



Town of Stockbridge

50 MAIN STREET, P.O. BOX 417
 STOCKBRIDGE, MASSACHUSETTS 01262-0417
 TELEPHONE 413-298-4170
 FAX 413-298-4344

Application for Employment

The Town of Stockbridge is an Equal Opportunity Employer EEO/ Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications, and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.")

Position Applying For:	Name (Last, First, Middle):		Date Received (Official Use Only)
Street Address:		City, State & Zip:	
Home Phone:	Work Phone:	Other Phone:	
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, can you provide required proof of your eligibility to work?	
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, where and what is your current job title & department?	
Have you ever been employed with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates of employment & reason for leaving:	
Have you been convicted of a felony within the last 7 years? <i>Conviction will not necessarily disqualify an applicant from employment</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, explain	
Are you physically or otherwise unable to perform the duties of the job for which you are applying for	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, explain	
How did you learn about this employment opportunity at? Check all that apply: <input type="checkbox"/> Ad in newspaper			
<input type="checkbox"/> Job Bulletin (Posting) /Walk-in	<input type="checkbox"/> Website	<input type="checkbox"/> Dept. of Labor	<input type="checkbox"/> Ad in magazine
<input type="checkbox"/> Referral by employee <input type="checkbox"/> Other:			

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.						

WORK EXPERIENCE-Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume."
PLEASE NOTE: The Town of Stockbridge reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From: To		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Organization Name and Address:			
Supervisor's Name, Title and Phone #:		Other Reference Name, Title and Phone #:	
Primary duties:		Reason for Leaving:	
Dates Employed (most recent position) From: To		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Organization Name and Address:			
Supervisor's Name, Title and Phone #:		Other Reference Name, Title and Phone #:	
Primary duties:		Reason for Leaving:	

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

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PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the 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 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 applicant 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 is specifically acknowledged in writing by an authorized executive of this organization.

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

Applicant Signature: _____ Date: _____



Town of Stockbridge

CHAPTER 6, § 172H CORI REQUEST FORM

Town of Stockbridge is requesting all the available criminal offender record information (CORI) on the following individual from the Criminal History Systems Board pursuant to Chapter 6 172H which mandates organizations primarily engaged in providing activities or programs to children 18 years of age or less that accepts volunteers, to obtain all CORI regarding employees, volunteers, vendors or contractors.

VOLUNTEER INFORMATION (PLEASE TYPE)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH

SOCIAL SECURITY NUMBER
(Requested but not required)

* ID Theft Index PIN
(if applicable)

MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES:

SEX: _____ HEIGHT: _____ ft. _____ in. WEIGHT: _____ EYE COLOR: _____

STATE DRIVERS LICENSE NUMBER: _____
(include state of issue)

***THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF
GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:

REQUESTED BY:

SIGNATURE OF CORI AUTHORIZED EMPLOYEE

*If an applicant has provided an Identity Theft PIN number on this form, please ONLY mail or fax forms with Identity Theft PN numbers to DCJIS. All other CORI requests must be processed electronically through Web-CORI. Do not mail or fax other forms to DCJIS.