



Town of Stow  
Stow Town Building  
380 Great Road  
Stow, Massachusetts 01775  
(978) 897-4514 www.stow-ma.gov Fax (978) 897-4534

## Employment Application

The Town of Stow is an Equal Opportunity Employer

Please Print or Type. All questions must be answered completely. A resume may be attached but not substituted for this form.

Position(s) applied for \_\_\_\_\_ Date \_\_\_\_\_  
How did you learn about the position? \_\_\_\_\_  
Date you are available to start \_\_\_\_\_ Salary desired \_\_\_\_\_

### **PERSONAL INFORMATION:**

Name: \_\_\_\_\_  
Last Middle Initial, First

Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Email address: \_\_\_\_\_

Are you 18 years or older? \_\_\_\_ Yes \_\_\_\_ No

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Have you ever been employed by the Town of Stow? \_\_\_\_ Yes \_\_\_\_ No

If Yes, when and in what capacity? \_\_\_\_\_

If Yes, reason for leaving? \_\_\_\_\_

**EDUCATION:**

School Name/Location	Years Completed	Degree/Date	Course of Study
High School: _____			
College: _____			
Graduate School: _____			
Business/Technical/Other: _____			

**SPECIAL SKILLS:**

Please describe any specialized training or job related skills that will help us evaluate your application for employment.

Specialized Training: \_\_\_\_\_  
Special Equipment: \_\_\_\_\_  
Professional Licenses: \_\_\_\_\_  
Professional Memberships: \_\_\_\_\_  
Computer Software: \_\_\_\_\_  
Other: \_\_\_\_\_

**EMPLOYMENT HISTORY:**

List current or most recent employer first

1. Employer's Name: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

2. Employer's Name: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

3. Employer's Name: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**REFERENCES:**

Please provide professional and/or business references only.

1. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

2. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

3. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

**APPLICANT’S STATEMENT:**

“I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that if employed, any misrepresentation or false or misleading statements given in this application or in personal interview(s) may be sufficient grounds for discharge.

I authorize investigation of all statements contained herein and authorize the employer to contact and obtain all information that may be necessary to arrive at an employment decision from all listed references, employers and educational institutions. I understand that the information so obtained is for the use of the Town of Stow only. I hereby release all parties from any and all liability for any damages that may arise as a result of furnishing or releasing such information.

If required for the position I am seeking I agree to have a physical examination by a physician selected by the employer, which may include testing for drugs or a psychological examination and recognize that any offer of employment may be contingent upon the results of such examination(s).

I understand that neither this application nor any offer letter I may receive for employment constitutes an agreement or contract for employment for any specified period or definite duration. I understand that all appointments are probationary and that I must demonstrate my fitness for continued employment. I also understand and acknowledge that, unless otherwise defined by applicable law or union contract, employment is of an “at will” nature; i.e. that I may resign at any time for any reason and that the employer reserves the right to terminate my employment at any time with or without cause. ”

Signed: \_\_\_\_\_ Date: \_\_\_\_\_