



# TOWN OF CARLISLE

## Application for Employment

### ***IMPORTANT!***

#### INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM

1. Type or print clearly in black or blue ink.
2. Answer every question fully and accurately. If not applicable, please put N/A.
3. For an applicant for employment who meets the minimum entrance requirements, the Commonwealth may review later in the application process, if applicable:
  - Criminal Offender Record Information (C.O.R.I) and;
  - Sex Offender Registry Information (S.O.R.I.) and;
  - The Central Registry of Child Abuse/Neglect reports maintained in accordance with M.G.L. Chapter 119, Section 51 B.
4. If an offer of employment is made to you, the Town of Carlisle may declare that the offer is contingent upon the successful results of a medical exam, references, education, certification, professional licenses, driver's license (if required for job) and/or a tax and background check.
5. **False or materially inaccurate information on the application will be cause for disqualification for employment or dismissal at any time during employment.**
6. Read certification and releases carefully before signing.
7. Return completed application.

This application will be kept on file for one year but applicants are responsible for applying for each vacancy for which there is an interest in being considered.

# Town of Carlisle

## APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of the Town of Carlisle to afford equal employment opportunity to all qualified persons regardless of race, color, religious creed, national origin, age, military status, sexual orientation, disability, genetic information, gender identity, gender expression or gender unless based upon a bona fide occupational qualification.

### PERSONAL INFORMATION

<b>PERSONAL INFORMATION</b>			
First Name	Middle Initial	Last Name	
Home Telephone Number	Personal Cell Phone Number	Email Address	
Mailing Address			
Street	City	State	Zip Code
Home Address - if different from mailing address			
Street	City	State	Zip Code
Are you authorized to work in the U.S. on an unrestricted basis?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you 18 years or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
How did you learn of this employment opportunity? _____			

### EMPLOYMENT DESIRED

Position Applied For:	How soon can you start if a job offer is made?
Department:	
Have you worked for the Town of Littleton before? NO <input type="checkbox"/> YES <input type="checkbox"/> Dates:	Starting salary desired:
Are you currently serving on any Town of Littleton Boards or Committees? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are you available for full time work? YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you available for part time work? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you reviewed the essential functions of the job as listed in the job description? YES <input type="checkbox"/> NO <input type="checkbox"/>	
In addition to your work history, what other experiences, skills or qualifications would qualify you for this work?	

**Town of Carlisle**  
**APPLICATION FOR EMPLOYMENT**

**EDUCATION**

Name of School	City	State	Main Course of Study	Did you Graduate	Degree	Years Attended

List any additional education or training

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**PROFESSIONAL REFERENCES**  
**(not personal)**

List 3 people not related to you who can comment on your work performance.

Name	Address	Occupation	Telephone Number	Years Acquainted

**MILITARY SERVICE INFORMATION**

This information is furnished on a voluntary basis.

Check all that apply.

<input type="checkbox"/> Not Indicated	<input type="checkbox"/> No Military Service	<input type="checkbox"/> Not a Veteran	<input type="checkbox"/> Active Reserve
<input type="checkbox"/> Inactive Reserve	<input type="checkbox"/> Afghanistan Veteran	<input type="checkbox"/> Desert Shield Veteran	<input type="checkbox"/> Desert Storm Veteran
<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Iraq Veteran	<input type="checkbox"/> Operation Enduring Freedom Veteran	<input type="checkbox"/> Operation Iraq Freedom Veteran
<input type="checkbox"/> Other Protected Veteran	<input type="checkbox"/> Retired Military	<input type="checkbox"/> Vietnam Veteran	<input type="checkbox"/> Vietnam Era Veteran
<input type="checkbox"/> Recently Separated Veteran	<input type="checkbox"/> Armed Forces Services Medal Veteran	<input type="checkbox"/> Special Disabled Veteran	

Dates of Most Recent Service:

Branch?

If Vietnam Era Veteran, have you been certified by the Office of Diversity and Equal Opportunity? YES  NO

If yes, what is the Certification Number?

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# Town of Carlisle

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All applicants must complete this page even if they are also submitting a resume.

BEGIN WITH YOUR MOST RECENT EMPLOYMENT, INCLUDING ANY PRESENT EMPLOYMENT. YOUR PRESENT EMPLOYER WILL NOT BE CONTACTED WITHOUT YOUR PERMISSION. YOU MAY INCLUDE ANY VERIFIABLE WORK PERFORMED ON A VOLUNTEER BASIS. ANY GAPS IN EMPLOYMENT MUST BE BRIEFLY EXPLAINED.

### EMPLOYMENT HISTORY

Are you employed now?  Yes  No

Company Name	Telephone	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Street Address	City	State	Zip Code
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Job Title	Supervisor
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Specific Duties

Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving

Company Name	Telephone	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Street Address	City	State	Zip Code
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Job Title	Supervisor
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Specific Duties

Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving

Company Name	Telephone	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Street Address	City	State	Zip Code
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Job Title	Supervisor
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Specific Duties

Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving

Company Name	Telephone	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Street Address	City	State	Zip Code
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Job Title	Supervisor
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Specific Duties

Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving

**Town of Carlisle**  
**APPLICATION FOR EMPLOYMENT**

**Applicants with Professional Licenses or those applying to agencies that are open nights and weekends should complete and submit this form.**

<b>CERTIFICATIONS AND LICENSES</b>				
List any professional licenses, registrations or certifications you possess.				
License	License Number	Date Issued	State Issued	Expiration Date
License	License Number	Date Issued	State Issued	Expiration Date
License	License Number	Date Issued	State Issued	Expiration Date
License	License Number	Date Issued	State Issued	Expiration Date

**Town of Carlisle**  
**APPLICATION FOR EMPLOYMENT**

**ALL APPLICANTS MUST SIGN AND SUBMIT THIS PAGE**

**RELEASE AND CERTIFICATION**  
**PLEASE READ BEFORE SIGNING**

I understand that the foregoing will be verified in order to expedite my application for employment with the Town of Carlisle Massachusetts (herein noted as “Town”). I hereby authorize the Town to conduct a full investigation into my background, and as part of this investigation, my personal identifying information may be transmitted to a third-party performing the investigation.

I authorize the Town to obtain my previous work records, employment records, education, certification, professional licenses, driver’s license and history (if job related), professional references and any other information concerning knowledge, skills, and abilities and all other necessary information. Further I grant authority to the keeper of these records to release said records to the Town for the purpose of making its hiring decision.

I agree that the Town shall not be liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statements, omissions or answers made by me on this application. I agree that my previous employers shall not be liable with regard to any information provided by them in connection with this release.

I certify under the pains and penalties of perjury that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing, which, if disclosed, would affect this application unfavorably. I understand that any false statements, omissions or answers made by me on this application can result in my immediate termination.

In compliance with the Immigration and Reform and Control Act of 1986, I understand that after I accept the job offer and no later than my first day of work, I must complete and sign I-9 form, Section 1 Employee Information and Attestation. I understand that I will be required to provide approved documentation that verifies my right to work in the United States within 3 business days of my first day of employment. I have received the list of approved documents with this application.

Through this application, HR collects a range of highly personal information voluntarily provided by users. Unless otherwise required by law (including public records law), HR will use this information solely for hiring, payroll, and other human resources purposes. Upon hire, employee information that falls under the definition of public records may be published on one or more Town websites.

Victims of domestic violence, sexual assault, rape, or stalking and victims of an adjudicated crime may request that their information remain private by submitting a Public Records Exemption Form to their Domestic Violence Coordinator. Similarly, eligible family members of victims who are employees of the Town may also request that their information remain private.

I hereby acknowledge that I have read in full and understand the above statements and conditions of employment.

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Signature of Applicant

Date

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Printed Name

“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*

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If an offer of employment is made to you, the Town of Carlisle may specify that it is contingent upon the results of a medical exam. I freely and voluntarily agree to submit to a pre-employment physical and/or drug screen, as it relates to the requirements of a specific job, as part of my pre-employment application to the Town. I understand that either refusal to submit to such screening, or failure to qualify according to the minimum standards established by the Town for this screening may disqualify me from further consideration for employment. Further, I understand that any positive drug test results will be communicated in a confidential manner.

I hereby acknowledge that I have read in full and understand the above statements.

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Signature of Applicant

Date

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Printed Name