



# TOWN OF HOPKINTON • APPLICATION FOR EMPLOYMENT

One Townhouse Road Hopkinton, RI 02833  
PHONE (401) 377-7777 FAX (401) 377-7788

## Application for Employment – Civilian

The Town of Hopkinton is an equal opportunity employer and does not discriminate against employees or applicants for employment on any legally-recognized basis including, but not limited to, age, race, color, religion, national origin, sex, sexual orientation except where a bona fide occupational qualification exists. Reasonable accommodations will be made for qualified disabled persons to assist them in fulfilling the essential functions of a job, provided that such accommodations do not impose an undue hardship upon the Town.

### SECTION I – PERSONAL HISTORY

<b>PLEASE TYPE OR PRINT CLEARLY</b>				Date of Birth
Name (Last)	(First)	(Middle)		Social Security Number
Street Address (Street)	(City)	(State)	(Zip Code)	Telephone Number (Primary)
Mailing Address (Street)	(City)	(State)	(Zip Code)	Telephone Number (Secondary)

### TYPE OF POSITION DESIRED

Position Applied For	
Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
Summer <input type="checkbox"/>	Temporary <input type="checkbox"/>
Have you ever applied to the Town of Hopkinton?	If Yes, When and Where?
Have you ever worked for the Town of Hopkinton?	If Yes, When and Where?
How were you referred to the Town of Hopkinton?	
Are you legally authorized to work in this country? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you prevented in any way from lawfully being employed in this country because of your Visa or immigration status? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, explain:	(Where) (Where) (Charge) (Sentence)

## SECTION II – EDUCATION

Name and Addresses of School(s)	Dates Attended From To		Graduated		Type of degree/ diploma received	Major/Minor Fields of Study
	Mo/Yr	Mo/Yr	Yes	No		
High School (Last Attended)						
Colleges/ Universities						
Graduate School						
Other (Business, Technical, Secretarial)						

Please list any professional affiliations or accreditations, which have a direct bearing upon your qualifications for the job which you are seeking. (Indicate all licenses and certifications, which may relate to the job for which you are applying.)


Do you have any special skills or abilities, which directly relate to the job for which you are applying?


Do you possess a valid current driver's license (only for jobs where requiring driving a vehicle is an essential function)? Yes  No

Driver's License Number and State:

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**SECTION III – EMPLOYMENT HISTORY**

1. Name and Address of Employer	Starting Position		Ending Position
_____ _____ _____			
From Mo/Yr. To Mo/Yr.	Salary		Name and Title of Supervisor
	Starting	Ending	
Phone Number:			Reason for Leaving

2. Name and Address of Employer	Starting Position		Ending Position
_____ _____ _____			
From Mo/Yr. To Mo/Yr.	Salary		Name and Title of Supervisor
	Starting	Ending	
Phone Number:			Reason for Leaving

3. Name and Address of Employer	Starting Position		Ending Position
_____ _____ _____			
From Mo/Yr. To Mo/Yr.	Salary		Name and Title of Supervisor
	Starting	Ending	
Phone Number:			Reason for Leaving

May we contact your current employer listed above? Yes  No

If not, why not?

Please use this space to describe any previous work history and/or to detail particular job responsibilities listed above. Include any additional information, which you feel may be relevant to the job for which you are applying.

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Give three references (not relatives, former or present employers, fellow employees or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women including your physician, if you have one, who have known you well for at least five (5) years and preferably those who have known you during the past five (5) years. If retired, give their former occupation.

<b>SECTION IV - REFERENCES</b>				
Complete Name	Occupation			No. of Yrs Acquainted
Residence Address	City	State	Zip	Telephone (    )
Business Address	City	State	Zip	Telephone (    )
Complete Name	Occupation			No. of Yrs Acquainted
Residence Address	City	State	Zip	Telephone (    )
Business Address	City	State	Zip	Telephone (    )
Complete Name	Occupation			No. of Yrs Acquainted
Residence Address	City	State	Zip	Telephone (    )
Business Address	City	State	Zip	Telephone (    )

I HAVE READ THIS APPLICATION AND THE ENTRIES MADE HEREIN, AND HEREBY STATE THAT ALL SUCH STATEMENTS MADE BY ME ARE TRUE. I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION GIVEN IN THIS APPLICATION MAY SERVE AS THE BASIS FOR DISMISSAL FROM THE RECRUIT SELECTION PROCESS.

I AGREE TO THESE CONDITIONS, AND I HEREBY CERTIFY THAT ALL STATEMENTS MADE BY ME ON THIS APPLICATION ARE COMPLETE, CORRECT AND TRUTHFUL TO THE BEST OF MY KNOWLEDGE.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



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## AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, have made an application for employment with the Town of Hopkinton, and it is my understanding that a comprehensive investigation of my background will be conducted in connection with my application. I understand that any history, which adversely reflects on my qualifications for employment, may cause for disqualification from further consideration for employment.

I hereby give the Town of Hopkinton and its agents, the authority to conduct a comprehensive investigation of my background including, but not limited to, oral interviews with any person concerning my background and a review with full disclosure of all records and other information, whether such records and other information are public, private, privileged or confidential. This review includes records maintained by past and present employers, law enforcement agencies, public utility companies and other local, state and federal agencies. This *Authorization for Release of Information* form is solely for the purpose of conducting an applicant background investigation for the current employee selection process for the Town of Hopkinton for the position of \_\_\_\_\_.

To the custodian of records discussed herein, I hereby authorize you to release information to the bearer of the *Authorization for Release of Information* form. I consider a copy of the *Authorization for Release of Information* form to be as valid as the original, even though a copy does not have my original signature.

I hereby release to the Town of Hopkinton and its agents and anyone who gives written or oral information about me to the Town of Hopkinton from any claims of liability or damages, which may occur as a result of the background investigation. This release also extends to my heirs, associates, assigns and representatives.

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Candidates Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date