



Town of Carver Employment Application

An Equal Opportunity/Affirmative Action Employer

The Town of Carver 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 or any other class protected by federal, state or local law.

PLEASE PRINT AND USE INK ONLY

Applicant Information

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ e-mail _____

Position Applying For (Please specify position title) _____

Type of Work: Regular Full-time Regular Part-time Temporary

Days and Hours Available: _____

Are you available for overtime? Y / N Can you work evenings? Y / N

 If hired, what date can you start working? _____

 If hired, would you have transportation to and from work? Y / N

 If hired, would you be willing to submit to and pass a controlled substance test? Y / N

Are you able to perform the essential functions of the job for which you are applying, either with/without reasonable accommodation? Y / N

If no, describe the functions that cannot be performed: _____

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age) Y / N

 If hired, would you be able to present evidence that you legally can work in the US? Y / N

Have you ever been employed by the Town of Carver? Y / N

When? _____ Department? _____

Do you have friends, relatives or acquaintances working for the Town? Y / N

If yes, state name and relationship: _____

(Note: The Town complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional)

Education

School	Name and address	Years Attended	Degree
High School			
College			
Trade, Business, Night Courses			
Military Service, Other Training			

Employment History DO NOT WRITE "SEE RESUME" This section must be completed

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.

May we contact your present employer? Y / N

Employer	Telephone
Address	Supervisor
Title	Dates Worked
	Reason for Leaving

Description of Primary Duties: _____

Employer	Telephone
Address	Supervisor
Title	Dates Worked
	Reason for Leaving

Description of Primary Duties: _____

Employer	Telephone
Address	Supervisor
Title	Dates Worked
	Reason for Leaving

Description of Primary Duties: _____

Employer	Telephone
Address	Supervisor
Title	Dates Worked
	Reason for Leaving

Description of Primary Duties: _____

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

Human Resource Shared folder/Job Postings

	Beginner	Intermediate	Advanced
Microsoft Word			
Microsoft Excel			
Microsoft Access			
Microsoft Power Point			

Special Skills (Please list any other skills or abilities you feel are relevant):

Licenses (Please list all licenses related to the position you seek)

Do you have a valid driver's license (Class D Auto)? Y / N If yes, enter expiration date _____

Do you have a valid CDL license (Class A or B)? Y / N If yes, enter expiration date _____

Do you have a valid Hydraulic license? Y / N If yes, enter expiration date _____

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

Volunteer Work: (please list any volunteer work you have done) _____

Medical Information

All offers of employment are conditional upon the satisfactory completion of a Health Questionnaire and conditional upon a physical examination, where required. Satisfactory fitness to perform the essential duties of the position is a condition of employment.

Pre-Employment Physical and Drug Testing

On certain positions of employment, the satisfactory completion of a pre-employment physical and drug test are required.

- A. Have you ever failed or refused a Department of Transportation pre-employment drug and alcohol test in the past two years? Yes _____ No _____

Signature

CAREFULLY READ ALL PARTS OF THIS APPLICATION FORM BEFORE SIGNING.

A. I understand that acceptance of this application by the Town of Carver 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 Carver is contingent upon my successful completion of the pre-employment screening process including but not limited to the Town of Carver 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 Carver 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 Carver, 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 Carver 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.

Applicant's Name (Please Print)

Applicant's Signature

Date