



Town of Rochester
One Constitution Way
Rochester, Massachusetts 02770

All information must be typed or printed in readable writing. Unreadable applications will be discarded.

Personal Information

1. Date of Application: _____

2. Position Applying For: _____

3. Name: _____
Last First Middle

4. Telephone Number: Home: _____
Area Code / Number
Daytime: _____

5. Address: _____
Number Street Apartment Number

City/Town State Zip Code

6. Driver's License Number: _____ Class/Number/State

7. If hired, can you provide proof that you are legally authorized to work in the United States? ☐ YES ☐ NO

8. Are you under 18 years of age? ☐ YES ☐ NO If yes, can you furnish a valid employment permit if hired? ☐ YES ☐ NO

9. Have you ever been employed by the Town before? ☐ YES ☐ NO

If yes, when? _____ In which department? _____

10. Do you have an immediate family member (i.e. spouse, mother, father, sibling, or child) working for the Town of Rochester?

☐ YES ☐ NO

If yes, Employee's Name: _____ Department: _____

Education

Name / Location	Course of Study	# of years Completed	Did you graduate?	Type of Degree(s)
High School			<input type="checkbox"/> YES <input type="checkbox"/> NO	
College			<input type="checkbox"/> YES <input type="checkbox"/> No	
Graduate School			<input type="checkbox"/> YES <input type="checkbox"/> No	
Business/Technical			<input type="checkbox"/> YES <input type="checkbox"/> No	

11. Do you possess the following skills? Please list in detail all that apply.

Specialized Training? ☐ YES ☐ NO

Name of Training/Course: _____

Professional Licenses? ☐ YES ☐ NO

Licenses: _____

Professional Memberships? ☐ YES ☐ NO

Name of Organizations: _____

Computer Software? ☐ YES ☐ NO

Name of Programs: _____

Equipment? ☐ YES ☐ NO

Describe Equipment: _____

If more room is required, an additional sheet may be attached.

Employment History

List present employer first. A resume or supplemental sheet may be included; however, this section must be completed.

12. Employer's Name: _____

Address: _____ Telephone Number: _____

Job title: _____ Worked From: _____ To: _____

Immediate Supervisor's Name and Job Title: _____

Salary: _____ May we contact this employer? ☐ YES ☐ No

Describe the work you performed: _____

Reason(s) for leaving: _____

13. Employer's Name: _____

Address: _____ Telephone Number: _____

Job title: _____ Worked From: _____ To: _____

Immediate Supervisor's Name and Job Title: _____

May we contact this employer? ☐ YES ☐ NO

Describe the work you performed: _____

Reason(s) for leaving: _____

14. Employer's Name: _____

Address: _____ Telephone Number: _____

Job title: _____ Worked From: _____ To: _____

Immediate Supervisor's Name and Job Title: _____

May we contact this employer? ☐ YES ☐ No

Describe the work you performed: _____

Reason(s) for leaving: _____

References

Please provide professional and/or business references only. Note that references listed in this section will be contacted.

15. Reference #1

Name: _____ Address: _____

Business Position: _____ Telephone _____ Home: _____

Work: _____

16. Reference #2

Name: _____ Address: _____

Business Position: _____ Telephone _____ Home: _____

Work: _____

17. Reference #3

Name: _____ Address: _____

Business Position: _____ Telephone _____ Home: _____

Work: _____

18. How did you learn about the job for which you are applying?

☐ Walk-in

☐ Town Employee

☐ Newspaper; title _____ ☐ Professional Journal; title _____

☐ Posted Town Bulletin _____ ☐ The Internet. _____

The Town of Rochester is an Affirmative Action / Equal Employment Opportunity Employer

Agreement

I authorize investigation of all statements contained in this application and the release of any pertinent information regarding my education, past employment history and background, excluding criminal offender record information. I authorize the Town of Rochester to obtain any information from schools, employers or individuals relating to my activities. This information may include, but is not limited to academics, achievement, performance, attendance, personal history and discipline. Further, I hereby authorize all references, persons, schools, my current employer (if applicable) and previous employers and organizations named in this application, unless otherwise stated, to provide the Town of Rochester any relevant information that may be required to arrive at an employment decision. I understand that the information released is for the Town of Rochester's use only.

I hereby voluntarily release, discharge and exonerate the Town of Rochester, its agents and representatives, and any person so furnishing information from any and all liabilities of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of the Town of Rochester.

I understand that all appointments are probationary and that I must demonstrate my ability for continued employment. I also understand that I must be available from time to time to work outside normal business hours, as the needs of the department require.

If required for the position I am seeking, I agree to take a physical examination, which may include testing for drugs or a psychological examination, as required, and recognize that any offer of employment may be contingent upon the results of such an examination.

I understand that any employment offer by the Town is conditional upon my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986 within three days of the date of hire.

Employment at the Town of Rochester is "at-will". This means employees are free to resign at any time, with or without cause and The Town of Rochester may terminate the employment relationship at any time, for any lawful reason, with or without cause or advance notice. As an at-will employee, you are not guaranteed employment with the Town of Rochester for any set period of time.

I represent that I have read and fully understand the foregoing and seek employment under these conditions

Signature: _____

Date: _____

Discrimination against any person in any practice or procedure in advertising, recruitment, referrals, testing, hiring, transfer, promotion or any other term, condition or privilege of employment which limits or adversely affects employment opportunities, because of political or religious opinions or affiliations, or because of race, color, sex, gender identity, genetic information, sexual orientation, national origin, ancestry, marital status, military status, pregnancy, pregnancy-related conditions, age or disability which is unrelated to the person's occupational qualifications or any other non-merit factor which is not a bona fide occupational qualification, or any other protected class under the law, is prohibited.

Town of Rochester Release

_____ a candidate for the position of _____ hereby authorize the Town of Rochester to investigate all statements in my application and to secure any necessary information from all my employers, references, and academic institutions. I hereby release all of those employers, references, academic institutions, and the Town of Rochester from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the Town of Rochester.

I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my academic credentials and employment references. I further understand that any false or misleading statements will be sufficient cause for rejection of my application if the Town of Rochester has not yet employed me and for immediate dismissal if the Town of Rochester has employed me. I also authorize the Town to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency, or other party having legal and proper interest, and I hereby release the Town of Rochester from any and all liability for its providing this information.

In the event of my employment with the Town of Rochester, I understand that I will be subject to and comply with all rules, regulations, and policies set forth in the Town of Rochester Personnel Bylaw or other communications distributed by the Town of Rochester.

I understand that nothing in this employment application, in the Town of Rochester policy statements or personnel guidelines, or in my communications with any Town of Rochester official is intended to create an employment contract between the Town of Rochester and me. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the Town of Rochester unless it is made in writing and signed by a Town of Rochester official.

I hereby acknowledge that I have read and understand the preceding statement.

Signed: _____

[Signature of Applicant]

Date: _____



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND
SECURITY

Department of Criminal Justice Information Services 200 Arlington
Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973 MASS.GOV/CJIS
This form is not to be faxed. Please return form to organization.



**Criminal Offender Record Information (CORI)
Acknowledgement Form**

To be used by organizations conducting CORI checks for employment or licensing purposes.

Town of Rochester is registered under the
(Organization)
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers,
license applicants, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my
personal information to the DCJIS. I hereby acknowledge and provide permission to

Town of Rochester

(Organization)

to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my
signature. I may withdraw this authorization at any time by providing

Town of Rochester

(Organization)

with written notice of my intent to withdraw consent to a CORI check.

I also understand, that Town of Rochester may conduct
(Organization)

subsequent CORI checks within one year of the date this Form was signed by me.

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



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND
SECURITY

Department of Criminal Justice Information Services

200 Arlington Street, Suite 2200, Chelsea, MA 02150

TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973 MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.

* 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: _____ -- _____ ☐ 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: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

Date

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