

# HUDSON LIGHT AND POWER DEPARTMENT

## Employment Application



HLPD considers 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.

APPLICANT INFORMATION												
Last Name				First				M.I.		Date		
Street Address						Apartment/Unit #						
City				State				ZIP				
Phone				E-mail Address								
Date Available				Social Security No.								
Position Applied for												
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>		NO <input type="checkbox"/>
Have you ever applied for work at HLPD?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?					
Are you currently employed?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		Since When?					
May we contact your present employer?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		Contact:					
EDUCATION												
High School				Address:								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
College				Address:								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
Other				Address:								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
REFERENCES												
<i>Please list three professional references.</i>												
Full Name						Relationship						
Company						Phone						
Address												
Full Name						Relationship						
Company						Phone						
Address												
Full Name						Relationship						
Company						Phone						
Address												

**PREVIOUS EMPLOYMENT**

Company				Phone			
Address				Supervisor			
Job Title							
Responsibilities							
From		To		Reason for Leaving:			
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>							

Company				Phone			
Address				Supervisor			
Job Title							
Responsibilities							
From		To		Reason for Leaving:			
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>							

Company				Phone			
Address				Supervisor			
Job Title							
Responsibilities							
From		To		Reason for Leaving:			
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>							

Company				Phone			
Address				Supervisor			
Job Title							
Responsibilities							
From		To		Reason for Leaving:			
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>							

**MILITARY SERVICE**

Branch:				From	To
Rank at Discharge:				Type of Discharge:	
If other than honorable, explain:					

**SPECIAL SKILLS, HONORS, AWARDS, PROFESSIONAL TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD:**

- 1.
- 2.
- 3.
- 4.

**FOREIGN LANGUAGES (LIST ONLY THOSE IN WHICH YOU ARE FLUENT AND CAN READ & WRITE)**

- 1.
- 2.
- 3.

**INTERESTS OR HOBBIES:**

**PROVIDE ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL IN CONSIDERING YOUR APPLICATION:**

**EMPLOYMENT APPLICATION RELEASE AND SIGNATURE**

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, sexual orientation, national origin, age, handicap or other protected groups under State, Federal or Local Equal Opportunity Laws.

I certify that the information I provided is true and complete to the best of my knowledge. I further 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 Power and Light Department (HLPD) will make a thorough investigation of my entire work history, including a criminal background/CORI check in accordance with applicable statutes 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 HLPD 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 HLPD 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, desk or computer 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 HLPD, the receipt and sufficiency of which is hereby acknowledged for each, I hereby remise, release and forever discharge the Town of Hudson and HLPD and 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 HLPD 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 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 by HLPD, such employment is for no definite period of time and that HLPD can change wages, benefits, schedules, and conditions at any time.

My signature below indicates that I have read and understand the above.

Signature:

Date: