



Town Of Buckland Highway Department

Application for Employment

PERSONAL INFORMATION

Name _____

LAST FIRST MI

Address _____

STREET CITY STATE ZIP

How long have you lived at this address?

Mailing Address

[IF DIFFERENT] STREET CITY STATE ZIP

Phone Number: _____ Are you 18 years of age or older? Yes No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? **Initial here:**

EMPLOYMENT DESIRED

Position _____ Date you can start _____ Salary desired _____

Are you currently employed? Y N May we contact your employer? Y N

EDUCATION	Name and Location of School	Years attended	Did you graduate?	Subjects studied
High School				
College/Trade School				

GENERAL

Subjects of special study or research work:

Special Skills:

Armed Forces Rank: Present Member?

FORMER EMPLOYERS (Beginning with most recent employer)

Date (MM/YY)	Name & City/Town of business	Reason for leaving?
From:		
To:		
From:		
To:		
From:		
To:		

Which of these jobs did you like best?

What did you like most about that job?

QUALIFICATIONS

Driver's License Number: _____ Class: _____ Expiration date: _____

Hoisting Engineer License Number: _____ Class: _____ Expiration date: _____

May we investigate your driving record? Yes _____ No _____
Initial Initial

What makes you qualified for this position?

What attributes will require improvements to qualify for this position?

REFERENCES

List three persons who are not relatives, whom you have known for at least 1 year.

Name	Phone Number	Business	Years Acquainted

CAREFULLY READ ALL PARTS OF THIS APPLICATION FORM BEFORE SIGNING.

I understand that acceptance of this application by the Town of Buckland 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 Buckland is contingent upon my successful completion of the pre-employment screening process including but not limited to the Town of Buckland receiving satisfactory references, a satisfactory criminal history and Criminal Offense Record Inquiry, 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 Buckland 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 Buckland, 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 request a Criminal Offense Record Inquiry (CORI check) on me, investigate my driving record or verify my license(s) or certification(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 comp 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 Buckland 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. I understand that the Town of Buckland is an equal opportunity employer and does not discriminate against any applicant because of race, color, religion, sex, national origin, age, disability, sexual orientation, genetics, or any other class protected by federal, state, or local law. I understand that a fully completed application is required and writing "see resume" is not acceptable in any field. My signature certifies that I have read and agree with the above statements and all statements contained in this application for employment.

I have attached copies of both sides of all required licenses to this application.

I understand that incomplete applications will not be considered and have completed this application in full.

Signed by _____ on this _____ day of _____
Print name day of month month

Signature



**THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services 200**
Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



This form is not to be faxed. Please return form to organization.

**Criminal Offender Record Information (CORI)
Acknowledgement Form**

To be used by organizations using consumer reporting agencies to conduct CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

_____ is registered under the
(Organization)
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing. _____ has authorized
(Organization)
_____ to submit CORI checks
(Consumer Reporting Agency)
to the Massachusetts Department of Criminal Justice Information Services (DCJIS) on its behalf.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to _____
(Consumer Reporting Agency)
to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing _____
(Organization)
with written notice of my intent to withdraw consent to a CORI check. I also understand that this form is a CORI acknowledgement form and I am entitled to additional consumer reporting disclosure forms under the Fair Credit Reporting Act. If I have not received those disclosures, I should contact _____
(Organization)
to request this information.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

I also understand that the _____, on behalf of
(Consumer Reporting Agency)
_____ may conduct
(Organization)
subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject _____
Date



**THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services**
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last **SIX** digits of Social Security Number: ____ -- ____ No Social Security Number

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date