

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



E-mail: admin@rowe-ma.gov
Phone: 413-339-5520 x11
Fax: 413-339-5316

Town of Rowe
EMPLOYMENT APPLICATION

Position Applied For: _____ Date of Application: _____

Name: _____
Last, First, Middle Initial

Mailing Address: _____
Street or P.O. Box Town State Zip

Telephone Number: _____ Email: _____

Have You Previously Been Employed By the Town of Rowe? Yes No

If Yes: _____ / _____
Month/Year (Most Recent Employment) Position (Most Recent Employment)

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:

Military Service Record:

Branch: _____ Date of Discharge: _____ Reserve Status: Active Inactive

Reserve Rank: _____ Was Discharge Other Than Honorable? _____

Driver's 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

List Present or Last Employer First

Name	Address	Dates of Employment (Month & Year)	Position Held	Hourly Rate	Reason For Leaving
		From: _____ To: _____			
		From: _____ To: _____			
		From: _____ To: _____			

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

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Town of Rowe is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Town of Rowe. In the event of employment, I understand that false or misleading information given in my application of interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature: _____

Date: _____

Printed Name: _____