



Town of Braintree

Human Resources Department

1 JFK Memorial Drive, Braintree, MA 02184

Phone: 781-794-8260 Fax: 781-794-8269

humanresources@braintreema.gov

Application for Employment

The Town of Braintree is an equal opportunity/affirmative action employer and does not discriminate against any applicant because of race, color, religion, sex, marital status, genetics, national origin, age, disability, sexual orientation or any other class protected by federal, state or local law. Any person who needs assistance in fully participating in the application process should contact the Town of Braintree Human Resources Department.

I. Contact Information

Name		Date	
Address	# and Street	City and State	Zip Code
Telephone		Email Address	

II. Position Applying For (Please specify position title or job category)

How did you hear about the position?

Have you ever been employed by the Town of Braintree? When? What department?

III. Education

School	Name, Address, City, State	Years Attended	Degree
High School			
College			
Graduate School			
Trade, Business, Night Courses			
Military Service, Other Training			

IV. Licenses (Please list all licenses you possess that are relative to the position you seek). A valid license is a condition of employment, where required.

Do you have a valid driver's license (Class D Auto)? ✓Yes _____ ✓No _____ If yes, enter expiration date _____

Do you have a valid CDL license (Class A or B)? ✓Yes _____ ✓No _____ If yes, enter expiration date _____

What other valid licenses or certifications do you possess (job related)? _____

V. Employment Eligibility

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

VI. Special Skills

Please list any other skills or abilities you feel are relevant: _____

VII. Employment History

Please account for the last 3 positions you have held. Start with your present or last employer. You may include military service and any verifiable work performed as an intern or volunteer. You (____) may (____) may not contact my present employer.

Employer	Address
Telephone	Title
Supervisor	Dates Worked
Salary Received	Reason for Leaving

Description of Primary duties: _____

Employer	Address
Telephone	Title
Supervisor	Dates Worked
Salary Received	Reason for Leaving

Description of Primary duties: _____

Employer	Address
Telephone	Title
Supervisor	Dates Worked
Salary Received	Reason for Leaving

Description of Primary duties: _____

VIII. Business References {a minimum of 3 references is required}

Name/Title	Address	Phone	Relationship
Name/Title	Address	Phone	Relationship

Name/Title	Address	Phone	Relationship

IX. Criminal History

- A. The Town of Braintree requires a Criminal Offense Record Inquiry (CORI check) on all prospective employees for certain positions.
- B. A conviction will not necessarily be a bar to employment.

X. Employment of Minors

The Town of Braintree is subject to certain child labor provisions regarding the employment of persons under the age of 18. Further, an Employment Permit or Educational Certificate may be required, depending on your age.

Are you under age 18? If yes, please indicate your age: _____

XI. Medical Information

All offers of employment are conditional upon the satisfactory completion of a Pre-Employment Physical. Satisfactory fitness to perform the essential duties of the position is a condition of employment.

XII. Pre-Employment Drug Testing

All offers of employment are conditional upon the satisfactory completion of a pre-employment drug test, where required. Satisfactory completion of a required drug or alcohol test is a condition of employment as outlined in the Drug and Alcohol Testing Policy of the Town of Braintree.

XIV. Signature

CAREFULLY READ ALL PARTS OF THIS APPLICATION FORM BEFORE SIGNING.

- A. I understand that acceptance of this application by the Town of Braintree does not imply that I will be employed. (Exceptions to A is an employee filling out this application for promotional purposes only.)
- B. 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.
- C. I understand that any offer of employment that I receive from the Town of Braintree is contingent upon my successful completion of the pre-employment screening process including but not limited to the Town of Braintree receiving satisfactory references, a satisfactory criminal history and Criminal Offense Record Inquiry if required, 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.
- D. In processing my application for employment, the Town of Braintree 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.
- E. 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.
- F. 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.
- G. If employed by the Town of Braintree, 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 with another employer 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.

H. I understand that the Town of Braintree 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.

My Signature Certifies That I Have Read And Agree With The Above Statements And All Statements Contained In This Application For Employment.

Applicant Name (Please Print)

Applicant Signature

Date

**TOWN OF BRAINTREE
HUMAN RESOURCES DEPARTMENT
APPLICANT PROFILE**

OPTIONAL INFORMATION

Please complete this information for our records and required reporting. Please submit form with your completed application. Thank you.

PLEASE PRINT

Applicant Name: _____
last first middle initial

Applicant Address: _____
P.O. Box, street, town, state & zip code

Position applying for: _____

Sex: M F

Race Selection

Please circle one of the following:

1. White: (not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
2. Black: (not of Hispanic origin) All persons having origins in any of the Black racial groups of Africa.
3. Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
4. Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
5. American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
6. Cape Verdean: All persons who are descendants of anyone born in the Cape Verde Islands
7. Unknown