



# APPLICATION FOR EMPLOYMENT

## Town of Lexington, Massachusetts

Town Manager's Office  
1625 Massachusetts Avenue  
Lexington, MA 02420

Thank you for your interest in employment with the Town of Lexington. The Town is an Equal Opportunity/Affirmative Action Employer. We assure you that your opportunity for employment with the Town will be based only on your merit, without regard to race, religion, sex, age, national origin or disability.

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**PLEASE NOTE:** The town accepts applications for Advertised positions only. Applications must be returned to the address above by the advertised deadline for consideration.

**INSTRUCTIONS:** Each question should be fully and accurately answered. Please PRINT or TYPE, except for your signature on the back of the application. A separate application must be submitted for each position for which you are applying.

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### GENERAL

Position applying for: \_\_\_\_\_ Date of application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

Referral source:  Newspaper ad  Online ad  Employee  Relative  Bulletin Board  
 Walk – in  Employment agency  School  Town Website  Other

Name of source (if applicable): \_\_\_\_\_ Date available for work: \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

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### PERSONAL

Name: (first) \_\_\_\_\_ (middle) \_\_\_\_\_ (last) \_\_\_\_\_

Address: (street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Telephone: Home (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Between 8:30 a.m. and 4:30 p.m. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

If this is your current place of employment, may we contact you there?  Yes  No

Email: \_\_\_\_\_

Are you age 18 or older?  Yes  No If no, list date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

Have you worked for the Town of Lexington before?  Yes  No

If yes, list: (dept) \_\_\_\_\_ Dates of service: From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

Were you in the U.S. Armed Forces?  Yes  No

If yes, which branch? \_\_\_\_\_ Dates of service: From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

## PRESENT AND PRIOR EMPLOYMENT

Please list below employers in consecutive order with present or most recent employer listed FIRST. Account for all periods of time between employment. A resume may be attached but DO NOT refer to the resume when completing all sections of this application. Use additional sheets if necessary.

Name and address of company	Dates	Title:
	From	Description of duties:
	Mo./Yr.	
	To	
Type of Business:	Mo./Yr.	
Telephone:		
Supervisor:		
Salary: Beginning                      Ending		
May we contact this employer?		
Reasons for leaving or seeking other employment:		

Name and address of company	Dates	Title:
	From	Description of duties:
	Mo./Yr.	
	To	
Type of Business:	Mo./Yr.	
Telephone:		
Supervisor:		
Salary: Beginning                      Ending		
May we contact this employer?		
Reasons for leaving or seeking other employment:		

Name and address of company	Dates	Title:
	From	Description of duties:
	Mo./Yr.	
	To	
Type of Business:	Mo./Yr.	
Telephone:		
Supervisor:		
Salary: Beginning                      Ending		
May we contact this employer?		
Reasons for leaving or seeking other employment:		

<b>Name and address of company</b>	<b>Dates</b>	<b>Title:</b>
	<b>From</b>	<b>Description of duties:</b>
	<b>Mo./Yr.</b>	
	<b>To</b>	
<b>Type of Business:</b>	<b>Mo./Yr.</b>	
<b>Telephone:</b>		
<b>Supervisor:</b>		
<b>Salary: Beginning</b>	<b>Ending</b>	
<b>May we contact this employer?</b>		
<b>Reasons for leaving or seeking other employment:</b>		

<b>Name and address of company</b>	<b>Dates</b>	<b>Title:</b>
	<b>From</b>	<b>Description of duties:</b>
	<b>Mo./Yr.</b>	
	<b>To</b>	
<b>Type of Business:</b>	<b>Mo./Yr.</b>	
<b>Telephone:</b>		
<b>Supervisor:</b>		
<b>Salary: Beginning</b>	<b>Ending</b>	
<b>May we contact this employer?</b>		
<b>Reasons for leaving or seeking other employment:</b>		

