RUTLAND R.E.C.C. EMPLOYMENT APPLICATION

PO Box 669 Rutland, MA 01543

Application must be typed or printed neatly in black or blue ink.

1. PERSONAL HISTORY

Name in Full (Last, First, Middle)

Your Current Address (Street and number, City, State and Zip Code)

Your Current Address (Street and number,	City, State and Zip Code)			
Current Phone Numbers				
	Call Dhana.	Mode		
Home:	Cell Phone:	Work:		
All Other Names You Have Used (Aliases,	nicknames, birth or maiden names, other	er name changes)		
Date and Place of BirthE				
Date: City:	County:	State:		
Are you a United States Citizen? (If Natura	lized, submit copy of Naturalization Cert	tificate)		
, ∏YES ∏NO	• •	•		
Social Security Number:				
Marital Status: Single Married	☐Divorced ☐ Separated ☐ Wid	dowed		
	· —			

2. FAMILY MEMBERS					
List all family members in the following order: children, including step-children, parents, guardians, and any other relative with whom a close relationship exists.					
Name	Relationship	Address	Home Phone #		

^{*}Applicants are considered and employees are treated during employment without regard to age, race, color, religion, sex, national origin, marital or veteran status, medical condition, or disability. Date of birth is required from all applicants and employees to facilitate a background check.

3. Character							
List three (3) Character References. Do not include relatives, former employers, or persons living outside the United States. List only Character references that have a definite knowledge of your qualifications and fitness for the position for which you are applying.							
Name	,	Years Known		Address		Phone #	
. =							
4. Residence	,						
List chronolog	gically a	Il your residend	ces in the last <u>FIVE</u> (5) years	S			
From (m/y)	To (n	n/y)	Address (no	umber, Street, City, S	tate and Zip)		
5. Employme	nt Hiet	orv					
			recent job, list your work his	etory for the past TEN	l veare (Include r	part_time_seasonal	
and Tempora		differit of filost	recent job, list your work his	story for the past 1 Liv	years. (meidde p	dit-time, seasonal	
Name and Ad	ldress o	f Employer:					
Dates worked	Dates worked: From (mm/yy): To (mm/yy):						
Job or position	Job or position Title: ☐Full Time ☐ Part Time ☐Seasonal					Seasonal	
Final Salary/Wage: Phone Number:							
Description of Duties:							
Name of Supervisor and Phone Number:							
Name of one	or two (Co-Workers an	d phone numbers (if known)	:			
Reason For Leaving:							
. 10000111 01 L							

ADDITIONAL COPIES OF THE NEXT PAGE MAY BE ADDED IF NEEDED FOR EMPLOYMENT RECORD

5. Employment History (cont.)					
Name and Address of Employer:					
Dates worked: From (mm/yy):	To (mm/yy):				
Job or position Title:	☐Full Time	☐ Part Time	Seasonal		
Final Salary/Wage:	Phone Number:				
Description of Duties:					
Name of Supervisor and Phone Number:					
Name of one or two Co-Workers and phone numbers (if known):					
Reason For Leaving:					
Name and Address of Employer:					
Dates worked: From (mm/yy):	To (mm/yy):				
Job or position Title:	☐Full Time	☐ Part Time	Seasonal		
Final Salary/Wage:	Phone Number:				
Description of Duties:					
Name of Supervisor and Phone Number:					
Name of one or two Co-Workers and phone numbers (if known):					
Reason For Leaving:					
Name and Address of Employer:					
Dates worked: From (mm/yy):	To (mm/yy):				
		 ☐ Part Time			
Job or position Title:	Full Time		Seasonal		
Final Salary/Wage: Description of Duties:	Phone Number:				
Description of Duties.					
Name of Supervisor and Phone Number:					
Name of one or two Co-Workers and phone numbers (if known):					
Reason For Leaving:					
<u> </u>					

6. Employment	6. Employment Record				
	een involuntarily terminated froff or furloughed?	rom a full or part-time job, whether it was termed fired, tens No (If yes, describe the circumstances.)	minated,		
	signed (quit) after being infor e circumstances.)	rmed that your employer intended to discharge you?	Yes No		
	,				
without pay, forfe	ad any disciplinary actions tak iture of benefits or other simil I explain the circumstances.)	ken against you at any of your jobs (written reprimands, s lar actions)? ☐ Yes ☐ No	uspension with or		
	reason to believe that a form	ner employer may give you a negative job reference?	Yes No		
7. Dispatch Cen	ter History				
Are you currently with another dispatch center?					
☐ Primary PSAP ☐ Secondary PSAP ☐ Other public safety dispatch center					
Please list: name	of department, address, pho	one number and current supervisor's name			
Please list: name of department, address, phone number and current supervisor's name.					
8. Education History					
List Chronologically all schools you have attended. Include High Schools, College, Trade School, Vocational School and other.					
Dates Attended	School Name	Address	Date Graduated		

9. Education				
List Major and Minor college courses of study and any other special training class you have taken or certifications you now hold. (submit any certificates for certifications to get credit on application scoring)				
10. Military Service (if applicable)				
Your Selective Service Number:		Branch of Service:		
Highest Rank Held:		Serial Number:		
Dates of Active Duty - From (mm/yy):		To (mm/yy)		
Dates of Active Reserve Duty – From (mm/yy)		To (mm/yy):		
If you are still enlisted, when will you be dischar		10 (IIIII) yy).		
Unit(s) to which assigned to and primary duty ty	<u> </u>			
	•			
5				
Type of Discharge:	Are you eligible for r			
Are you or have you ever been a member of any United States Reserve or National Guard Unit? Yes No				
Unit and Location:				
Reserve Status & Obligation (if any):				
Reserve Status & Obligation (ii arry).				
Have you received ANV disciplinary action while	e in the military? (Incl.	uding Article 15's Cantain's Mast Written		
Have you received ANY disciplinary action while in the military? (Including Article 15's, Captain's Mast, Written Reprimands, etc.)				
If so, describe circumstances.				
Have you ever been the defendant in a court ma	artial?	No (If yes, provide date and outcome).		

