



# TOWN OF HOPKINTON • APPLICATION FOR EMPLOYMENT

One Townhouse Road Hopkinton, RI 02833  
PHONE (401) 377-7777 FAX (401) 377-7788

## Application for Employment – Civilian

The Town of Hopkinton is an equal opportunity employer and does not discriminate against employees or applicants for employment on any legally-recognized basis including, but not limited to, age, race, color, religion, national origin, sex, sexual orientation except where a bona fide occupational qualification exists. Reasonable accommodations will be made for qualified disabled persons to assist them in fulfilling the essential functions of a job, provided that such accommodations do not impose an undue hardship upon the Town.

### SECTION I – PERSONAL HISTORY

PLEASE TYPE OR PRINT CLEARLY

Name (Last)	(First)	(Middle)	Social Security Number	
Street Address (Street)	(City)	(State)	(Zip Code)	Telephone Number (Primary)
Mailing Address (Street)	(City)	(State)	(Zip Code)	Telephone Number (Secondary)

### TYPE OF POSITION DESIRED

Position Applied For

Full Time  Part Time  Summer  Temporary

Have you ever applied to the Town of Hopkinton?

If Yes, When and Where?

Have you ever worked for the Town of Hopkinton?

If Yes, When and Where?

How were you referred to the Town of Hopkinton?

Are you legally authorized to work in this country? Yes  No

Are you prevented in any way from lawfully being employed in this country because of your Visa or immigration status?  
Yes  No

If yes, explain:

## SECTION II – EDUCATION

Name and Addresses of School(s)	Dates Attended From To		Graduated		Type of degree/ diploma received	Major/Minor Fields of Study
	Mo/Yr	Mo/Yr	Yes	No		
High School (Last Attended)						
Colleges/ Universities						
Graduate School						
Other (Business, Technical, Secretarial)						

Please list any professional affiliations or accreditations, which have a direct bearing upon your qualifications for the job which you are seeking. (Indicate all licenses and certifications, which may relate to the job for which you are applying.)


Do you have any special skills or abilities, which directly relate to the job for which you are applying?


Do you possess a valid current driver's license (only for jobs where requiring driving a vehicle is an essential function)? Yes  No

Driver's License Number and State:

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### SECTION III – EMPLOYMENT HISTORY

1. Name and Address of Employer	Starting Position	Ending Position								
_____ _____ _____										
From Mo/Yr. To Mo/Yr.  Phone Number:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">Salary</th> <th rowspan="2">Name and Title of Supervisor</th> </tr> <tr> <th>Starting</th> <th>Ending</th> </tr> <tr> <td style="height: 40px;"></td> <td style="height: 40px;"></td> <td style="height: 40px;"></td> </tr> </table>	Salary		Name and Title of Supervisor	Starting	Ending				Reason for Leaving  
Salary		Name and Title of Supervisor								
Starting	Ending									
2. Name and Address of Employer	Starting Position	Ending Position								
_____ _____ _____										
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Salary		Name and Title of Supervisor								
Starting	Ending									
May we contact your current employer listed above? Yes <input type="checkbox"/> No <input type="checkbox"/>										
If not, why not?										

Please use this space to describe any previous work history and/or to detail particular job responsibilities listed above. Include any additional information, which you feel may be relevant to the job for which you are applying.

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Give three references (not relatives, former or present employers, fellow employees or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women including your physician, if you have one, who have known you well for at least five (5) years and preferably those who have known you during the past five (5) years. If retired, give their former occupation.

<b>SECTION IV - REFERENCES</b>				
Complete Name	Occupation			No. of Yrs Acquainted
Residence Address	City	State	Zip	Telephone (    )
Business Address	City	State	Zip	Telephone (    )
Complete Name	Occupation			No. of Yrs Acquainted
Residence Address	City	State	Zip	Telephone (    )
Business Address	City	State	Zip	Telephone (    )
Complete Name	Occupation			No. of Yrs Acquainted
Residence Address	City	State	Zip	Telephone (    )
Business Address	City	State	Zip	Telephone (    )

I HAVE READ THIS APPLICATION AND THE ENTRIES MADE HEREIN, AND HEREBY STATE THAT ALL SUCH STATEMENTS MADE BY ME ARE TRUE. I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION GIVEN IN THIS APPLICATION MAY SERVE AS THE BASIS FOR DISMISSAL FROM THE RECRUIT SELECTION PROCESS.

I AGREE TO THESE CONDITIONS, AND I HEREBY CERTIFY THAT ALL STATEMENTS MADE BY ME ON THIS APPLICATION ARE COMPLETE, CORRECT AND TRUTHFUL TO THE BEST OF MY KNOWLEDGE.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_