

Town of Reading 16 Lowell Street

16 Lowell Street Reading, MA 01867 Human Resources 781.942.9033

Employment Application e-mail to: jobs@ci.reading.ma.us

		Applicant	Inform	ation			
Full Name:						Date:	
	Last	First			M.I.		
Address:	Street Address					Apartment/Unit #	<u> </u>
	City				State	ZIP Code	
Phone:			Cell:_				
E-mail							
Are you over	r 18? tizen of the United States?	YES NO YES NO		1	Massachusetts w	you obtained a YES vorking permit? YES ork in the U.S.?	NO
	er worked for the Town?	YES NO					
How did you hear about this position:							
		Edu	ıcation		-	_	
High School	:						
From:	To:	Did you graduate	YES e? 🗆	NO	Diploma:		
College:		Addres	s:				
From:	To:	Did you graduate	YES e? 🗆	NO	Degree:		
Other:		Addres	s:				
From:	To:	Did you graduate	YES e? 🔲	NO	Degree:		
Emergency Contact							
Name:					Relationsh	nip:	

	Previou	us Employme	ent		
Company:				Phone:	
Address:				Supervisor:	
Job Title:					
Responsibilit	ies:				
From:	To:	Reason fo	or Leaving:		
May we cont	act this employer for a reference?	YES	NO		
Company				Phono	
Company: Address:					
Job Title:					
Responsibilit	ies:				
From:	To:	Reason fo	or Leaving:		
May we cont	act this employer for a reference?	YES	NO		
Company:				Phone:	
Address:				Supervisor:	
Job Title:					
Responsibilit	ies:				
From:	To:	Reason fo	or Leaving:		
May we cont	act this employer for a reference?	YES	NO		
	Milit	tary Service			
Branch:			_ From:		To:
Rank at Disc	harge:	Type of	Discharge:		
If other than	honorable, explain:				

Pension Information						
Are you currently collecting a pension from MTRS of Town of Reading?	or the YES NO					
References						
Please list three professional references.						
Full Name:	Relationship:					
Company:	Phone:					
Address:						
Full Name:	Relationship:					
Company:	Diama					
Address:						
Full Name:	Relationship:					
Company:	Diverse					
Address:						
	Signature					
	<u> </u>					
I certify that my answers are true and complete to	o the best of my knowledge.					
If this application leads to employment, I understa interview may result in my release.	and that false or misleading information in my application or					
Signature:	Date:					
**The Town of Reading is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability						

or handicap, or veteran status.

Authorization

I authorize investigation of all statements contained in this application and the release of any pertinent information regarding my education, past employment history and background. I authorize the Town of Reading to obtain any information from schools, employers or individuals relating to my activities. This information may include, but is not limited to: academics, achievement, performance, attendance, personal history and discipline. Further, I hereby authorize all references, persons, schools, my current employer (if applicable) and previous employers and organizations named in this application, unless otherwise stated, to provide the Town of Reading any relevant information that may be required to arrive at an employment decision. I understand that the information released is for the Town of Reading's use only.

I hereby voluntarily release, discharge and exonerate the Town of Reading, its agents and representatives, and any person so furnishing information from any and all liabilities of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of the Town of Reading.

I understand that all appointments are at-will and probationary for a term of 6 months to 1 year depending on position. I also understand that I must demonstrate my ability for continued employment evaluated through annual performance reviews. In addition I understand that I must be available from time to time to work outside normal business hours, as the needs of the department require.

I agree to take a pre-employment physical examination, which may include testing for drugs or a psychological examination, as required, and recognize that any offer of employment may be contingent upon the results of such an examination.

I understand that any employment offer by the Town is conditional upon my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986 within three days of the date of hire.

I represent that I have read and fully understand the foregoing and seek employment under these conditions.

Signature:			Da	te:
		Voluntary Equa	ıl Employm	ent Opportunity Information
information. A origin, age, m will not have a	All applicants warital or vetera any bearing on	vill be considered with a status, medical color our employment de	ithout regard ondition or di ecision. The c	to race, color, religion, gender, gender identity, national sability. The information is voluntary and refusal to provide it lata is confidential and will be filed separately. It will be the Town's Equal Opportunity polices. Your cooperation is
Position Title:				
Gender:	Male	Fer	nale 🔲	
Ethnic Origin:				
☐ Whit	e – All persons	having origins in ar	ny of the origi	nal peoples of Europe, North Africa or the Middle East.
Black – All persons having origins in any of the black racial groups of Africa.				
	anic – All perso n regardless of		rto Rican, Cul	oan, Central or South American or other Spanish culture or
Asian or Pacific Islander – All persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.				
American Indian or Alaskan Native – All persons having origins in any of the original people of North America maintaining cultural identification through tribal affiliations or community recognition.				
Cape	Verdean – All	persons having orig	gins on the Ca	pe Verde Islands.
Veteran Statu	S	☐ YES		NO
Vietnam Era,	1962 – 1975	YES		NO
Disabled:		☐ YES		NO