11. Information Concerning Driving Status, Record, Convictions, and Litigation
List ALL vehicle operators' license you now hold or have held from any state or country. (Provide type, State, Number and Expiration Date)
Have you ever received a traffic ticket?
Have you ever been involved in a traffic accident as a driver? Yes No
If yes, how many of your total accidents were you judged to be at fault by the investigating officer?
Were you ever given a traffic ticket as a result of an accident?
Has your driver's license ever been suspended or revoked for any reason? Yes No
If yes, list when and for what reason was your license suspended.
Has your license ever been put on probation?
If yes, why?
Have you ever been denied automobile insurance or had your insurance revoked? Yes No
Have you ever been convicted for driving under the influence? Yes No
If yes, list the place, agency, date and details of each instance.
Have you ever been convicted of a misdemeanor?
If yes, list place, agency, date and details of each incident.
Have you ever been convicted of a felony?
If so, list place, agency, date and details of each incident.
Have you ever had a judgment entered against you as a result of a civil suit other than a divorce case? (This includes "small claims, evictions and collections" or any other kind of civil court actions even if settled out of court prior to judgment being entered by a judge or jury. Yes No
If yes, list dates location and brief facts for each case.

APPLICANT / EMPLOYEE ACKNOWLEDGEMENT

The job description included in this application information packet describes the duties and responsibilities for employment in this position as well as conditions I may face performing these duties. I acknowledge that I have received this information and understand that it is not a contract of employment. I am responsible for reading this job description and complying with all job duties, requirements, and responsibilities contained herein and any subsequent revisions.

is there anything that w	oula keep you trom meeting the	e job duties and requirements as outlined
Yes	No	
Name of Applican	t/Employee	Date

PRE-EMPLOYMENT INFORMATION RELEASE AUTHORIZATION

I authorize the Town of Rutland, MA to obtain copies of my consumer credit reports, driving history and criminal records for the purpose of evaluating my application for employment.

I also authorize the release of any academic transcripts and any disciplinary records.

I further authorize any and all of my present and past employers to release and furnish the Town of Rutland, MA with any and all information, copies of records and data pertaining to my employment, including, but not limited to the following:

- 1) My dates of employment.
- 2) Each position I held including the length of time in each position.
- 3) A description of my job duties.
- 4) My wage rates.
- 5) The reason for my leaving the company.
- 6) My disciplinary records, including dates and basis for any action taken against me.
- 7) My attendance record, including days absent and days tardy.
- 8) Any and all certificates of accomplishment or record of achievement.
- 9) Whether I am eligible for rehire or precluded from same.

Copies of this authorization that show my signature are as valid as the original release signed by me. I understand that misrepresentation of information is cause for rejection of my application or dismissal after appointment.

	Social Security Number		
_	Driver's License Number		
City	State Zip		
	Date Signed		
	City		

APPLICANT STATEMENT OF TRUTHFULLNESS

This form is to be signed and witnessed in the presence of a Notary Public.

Please read the following statement and sign to certify your understanding:

I certify that all information I have provided in order to apply for and secure employment with the Rutland R.E.C.C. / Town of Rutland is true, complete, and correct.

I understand that all the information I have provided is subject to verification and that any information found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to 1.) cancel further consideration of this application, or 2.) if already appointed, I may be subject to discharge from employment.

I have expressly authorized, without reservation, the Rutland R.E.C.C. / Town of Rutland, its representatives, employees or agents to contact all references, and any other persons in order to obtain any and all information deemed necessary by them to verify the accuracy of all information provided by me in this application or at other points throughout the entire process including interviews. I have signed a RELEASE OF INFORMATION WAIVER FORM, which is also attached to this application.

I understand that the Rutland R.E.C.C. / Town of Rutland does not unlawfully discriminate in employment and no question on this application is used for purpose of limiting or excluding any applicant from consideration on a basis prohibited by applicable local, state, or Federal law.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT!

Before me the undersigned, a Not	ary Public for		County,
State/Commonwealth of		_, personally appeared	<u>.</u>
			Name of Applicant
And he/she being first duly sworn accepts all terms of the forgoing A	•		e read and fully understands
Signed and sealed this	day of	,	<u>.</u>
Signature of Applicant		Sign	nature of Notary Public
SEAL			_
		Cor	nmission Expiration

and

Affirmative Action Voluntary Information

Completion of information below is voluntary

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Please Print

Position applied for			Date	
Referral Source				
☐ Employee F☐ Advertisement - Source	vernment Employment Agency Relative you (if applicable)	3chool Other_	Employment Agency	- -
Applicant Information				
Name		Teleph	none# (<u>)</u>	
STREET Male Female Please check one of the follo	_	-	ntification Groups	:
White (not of Hispanic American Indian/A Hispanic	laskan Native	ck (not of Hispanic orig an/Pacific Islander	in)	
Position applied for Other positions considered for Hired Yes No	∐Available	Not Available		
	d below, which one best describe			
☐ Officials and Managers ☐ Professionals ☐ Technicians	☐ Sales Workers ☐ Office and Clerical Wo⊓Craft Workers (skilled)	orkers	Operatives (semi-skilled) Laborers (unskilled) Service Workers	(t

We consider all applicants for positions without regard to race, color, religion, sex, national origin, sexual orientation, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.