a Criminal Offense Record Inquiry (CORI) check on me, investigate my driving record or verify my license(s) or certifications(s), as required for employment at any time during my employment. As a condition of employment an employee may be required to provide additional or updated information, especially if this employee has been on workers' compensation, and may require both drug testing and an employment physical in order to allow us to have the necessary information for making a proper decision or reasonable accommodations, if necessary.

I understand that the Town of Bourne 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 agree with the above statement  
and all statements contained in this application for employment***

\_\_\_\_\_  
Applicant Name (Please Print)

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

\_\_\_\_\_  
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." MGL Ch. 149, Section 19B

