

321 Zoar Road
P.O. Box 462
Rowe, Massachusetts 01367



E-mail: admin@rowe-ma.gov
Phone: 413-339-5520
Fax: 413-339-5316

Town of Rowe

EMPLOYMENT APPLICATION SUMMER YOUTH PROGRAM

Position Applied For: _____ Date of Application: ___ / ___ / _____

Name: _____
Last First Middle Initial

Address: _____
Town State Zip

Telephone Number: (____) - ____ - _____ Date of Birth: ___ / ___ / _____

Have You Previously Been Employed By the Town of Rowe? Yes No If Yes: _____
Date Job Title

Person to Be Notified In Case Of Emergency:

Name: _____ Telephone Number: (____) - ____ - _____

Address: _____

Personal Information:

Are You a United States Citizen? Yes No Highest Grade Level Completed: _____

Awards and Honors: _____

Special Training: _____

Drivers License Information:

Do You Have A Valid Driver's License? Yes No If Yes, From What State? _____

Do You Have A Clean Driving Record? Yes No If No, Please Explain: _____

Do You Have Valid Automobile Insurance? Yes No Company Name: _____

Employment References

Name	Address	Occupation	Length of Acquaintance

Employment History

Name	Address	Occupation	Dates of Employment

Other Job Experience and/or Qualifications You May Wish To List: _____

SIGNATURE:

CAREFULLY READ ALL PARTS OF THIS APPLICATION FORM BEFORE SIGNING.

I understand that acceptance of this application by the Town of Rowe does not imply that I will be employed.

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.

In processing my application for employment, the Town of Rowe may verify all of the information provided by me concerning, among other things, my prior employment, education, character, general reputation and personal characteristics.

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.

I hereby release 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.

If employed by the Town of Rowe, I understand that as a condition of employment, I may be required to furnish additional or updated medical information, 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 understand that the Town of Rowe 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 appropriate bargaining unit contract.

My signature Certifies That I Have Read And Agree With The Above Statement And All Statements Contained In This Application For

Applicant Name (Please Print) _____

Applicant Signature _____

Date: _____