



Application for Employment

Applicant Note: This application is intended to evaluate your qualifications for employment. This is not an employment contract. False or misleading information during the application procedure, written or oral, is grounds for termination of the application process. If false or misleading information is discovered by SELCO after employment is offered, the employee will be terminated. If employment is accepted, you are required to submit to a medical review prior to reporting to work.

- Please answer relevant questions completely and accurately on both sides.
- Print clearly. Incomplete or illegible applications will not be processed.
- If more space is needed, use “Comments” section on reverse side.
- Fill in all fields: do not write "see resume."

Personal

Name: _____ Today's Date: _____
Last
First
MI

Address: _____
Street
City
State
Zip

Previous Address: _____
Street
City
State
Zip

Home Phone: _____ Work Phone: _____ Soc. Sec. No.: _____
Include Area Code
Include Area Code

Do you have a valid Massachusetts driver's license? Yes ___ No ___ License No.: _____ Exp. Date: _____

Position applied for: _____

Education

	Name of School City/State:	Degree Earned		Degree Type:
		Yes	No	
High School:				
Junior College:				
College:				
Trade/Other				

Job Skills

Description of job-related skills, training, trade licenses, professional driver's licenses or certificates:	Name of Institution and City/State:	Dates Attended:

Relatives employed by the SELCO or the Town of Shrewsbury

Name:	Relationship:	Town of Shrewsbury Department:

Professional References (other than relatives)		
Name/Job Title:	Company Name:	Telephone Number/E-mail:
Employment History – Most Recent		
You may include any verified work performed on a volunteer basis.		
Company Name:	City/State:	Telephone Number:
Supervisor's Name:	Dates Employed:	Job Title:
Reason for Leaving:	Job Duties:	
Employment History – Second Most Recent		
Company Name:	City/State:	Telephone Number:
Supervisor's Name:	Dates Employed:	Job Title:
Reason for Leaving:	Job Duties:	
Employment History – Third Most Recent		
Company Name:	City/State:	Telephone Number:
Supervisor's Name:	Dates Employed:	Job Title:
Reason for Leaving:	Job Duties:	
Comments		

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY:

1. It is a violation of Massachusetts General Law to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law is subject to criminal penalties and civil liability.

2. I understand that any offer of employment that I receive from SELCO is contingent upon my successful results of the pre-employment screening process including, but not limited to, SELCO receiving satisfactory references, a satisfactory criminal history and Criminal Offense Record Inquiry (CORI) and/or credit check if required, satisfactory verification of driver's license or other certifications or licensing, and satisfactory results of any required post-offer pre-employment drug test or physical examination.

3. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, including contacting present and former employers, and I authorize present and former employers and references to provide information to SELCO as needed to consider my application. I hereby release SELCO, 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. I certify that all statements made by me on this application are true, complete and correct to the best of my knowledge and understand that any falsifications or omissions may be cause for forfeiture on my part of all rights to employment with SELCO and may subject me to disqualification or dismissal.

Signature of Applicant: _____ Date: _____

SELCO is an equal opportunity employer. Applicants for employment are invited to report their status as a protected veteran or other minority. In extending this invitation, we advise you that: (a) applicants are under no obligation to respond but may do so in the future if they choose; (b) responses will remain confidential within the human resource department; and (c) responses will be used only for the necessary information to include in tracking the diversity of job candidates. We are a company that values diversity. We actively encourage women, minorities, veterans and disabled employees to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Name: _____ Position Applied for: _____ Date: _____

Gender: _____

Race or Ethnicity (select one)*	Veteran Status**
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> I am a protected veteran.
<input type="checkbox"/> White (not Hispanic or Latino)	<input type="checkbox"/> I am NOT a protected veteran.
<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> I do not wish to self-identify.
<input type="checkbox"/> Asian	
<input type="checkbox"/> American Indian or Alaskan Native	
<input type="checkbox"/> Two or more races	

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past.

<p>You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. <i>Disabilities include, but are not limited to:</i></p>		
<p>Autism Autoimmune disorder Blind or low vision Cancer Cardiovascular or heart disease Celiac disease</p>	<p>Cerebral palsy Deaf or hard of hearing Depression or anxiety Diabetes Epilepsy Gastrointestinal disorders</p>	<p>Intellectual disability Missing limbs Nervous system conditions Psychiatric conditions</p>

Please check one of the boxes below:

- Yes, I have a disability, or have a history/record of having a disability.
- No, I don't have a disability, or a history/record of having a disability.
- I don't wish to answer.

How did you hear of our opening?

***EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES**

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

American Indian or Alaska Native (not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

Two or more races (not Hispanic or Latino) - All persons who identify with more than one of the above races.

****PROTECTED VETERAN DEFINITION**

Protected veteran means a veteran who may be classified as an active duty wartime or campaign badge veteran, disabled veteran, Armed Forces service medal veteran or recently separated veteran.

Active duty wartime or campaign badge veteran means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

Armed Forces service medal veteran means any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209, 3 CFR, 1996 Comp., p. 159).

Disabled veteran means (1) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.

Recently separated veteran means a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.