

# Town of Winchendon

109 Front Street, Dept. 1  
Winchendon, MA 01475  
978-297-0085



# APPLICATION FOR EMPLOYMENT

Town of Winchendon is an  
Affirmative Action, Equal Opportunity Employer.

PROSPECTIVE EMPLOYEES WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, CREED, COLOR, SEX, AGE, NATIONAL ORIGIN, DISABILITY, MARITAL OR VETERAN STATUS, SEXUAL ORIENTATION, OR ANY OTHER LEGALLY PROTECTED STATUS.

## PERSONAL INFORMATION

Name (Last, First, Middle):		Date:
Home Address:		
City:	State:	Zip:
Home Phone:		Cellphone::
Can you prove your U.S. Citizenship? Circle one:	Yes	No
ARE YOU OVER 18 YEARS OF AGE?		
YES		NO
If not a U.S. Citizen, give Visa No. and Expiration Date:		
Are you currently employed?	Yes	No
May we contact your present employer?	Yes	No

Position You Are Applying For:	Date You Can Start:
Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the duties involved can be obtained in the Town Manager's office.	
Yes	
No	

## EDUCATION RECORD

High School (Name, City, State):	
Did You Graduateon Date:	
Business or Technical School (Name, City, State):	
Dates Attended:	Degree Earned:

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Undergraduate College (Name, City, State):

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Dates Attended:

Degree, Major:

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Graduate School (Name, City, State):

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Dates Attended:

Degree, Subject:

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### OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience. State any additional information you feel may be helpful to us in considering your application.

### WORK HISTORY (GIVE INFORMATION ABOUT YOUR LAST 3 JOBS, STARTING WITH THE MOST RECENT)

1-Employer

Dates Employed:

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Address:

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City:

State:

Zip:

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Phone:

Ending Salary:

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Title/Duties:

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Manager's Name and Title:

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Reason for Leaving:

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2-Employer

Dates Employed:

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Address:

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City:

State:

Zip:

---

Phone:

Ending Salary:

---

Title/Duties:

---

Manager's Name and Title:

---

Reason for Leaving:

---

---

3-Employer

Dates Employed:

---

Address:

---

City:

State:

Zip:

---

Phone:

Ending Salary:

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Title/Duties:

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Manager's Name and Title:

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Reason for Leaving:

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**BUSINESS REFERENCES (IF APPLYING FOR YOUR FIRST JOB, YOU MAY USE ACADEMIC REFERENCES)**

1-Name:

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Work Phone:

Home Phone:

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Address:

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City:

State:

Zip:

---

Relationship to You:

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---

2-Name:

---

Work Phone:

Home Phone:

---

Address:

---

City:

State:

Zip:

---

Relationship to You:

3-Name:

Work Phone:

Home Phone:

Address:

City:

State:

Zip:

Relationship to You:

I certify that the information provided by me in this application is true and complete, to the best of my knowledge. I understand that if employed, any false or misleading information on this application shall be considered cause for dismissal. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application shall be considered active for a period not to exceed 60 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.

Signature:

Date:



OFFICE USE ONLY

INTERVIEWER NAME AND COMMENTS:

REFERENCE CHECK: