



Town of Ashland, Massachusetts

Recreation Department

162 West Union Street, 01721-1191

(508) 881-0140 x. 2

(508) 532-8092 (fax)

Staff Application

It is unlawful in Massachusetts to inquire or administer a lie detector test as a condition of employment or continued employment. An employer who violates this shall be subjected to criminal penalties and civil liability. The Town of Ashland does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, handicap, veteran status, ancestry or on the basis of age. No question on this application is intended to secure information to be used for such discrimination.

To be sure that your application is properly evaluated, all questions should be answered clearly, completely and accurately in your own handwriting. If you need more space, please attach a separate sheet. *(Please type or print.)*

Date of Application _____

Full Name _____

Permanent Address _____
Street & Number City State Zip

Home Phone _____ Cell # _____ E-mail _____
Area & Number Area & Number

Dates available: From _____ To _____

Positions Applying For? ARC Director ARC Staff ARC jr Staff Snack Bar Staff

Can you perform the essential functions of the job for which you have applied, with or without reasonable accommodation? Yes No

Are you age 18 or older? Yes No If less than 18, date of birth? ____ / ____ / ____

If less than 18 and you are offered employment, can you furnish a work permit? Yes No

Are you a U.S. Citizen? Yes No

If no, have you legal authorization to work in the U.S.? Yes No

(Under Federal Law, within three days of hire, you will be required to produce evidence of identity and legal authorization to work in the U.S.)

Have you worked for the Town of Ashland before? Yes No

Are you related to anyone employed, or formerly employed, by the Town of Ashland? Yes No

If yes, give name and relationship: _____

Referral Source: Self Newspaper School Ashland employee (name: _____)

Other _____

Emergency Notification:

Name _____ Phone _____ Relationship _____

Past Work History: Provide a full record of all employment and explain any gaps in employment. Use a separate sheet, if necessary.

| Dates | Employer/Supervisor | Address & Phone | Nature of Work | Reason for Leaving |
|-------|---------------------|-----------------|----------------|--------------------|
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May we contact your present Employer? Immediately After acceptance of employment No

If No, give reason: _____

References Give names and addresses of three persons [not relatives] having knowledge of your character, work habits, accomplishments and ability.

| Name | Phone Number | Relationship |
|------|--------------|--------------|
| | | |
| | | |
| | | |

Volunteer Experience

| Dates | Supervisor | Address & Phone | Nature of Work |
|-------|------------|-----------------|----------------|
| | | | |
| | | | |
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| | | | |

Education High School & Beyond

| Years | School | Major Subjects | Degrees Earned |
|-------|--------|----------------|----------------|
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Why would you like to work for Ashland Recreation? _____

Describe your experiences in leadership positions and/or working with children _____

What effects do you think a well-run program can have on the children? _____

What contributions do you think you can make to the Ashland Recreation Dept.? _____

Harassment The Town of Ashland's policy is to prohibit all forms of harassment by our employees. This includes sexual, racial, religious, and other forms of harassment. Have you ever been accused of harassment of any person including but not limited to, workplace harassment? (Note: a prior accusation is not an automatic bar to employment. The type of accusation and when it occurred will be evaluated by the directors before any decision is made.) Yes No

Explain _____

Criminal Record Have you ever been convicted of a crime, other than a minor traffic offense? If yes, please describe. (Note: a prior conviction is not an automatic bar to employment. The type of conviction and when it occurred will be evaluated by the directors before any decision is made.) Yes No

Explain _____

I authorize investigation of all statements herein, including any checks of criminal records, and release the Town of Ashland and all others from liability in connection with same. I understand that, if employed, I will be an at-will employee unless there is an agreement or law which alters that status. Furthermore, I understand that any agreement must be in writing and signed by the designated town official. I also understand that misrepresentations or falsifications herein or in other documents completed or submitted by the applicant will result in dismissal, regardless of the date of discovery by the town.

Signature: _____ Date: _____

All statements become part of any future employee personnel files.

For Office Use:

Date Received _____ CORI _____ License/ID _____ Interview _____



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Criminal Offender Record Information Acknowledgement Form

To be used by organizations conducting CORI checks for employment, volunteer and subcontractor purposes

Ashland Recreation Department is registered under the provisions of M.G.L.c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees and subcontractors.

As a prospective or current employee, subcontractor, volunteer, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to **Ashland Recreation Department** to submit a CORI check for my information to DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing **Ashland Recreation Department** with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT AND VOLUNTEER PURPOSES ONLY:

The **Ashland Recreation Department** may conduct subsequent CORI checks within one year of the date this form was signed by me, provided however, that **Ashland Recreation Department** must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



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SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting. The fields marked with an asterisk (*) are required fields.

*First Name: _____ Middle Initial: _____

*Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last SIX digits of Social Security Number XXX-____-____ No Social Security Number

Sex: _____ Height: _____ Ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____ Mother's Maiden Name: _____

Current Address

* Street Address: _____ Apt. # or Suite: _____

* City: _____ * State: _____ * Zip Code: _____

Subject Verification

The above information was verified by reviewing the following form (s) of government-issued identification:

Verified by:

Print name of Verifying Employee

Signature of Verifying Employee

Date