



South Worcester County Communications Center

357 Main Street • Webster, MA 01570 • 508-943-1212
Serving the Towns of Webster and Dudley, Massachusetts



Gregory Lynskey, Communications Center Director

APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to age, race, color, religious creed, national origin, sex, sexual orientation, age, criminal record, mental illness, handicap/disability, or any other legally protected status pursuant to **Massachusetts Fair Employment Practices Act**, and other relevant federal, state, and local

PLEASE PRINT

Position(s) Applied For	Date of Application
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How did you learn about us?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)	Email Address	Social Security Number

Are you under 18 years of age? YES NO

Have you ever filed an application with us before? YES NO

Have you ever been employed with us before? YES NO
If yes, give date _____

Are you currently employed? YES NO
If yes, give date _____

May we contact your present employer? YES NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? YES NO
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? YES NO

Can you travel if a job requires it? YES NO

Within the last five years have you been convicted of, or released from incarceration for a misdemeanor which was not a first offense for drunkenness, simple assault, speeding, a minor traffic violation, an affray, or disturbing the peace? YES NO

Have you been convicted of a felony within the last 7 years? YES NO
Conviction will not necessarily disqualify an applicant from employment.

If yes to either of the last two questions, please explain _____

Education

	Elementary School	High School	Undergraduate College/University	Graduate / Professional
School Name and Location				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma / Degree				
Describe Course of Study				
Describe any specialized training, apprenticeship, skills, and extra-curricular activities				
Describe any honors you have received				
State any additional information you feel may be helpful to us in considering your application				

Indicate any foreign languages you can speak, read, and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.
You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

References

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

Have you ever had any job related training in the United States military?

YES NO

If yes, please describe _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap, or other protected status.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate / Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate / Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate / Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate / Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment and/or any associated attachments as may be necessary in arriving at an employment decision

This application for employment shall be considered active for a period of time not to exceed 45 days. Any application wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

If required for the position I am seeking, I agree to take a 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 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.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in my discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview YES NO
Remarks

INTERVIEWER DATE

Employed YES NO Date of Employment _____

Job Title _____ Hourly Rate/Salary _____

By _____
NAME AND TITLE DATE

NOTES _____



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CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

The Town of Webster is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screen current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

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 the Town of Webster and the South Worcester County Communications Center 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 the Town of Webster with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, and LICENSING PURPOSES ONLY: The Town of Webster may conduct subsequent CORI checks within one years of the date this form was signed by me provided, however, that the Town of Webster must first provide me with written notice of this check.

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

Signature

Date

SUBJECT INFORMATION:

Last Name First Name Middle Name Suffix

Maiden Name (or other name(s) by which you have been known)

Date of Birth _____
Place of Birth

Last Six Digits of Your Social Security Number (Required): _____ - _____

Sex: _____ Height: ___ft ___in Eye Color: _____ Race: _____

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

Mother's Full Maiden Name _____
Father's Full Name

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

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

Verified by: _____ (Printed Name of verifying employee)

_____ (Signature of verifying employee)

APPLICANT'S WAIVER OF LIABILITY AND RELEASE FORM

DATE: _____ TIME: _____ PLACE: _____

I, _____, in order to permit the South Worcester County Communications Center (Webster, MA) to make a thorough investigation of my background, employment history, health, family, personal habits, and reputation, for the purposes of determining my fitness and suitability for employment with the South Worcester County Communications Center, hereby release from liability and promise to hold harmless from any liability under any and all possible causes of legal action any and all persons who shall furnish any information or opinions regarding by background, employment history, health, family, personal habits, or reputation. The undersigned hereby authorizes any person or legal entity who may be contacted by the South Worcester County Communications Center officers, agents, or employees to release and transmit such officers, agents, or employees any information, data, or opinions they may have regarding my background, employment history, health, family, personal habits, and reputation. I hereby release from liability and promise to hold harmless from liability any and all persons, entities contacted by the South Worcester County Communications center, and I hereby waive any and all legal privileges: attorney-client, physician-client, psychotherapist-patient, clergyman-penitent, husband-wife, accountant-client, and employer-employee.

The undersigned further agrees to hold harmless and release from liability under any and all possible causes of legal action, the South Worcester County Communications Center, their officers, agents, and employees for any statements, acts, or omissions in the course of the investigation into my background, employment history, health, family, personal habits, and reputation.

I further realize that it is necessary for the South Worcester County Communications Center to thoroughly investigate all aspects of my personal background and qualifications and, by applying for employment with the South Worcester County Communications Center, I expressly waive all my legal rights and causes of action to the extent that the South Worcester County Communications Center investigation (for purposes of evaluating by suitability or application for employment) may violate or infringe upon these aforementioned legal rights and causes of action of mine.

This release from liability given by me to the Town of Webster, Town of Dudley, and the South Worcester County Communications Center, their officers, employees, agents, and all others as heretofore provided, shall apply to any right of action that might accrue to myself, my heirs, and my personal representatives.

I expressly agree that I will never, under any circumstances, attempt to obtain the results of my background investigation as conducted by the South Worcester County Communications Center, realizing that such information must of necessity remain confidential.

NOTE: READ CAREFULLY BEFORE SIGNING – IF NOT UNDERSTOOD, SEEK COMPETENT LEGAL ADVICE

A PHOTOCOPY OF THIS WAIVER WILL BE VALID AS AN ORIGINAL

Must be signed in the presence of a notary:

SUBSCRIBED AND SWORN TO BEFORE ME:

SIGNATURE OF APPLICANT

THIS _____ DAY OF _____, 20____