



## TOWN OF PEMBROKE EMPLOYMENT APPLICATION

100 Center St.  
Room #16  
Pembroke, MA 02359  
<https://www.pembroke-ma.gov/>

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

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

### Personal Information

1. Date of Application: \_\_\_\_\_ 2. Position Applying For: \_\_\_\_\_

3. Name: \_\_\_\_\_ 4. Telephone Number: Home: \_\_\_\_\_  
Last First Middle Area Code / Number  
Daytime: \_\_\_\_\_

5. Address: \_\_\_\_\_  
Number Street Apartment Number  
City/Town State Zip Code  
Email address: \_\_\_\_\_

#### 6. Emergency Contact Information:

Name: \_\_\_\_\_ Telephone Number : \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street Apartment Number  
City/Town State Zip Code

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, parent, sibling, or child) working for the Town \_\_\_\_\_?

☐ YES ☐ NO

If yes, Employee's Name: \_\_\_\_\_ Department: \_\_\_\_\_

## Education

### 11. List 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	

12. Licenses. A valid license may be a condition of employment, where required.

Do you have a valid Massachusetts driver's license (Class D Auto)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, expiration date \_\_\_\_\_

Do you own a vehicle? \_\_\_\_\_ Do you have Automobile insurance? \_\_\_\_\_

Do you have a valid CDL license (Class A or B)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, expiration date \_\_\_\_\_

Do you have a valid Hoisting license? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, expiration date \_\_\_\_\_

Other valid licenses or certifications you possess (job related)? \_\_\_\_\_

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

Specialized Training?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Name of Training/Course:_____
Professional Licenses?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Licenses:_____
Professional Memberships?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Name of Organizations:_____
Computer Software?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Name of Programs:_____
Office Equipment?	<input type="checkbox"/> YES	<input type="checkbox"/> 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.  
You may include military service and any verifiable work performed as an intern or volunteer.*

**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:\_\_\_\_\_

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:\_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

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

## 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: \_\_\_\_\_

### Reference #2

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Business Position: \_\_\_\_\_ Telephone \_\_\_\_\_ Home: \_\_\_\_\_

Work: \_\_\_\_\_

### Reference #3

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Business Position: \_\_\_\_\_ Telephone \_\_\_\_\_ Home: \_\_\_\_\_

Work: \_\_\_\_\_

Reference #4

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Business Position: \_\_\_\_\_ Telephone \_\_\_\_\_ Home: \_\_\_\_\_

Work: \_\_\_\_\_

**16.** 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 \_\_\_\_\_

☐ Other [please specify] \_\_\_\_\_