<b>Name and address of company</b>	<b>Dates</b>	<b>Title:</b>
	<b>From</b>	<b>Description of duties:</b>
	<b>Mo./Yr.</b>	
	<b>To</b>	
<b>Type of Business:</b>	<b>Mo./Yr.</b>	
<b>Telephone:</b>		
<b>Supervisor:</b>		
<b>Salary: Beginning</b>	<b>Ending</b>	
<b>May we contact this employer?</b>		
<b>Reasons for leaving or seeking other employment:</b>		

Have you ever been forced to resign from any position? If yes, please give details:

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## SPECIAL SKILLS, APTITUDES, AND OTHER QUALIFICATIONS

List all skills aptitudes that make you a strong candidate for employment.

Typing speed: \_\_\_\_\_ words per minute      Shorthand speed: \_\_\_\_\_ words per minute

Office machines you operate: \_\_\_\_\_

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Computer skills:       Macintosh       IBM/Personal computers       Mainframe/network

Software programs:      Wordprocessing: \_\_\_\_\_

Spreadsheet: \_\_\_\_\_

Database: \_\_\_\_\_

Graphics: \_\_\_\_\_

Driver's license #: \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Class: \_\_\_\_\_

List any machinery or heavy equipment that you have operated efficiently: \_\_\_\_\_

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Special qualifications and skills (licenses or certificates, memberships in *professional* organizations, etc.)

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## EDUCATION

Circle highest grade completed:

High School 1 2 3 4    Vocational School 1 2 3 4    Undergraduate 1 2 3 4    Graduate 1 2 3 4

Name and Location of School

Graduate?

High School	Yes No
Vocational School Major (s): Degree:	Yes No
Undergraduate College: Major (s): Degree:	Yes No
Graduate College: Major (s): Degree:	Yes No

Additional education and/or vocational, technical or military training relevant to the position:

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## REFERENCES

Please exclude former employers or relatives.

Name and occupation	Address	Phone
1) _____	_____	_____
2) _____	_____	_____

## OTHER INFORMATION

Are you able to provide documented proof of U.S. citizenship or valid work permit as required upon employment to work in the United States?     Yes     No

Have you ever been convicted of a felony; or (in the past 5 years), of a misdemeanor or completed incarceration resulting from a misdemeanor conviction other than 1<sup>st</sup> conviction for drunkenness, speeding, minor traffic violation, affray, or disturbance of the peace:     Yes     No  
If yes give details below:

Please review the functions of the position as outlined in the job description. Are you able to perform all of the essential duties of the position for which you are applying?     Yes     No

## APPLICANT'S CERTIFICATION

I understand that all statements made in this application are true and complete under pains and penalties of perjury. I authorize the Town of Lexington to investigate all statements made as part of this application and to secure any necessary information from all prior employers, references, academic institutions and law enforcement agencies. I release all of those persons, employers references, academic institutions and law enforcement agencies from any and all liability arising from their giving and receiving information about my employment history, academic credentials, qualifications or criminal record. I understand that any false answers or statements or misrepresentations by omission made by me as part of my application will be sufficient for rejection of my application or for my immediate dismissal should one be discovered after I am employed. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity and that failure to submit proof will result in denial of employment. I understand that the Town follows an "employment at will" policy and nothing in this employment application, in the Town's statements of personnel guidelines or in my communication with any Town employee or official is intended to create an employment contract between the Town and me. Employment is not guaranteed for a definite period of time and that some positions regarded as part-time and/or temporary are paid for actual hours worked and are not entitled to benefits offered to full-time positions (except FICA and Workers' Compensation). There is nothing to keep me from fulfilling the duties of the job for which I have applied.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Civil Rights Act of 1964 prohibits discrimination in employment practice because of race, color, religion, sex or national origin. PL90-202 prohibits discrimination because of age.

(fold here)

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**Town of Lexington  
Town Manager's Office  
1625 Massachusetts Avenue  
Lexington, MA 02420**

Put  
Stamp  
Here

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