

**TOWN OF HUDSON
LIGHT AND POWER DEPARTMENT
APPLICATION FOR EMPLOYMENT**

We consider applicants for all positions without regard to race, color, religion, sex, sexual orientation, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(Please Print)

Position Applied For:	Date of Application:
How did you learn about us?	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
Address: Number Street City State Zip Code		
Telephone Number(s)		E-Mail (Optional)

If you are under 18 years or age, can you provide required proof of your ability to work?	YES	NO
Have you ever filed an application with us before?	YES	NO
Have you ever been employed with us before?	YES	NO
Are you currently employed? If yes, since what date: _____	YES	NO
May we contact your present employer?	YES	NO
Are you a citizen of the United States or a person authorized to work under the Immigration Laws of the U.S.? <small>Proof of Citizenship or immigration status will be required upon employment.</small>	YES	NO
On what date would you be available to begin work? _____		
Are you available to work:	<input type="checkbox"/> Full-time?	<input type="checkbox"/> Part-time?
	<input type="checkbox"/> Shift work?	<input type="checkbox"/> Temporary?
Are you currently on "lay-off" status and subject to recall?	YES	NO
Can you travel if a job requires it?	YES	NO

APPLICATION FOR EMPLOYMENT, TOWN OF HUDSON, MA

FOREIGN LANGUAGES	FLUENT	GOOD	FAIR
Speak			
Read			
Write			

List professional trade, business, or civic activities and offices held. You may exclude membership that would reveal sexual orientation, race, religion, national origin, age, ancestry, handicap, or other protected status.	
1.	2.
3.	4.
5.	6.
7.	8.
9.	10.

REFERENCES
Give name, address, and telephone number of three references who are not related to you and are not previous employers.
1.
2.
3.

Have you ever had any job-related training in the United States military?	YES	NO
If yes, please describe:		

Can you perform the duties of the job for which you are applying with or without a reasonable accommodation?	YES	NO
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Please read the paragraph below and then answer the questions that follow.

An applicant for employment with a sealed record no file with the commissioner of probation may answer "no record" with respect to an inquiry relative to prior arrests, criminal court appearances, or convictions. An applicant for employment with a sealed record on file with the commissioner of probation may answer "no record" to an inquiry herein relative to prior arrests or criminal court appearances. In addition, any applicant for employment may answer "no record" with respect to an inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services that did not result in a complaint transferred to the superior court for criminal prosecution.

Have you ever been convicted of a felony? YES NO

If yes, please explain. _____

			Optional	
EDUCATION	Elementary School	High School	Undergrad College or University	Graduate/ Professional
School Name and Location				
Years Completed				
Diploma/Degree				
Describe Course of Study for any College or University Attended, and at Graduate Level.				
Describe any specialized training, apprenticeship, skills, and extra-curricular activities.				
Describe any honors you have received.				
State any additional information you feel may be helpful to us in considering you application.				

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EMPLOYMENT EXPERIENCE			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		Reason for leaving
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		Reason for leaving
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		Reason for leaving
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		Reason for leaving

If you need additional space, please continue on a separate piece of paper.

Employment Application Release

The Hudson Light and Power Department is an equal opportunity employer, and selects the best matched individual for the job based upon job related qualifications, regardless of race, color, creed, sex, national origin, age, handicap or other protected groups under State, federal or local Equal Opportunity Laws.

I understand and agree that:

Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.

It is my understanding that Hudson Light and Power will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by HLP and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.

I agree that my employment may be terminated by this Department at any time without liability for wages or salary except such as may have been earned at the date of such termination. If requested by the management at any time, I agree to submit to search of my person or of any locker that may be assigned to me, and I hereby waive all claims for damages on account of such examination.

In consideration of One Dollar, other good and valuable consideration, and being reviewed for employment or continued employment by the Town of Hudson Light and Power Department, the receipt and sufficiency of which is hereby acknowledged for each, I hereby remise, release and forever discharge the Town of Hudson, Light and Power Department and Medworks Industrial Health Program of Marlborough Hospital of and from any and all claims, demands and liabilities whatsoever of every name and nature, both in Law and in Equity, which I or my heirs and assigns now have or ever had on account of a medical examination, related tests, including drug tests performed.

Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory; overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.

I further understand that this is an application for employment and that no employment contract is being offered.

I understand that if I am employed, such employment is for no definite period of time and that HLP can change wages, benefits and conditions at any time.

I have read and understand the above.

Date: _____ Signature: _____