

Town of Norwood, Massachusetts

EMPLOYMENT APPLICATION

Human Resources Department 566 Washington Street, Norwood, MA 02062 An Equal Opportunity/Affirmative Action Employer

Note: This employer does not discriminate in employment on the basis of race, color, religion, national origin, sex, sexual orientation, genetic information, ancestry, handicap or age. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of the age with respect to individuals who are at least 40 but less than 65 years of age.

To evaluate your application properly, we request that the questions on the following pages be answered carefully and completely.

Date of Application	Date Availabl	e Position	n Desired		Red	Requisition Number				
PERSONAL DATA										
Last Name		First Name				Address: please note most recruitment cation is done via email				
Present Address (Street, City, State, Zip) Telephone number										
How were you referred	d to the Town?	If related to anyone employed by the Town of Norwood give name and department: (the purpose of this question is to avoid a "conflict of interest" M.G.L. c.268A)								
Are you a veteran? Yes No		Are you registered with Civil Service? Yes No								
If yes, date of discharg	ge:	List all Civil Service exams taken and state whether passed or failed:								
Have you ever been employed by any city, town, country, state or by the United States Government? Yes No										
When? Who was your employer? Reason for termination?										
Have you ever or are you currently serving in the military? If so, what branch?										
EDUCATIONAL RECORD										
High School/Vocation	al School or equ	ivalent (Name, Loc	Did you g ☐ Yes	graduate?	Course					
College (Name, Location)										
Did you graduate? Yes No No	Major		Minor			Degree Received				
Graduate School/Additional Schooling (Name, Location)										
Did you graduate?	Major		Minor			Dagraa Baasiyad				
Did you graduate? Yes ☐ No ☐	l you graduate? Major s					Degree Received				
Additional training or skills (languages, programming, secretarial, trade licenses, certifications, etc.):										
Membership in Professional or Trade Associations or Societies:										

EMPLOYMENT RECORD

List present or most recent position first. Voluntary work may be included.

Employer's name			Address (City, State, Zip)						
Date Employed	Position								
Describe your duties:	l								
Reason for leaving:			Supervisor		Title		May we contact his employer? ☐ Yes ☐ No		
Employer's name			Address (City, State, Zip)						
Date Employed	Position								
Describe your duties:									
Reason for leaving:			Supe	rvisor	Title		May we contact his employer? Yes No		
PROFESSIONAL REFERENCE Name three persons who you	_	orofession	al relat	tionship and who c	can attest to yo	our prof	fessional abilities.		
Name	me Relationship		Occupation/Title		Con		act number and/or email		
In case of emergency notify Name		Address (Stroot	City, State)		Telen	phone number		
Ivanic		Address	Street, City, State)			receptione number			
An applicant for employment wi herein relative to prior arrests, con record" with respect to any inquichild in need of services, which co	riminal court a iiry relative to	appearances prior arres	s or cor sts, cou	nvictions. In additional representation and appearances and	n, any applicant adjudications in	for em	nployment may answer "no sees of delinquency or as a		
Have you ever been convicted of a felony? Have you been convicted of a misdemeanor in the last 5 years? Yes No									
It is unlawful in Massachusetts to employer who violates this law s						ent or c	continued employment. An		
I understand that permanent emphysical examination, the compinvestigation of all statements of present employer if so noted, to liability for damages for providiture and understand that any missipare in the present employer if so noted, to liability for damages for providiture and understand that any missipare is the provided that the pro	pletion of a pontained in the furnish any in ng this inform	probationary nis applicate formation relation. I de-	y perionion and egardin clare the	ed, and a Civil Ser d authorize all pers ng me whether or no nat the statements an	rvice appointments on and compare to it is on recorded answers made	ent if a nies na I and he Ie as a	applicable. I authorize the amed above, excepting my creby release them from all part of this application are		
Date	Applicant	's signature	e						