Town of Stow

380 Great Road, Stow, MA 01775
Assessors: (978) 897-4597
COA: (978) 897-1880

PROPERTY TAX WORK-OFF PROGRAM

(General Laws Chapter 59 Section 5K)

Fiscal Year 2023 APPLICATION

(FOR PROXY WORKERS)

This application is not open to Public Inspection

NAME: _____ TEL. #: _____
PLEASE PRINT

EMAIL: _____

ADDRESS: _____ STOW, MA 01775

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

STOW RESIDENT YOU ARE WORKING FOR: _____

RELATIONSHIP TO RESIDENT: _____

Positions are available in a variety of Town Departments. Please indicate in which areas you would prefer to work. (Please check all potentials departments).

COA Office ___ Town Building ___ Schools ___ Library ___ Other: _____

Work History: Please attach a resume or list any significant work experience and/or education and training, past experiences, which might qualify you as a participant in this program. You may include any applicable hobbies and/or community and volunteer work. Please include the organization's name, job title, responsibilities and # of years of service.

_____

_____

_____

Do you have any medical or physical limitations that might limit your ability to do certain kinds of work? Please explain: _____

_____

_____

What hours are you available to work? *(Check all that apply.)*
Mornings __ Afternoons __ Evenings __

What days of the week are you available to work? *(Check all that apply.)*
Mondays __Tuesdays __ Wednesdays __ Thursdays __ Fridays __ Sat/Sun __

What type of working conditions are you interested in? *(Check all that apply.)*
[Office __ Outdoors __] [Independent __ Interactive __] [Quiet __ Busy __]

What general type of work are you interested in? *(Check all that apply.)*
Clerical/Administrative __ Physical Labor/Skilled Maintenance __ Other: _____

Do you have experience in any of the following areas? *(Check any that apply.)*

Clerical/Secretarial	__	Accounting	__	Teaching	__
Reception/Telephone	__	Word Processing	__	Data Entry	__
Building/Grounds Maintenance	__	Spreadsheets	__	Computers	__

If you have experience with computers, please describe the type of computers and software programs used:

_____

_____

EMERGENCY CONTACTs: (Please be sure to give the name, address, and phone # of TWO persons to be notified in case one cannot be reached).

NAME 1: _____ TEL. #: _____

ADDRESS: _____

NAME 2: _____ TEL. #: _____

ADDRESS: _____

This application has been prepared or examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct, and complete.

Participants **MUST** observe the rules of confidentiality. Confidentiality means that anything seen or heard during work assignments that relates to other town residents or employees **MUST NOT** be shared with anyone.

_____ _____

Proxy Applicant's Signature Date

The Town of Stow reserves the right to discontinue a senior, veteran, or proxy worker's participation in the program if the Town deems participation to be detrimental to the individual, the program, or the Town.

ASSESSORS' USE ONLY

The proxy applicant: Meets ____ Does Not Meet ____ the qualifications for the Property Tax Work-Off Program.

_____ _____

_____ _____

_____ _____

Board of Assessors