



## 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 the RMLD 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. It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

- 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.

### Personal

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Last
First
MI

Address: \_\_\_\_\_  
Street
City
State
Zip

Previous Address: \_\_\_\_\_  
Street
City
State
Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Include Area Code
Include Area Code

Do you have a valid Massachusetts driver's license? Yes \_\_\_ No \_\_\_

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, driver's licenses or certificates	Name of Institution City/State	Dates Attended

### Relatives employed by the RMLD or the Town of Reading

Name	Relationship	Town of Reading Department

Professional References (other than relatives)		
Name	Company Name	Telephone Number
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		
Certification and Release		
<p>I certify that I have read and understood the <b><i>Applicant's Note</i></b> and that my answers and statements are complete and true to the best of my knowledge. I understand that false information, omissions or misrepresentations of facts may result in rejection of my application or may result in discharge at any time during my employment. I authorize RMLD and/or its agents, including consumer reporting bureaus, to verify this information, including, but not limited to, criminal history and motor vehicle driving records. I do not hold persons, schools, companies and law enforcement authorities liable for any damage in releasing information requested in this application.</p>		
Signature of Applicant: _____ Date: _____		