

**Town of Shelburne Employment Application**  
**Office of the Town Administrator/Board of Selectmen**  
51 Bridge Street, Shelburne. Massachusetts 01370  
Phone: 413.625.0300 Fax: 413.625.0303  
www.townofshelburne.com

**An Equal Opportunity/Affirmative Action Employer**

The Town of Shelburne is an equal opportunity employer and does not discriminate against any applicant because of race, color, religion, sex, marital status, national origin, age, disability, sexual orientation, ancestry, gender identity, military service, genetic information, or any other class protected by federal, state or local law. Any person who needs assistance in fully participating in the application process should contact the Office of the Town Administrator/Board of Selectmen.

A resume, cover letter, and fully completed application is required for each position applied for. Also, "see resume" is not acceptable in any field.

**I. Contact Information**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ # and Street \_\_\_\_\_ City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

**II. Position Applying For (Please specify position title)**

How did you hear about the position? \_\_\_\_\_

Have you ever been employed by the Town of Shelburne? When? What department? \_\_\_\_\_

**III. Education**

School	Name, Address, City, State	Years Attended	Degree
High School			
College			
Graduate School			
Trade, Business, Night Courses			
Military Service, Other Training			

**IV. Licenses (please list all licenses related to the position you seek)**

Do you have a valid driver's license (Class D Auto)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, enter expiration date \_\_\_\_\_

Do you have a valid CDL license (Class A or B)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, enter expiration date \_\_\_\_\_

Do you have a valid Hydraulic license? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, enter expiration date \_\_\_\_\_

What other valid licenses or certifications do you possess (job related)? \_\_\_\_\_

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**V. Office Skills (If applicable) Check the column that you feel best describes your knowledge:**

	√ Beginner	√ Intermediate Level	√ Advanced Level
Microsoft Word			
Microsoft Excel			
Microsoft Access			
Microsoft Power Point			
Bookkeeping Knowledge			
Transcription Ability			
Shorthand/Speedwriting Ability			

**VI. Special Skills**

Please list any other skills or abilities you feel are relevant:

\_\_\_\_\_  
\_\_\_\_\_

**VII. Employment History (Please do not write "see" resume)**

Please account for the last 4 positions you have held. Start with your present or last employer. You may include military service and any verifiable work performed as an intern or volunteer.

Employer	Address
Telephone	Title
Supervisor	Dates Worked
Salary Received	Reason for Leaving

Description of Primary duties: \_\_\_\_\_

Employer	Address
Telephone	Title
Supervisor	Dates Worked
Salary Received	Reason for Leaving

Description of Primary duties: \_\_\_\_\_

Employer	Address
Telephone	Title
Supervisor	Dates Worked
Salary Received	Reason for Leaving

Description of Primary duties: \_\_\_\_\_

I authorize the Town of Shelburne to contact previous employers. Yes \_\_\_\_ No \_\_\_\_

**VIII. Business References (a minimum of 3 references required, please do not write "see resume")**

Name	Address	Phone	Relationship

**IX. Employment of Minors**

The Town of Shelburne is subject to certain child labor provisions regarding the employment of persons under the age of 18. Further, an Employment Permit or Educational Certificate may be required, depending on your age.

Are you under age 18? If yes, please indicate your age: \_\_\_\_\_

**X. Pre-Employment Physical Examination**

All offers of employment are conditional upon the satisfactory completion of a Health Questionnaire and conditional upon a physical examination, where required.

**XI. Pre-Employment Physical and Drug Testing**

All offers of employment are conditional upon the satisfactory completion of a pre-employment drug test, where required. Satisfactory completion of a required drug or alcohol test is a condition of employment in the Town of Shelburne.

**XII. Lie Detector Test**

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.

***XIII. Signature***

**CAREFULLY READ ALL PARTS OF THIS APPLICATION FORM BEFORE SIGNING.**

- A. I understand that acceptance of this application by the Town of Shelburne does not imply that I will be employed.
- B. The information that I have provided is true and complete. I understand that misrepresentation or omission of any fact in my application, resume, or in any other materials or as provided during interviews, can be justification for refusal of employment or can be justification for termination from employment, if employed.
- C. I understand that any offer of employment that I receive from the Town of Shelburne is contingent upon my successful completion of the pre-employment screening process including but not limited to the Town of Shelburne receiving satisfactory references, a satisfactory criminal history and Criminal Offense Record Inquiry if required, satisfactory verification of driver's license or certifications where required and satisfactory completion of any required post-offer pre-employment drug test or physical examination.
- D. In processing my application for employment, the Town of Shelburne may verify all of the information provided by me concerning, among other things, my prior employment or military record, education, character, general reputation and personal characteristics.
- E. I authorize the Town to take whatever steps deemed necessary to obtain information regarding my qualifications for employment including contacting my present and former employers, by contacting individuals listed as business, educational or personal references, and by contacting other individuals to provide or further clarify information about me.
- F. I hereby release the Town, my present and former employers and all individuals contacted for factual information about me from any and all liability for damages arising from furnishing the requested information.
- G. If employed by the Town of Shelburne, I understand that as a condition of employment, I may be required to furnish additional or updated medical information, that I may be required to undergo a physical examination, that I may be subject to drug and/or alcohol testing, that the Town may request a Criminal Offense Record Inquiry (CORI check) on me, investigate my driving record or verify my license(s) or certification(s) as required for employment at any time during my employment. I hereby authorize the Town to conduct a CORI check on me as a condition of applying for a position with the Town, where applicable, and agree to sign a CORI Request Form reflecting my authorization of the CORI check. I further release the Town and its agents from any and all potential claims associated with the Town's performing a CORI check on me in connection with my application for a position with the Town. As a condition of employment an employee may be required to provide additional or updated information especially if this employee has been on workers comp and may require both drug testing and an employment physical in order to allow us to have the necessary information for making a proper decision or reasonable accommodations, if necessary.
- H. I understand that the Town of Shelburne is an at-will employer. If employed, I understand that my employment may be terminated with or without cause at any time unless there is an applicable bargaining unit contract provision.

My Signature Certifies That I Have Read And Agree With The Above Statements And All Statements Contained In This Application For Employment.

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Applicant's Name (Please Print)

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Applicant's Signature Date