



Town of Mansfield
APPLICATION FOR EMPLOYMENT
WE ARE AN EQUAL OPPORTUNITY EMPLOYER

The Town of Mansfield prohibits unlawful discrimination, harassment (including sexual harassment), and retaliation against anyone based on race (including traits historically associated with race including, but not limited to, hair texture, hair type, hair length and protective hair styles), color, age, disability, sex (including pregnancy, pregnancy-related conditions, or recovery from these conditions, including but not limited to, lactation), sexual orientation, gender identity or expression, religion, or religious belief, national origin, ethnicity, ancestry, retaliation, marital status, familial status, genetic information, veteran or military status, limited English proficiency, homelessness, or any other class of individuals protected from discrimination under state or federal law in education, admission, access to treatment in education, its programs, services, benefits, activities, and terms and conditions of employment.

PERSONAL INFORMATION			
First Name	Middle Initial	Last Name	
Home Telephone Number	Cell Phone Number	Email Address	
Mailing Address			
Street	City	State	Zip Code
Home Address – if different than mailing address			
Street	City	State	Zip Code
EMPLOYMENT DESIRED			
Position Applied For	How soon can you start if a job offer is made?		
Do you currently hold another position within the Town of Mansfield or Mansfield Public Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you available to work?			
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Per Diem <input type="checkbox"/> Other
Can you travel if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Note to Applicant: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing the essential functions of the position for which you have applied? Yes No

EDUCATION					
Name of School	City	State	Major	Degree	Years Attended
High School					
College					
Graduate Education					
List any additional education or training					
<p>COMPLETE INFORMATION IN FULL: Applicants must complete this page even if they are also submitting a resume. Begin with your most recent employment and include any present employment. Your present employer will not be contacted without your permission. You may include any verifiable work performed on a volunteer basis and any gaps in employment must be briefly explained.</p>					
EMPLOYMENT HISTORY					
Job #1					
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Company Name			May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Telephone Number			Job Title		
Supervisor Name			Supervisor Phone #		
Specific Duties					
Dates Employed From :			To:		
Reason for Leaving					

Job #2

Are you employed now? Yes No

Company Name	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No
--------------	--

Telephone Number	Job Title
------------------	-----------

Supervisor Name	Supervisor Phone #
-----------------	--------------------

Specific Duties

Dates Employed From:	To:
-----------------------------	------------

Reason for Leaving

Job #3

Are you employed now? Yes No

Company Name	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No
--------------	--

Telephone Number	Job Title
------------------	-----------

Supervisor Name	Supervisor Phone #
-----------------	--------------------

Specific Duties

Dates Employed From :	To:
------------------------------	------------

Reason for Leaving

CERTIFICATIONS AND LICENSES

List any professional licenses, registrations, or certifications you possess.

License/Certification	License #	Date Issued	State Issued	Expiration Date
-----------------------	-----------	-------------	--------------	-----------------

License/Certification	License #	Date Issued	State Issued	Expiration Date
-----------------------	-----------	-------------	--------------	-----------------

CERTIFICATIONS AND LICENSES Continued

License/Certification	License #	Date Issued	State Issued	Expiration Date
-----------------------	-----------	-------------	--------------	-----------------

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that unless I attain permanent status or am subject to the terms of a collective bargaining agreement and have completed the requisite probationary period, my employee will be at-will, which means that both the Town of Mansfield and I are free to terminate the employment relationship at any time for any non-statutorily prohibited reason or for no reason at all, with or without notice. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge, I understand, also, that I am required to abide by all rules and regulations of the Town of Mansfield.

Signature of Applicant

Date

Printed Name

"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."
MGL Ch. 149, Section 19B

Voluntary Affirmative Action Request Form

The Town of Mansfield, as part of its commitment to Affirmative Action/Equal Opportunity policies, invites you to provide the following information. The Mansfield Public Schools prohibits unlawful discrimination, harassment (including sexual harassment), and retaliation against anyone based on race (including traits historically associated with race including, but not limited to, hair texture, hair type, hair length and protective hairstyles), color, age, disability, sex (including pregnancy, pregnancy-related conditions, or recovery from these conditions, including but not limited to, lactation), sexual orientation, gender identity or expression, religion or religious belief, national origin, ethnicity, ancestry, retaliation, marital status, familial status, genetic information, veteran or military status, limited English proficiency, homelessness, or any other class of individuals protected from discrimination under state or federal law in education, admission access to or treatment in, its programs, services, benefits, activities, and terms and conditions of employment. The information is voluntary and refusal to provide it will not have any bearing on our employment decision. The data is confidential and will be filed separately. It will be available only to authorized personnel and is used to further the Town's Affirmative Action/Equal Opportunity policies. Your cooperation is appreciated.

Name: _____

GENDER		
Male	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Female	YES <input type="checkbox"/>	NO <input type="checkbox"/>
X	YES <input type="checkbox"/>	NO <input type="checkbox"/>

SPECIAL STATUS		
Vietnam Status	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Vietnam Era 1962-1975	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Disabled	YES <input type="checkbox"/>	NO <input type="checkbox"/>

ETHNIC ORIGIN	
	White: All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East
	Black: All persons having origins in any of the Black racial groups of Africa
	Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race
	Asian or Pacific Islander: All persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa
	American Indian or Alaskan Native: All persons having origins in any of the original people of North America maintaining cultural identification through tribal affiliations or community recognition
	Cape Verdean: All persons having origins on the Cape Verde Islands.

National Origin: _____