



TOWN OF MILLIS

OFFICE OF THE BOARD OF SELECTMEN

Veterans Memorial Building
 900 Main Street • Millis, MA 02054
 Phone: 508-376-7040 • Fax: 508-376-7053

APPLICATION FOR EMPLOYMENT

Position(s) Applied For					Date of Application	
Last Name		First Name			Middle Name	
Address: Number	Street	City		State	Zip	
Telephone Numbers: Home		Cell		Email Address		

Are you under age 18? Yes No

Have you ever been employed by the Town of Millis before? Yes No

Are you legally authorized to work in the United States? Yes No

Are you available to work: Full-Time Part-Time Permanent Temporary

On what date would you be available for work? _____

Have you been convicted of a felony? Yes No

Have you been convicted of a misdemeanor within the past five years (other than a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace)? Yes No

EDUCATION

	Name and Address	Course of Study	# Years	Degree
High School				
Undergraduate College				
Graduate School				
Other (Specify)				

EMPLOYMENT EXPERIENCE

Please start with your present or last job.

1. Employer	Work Performed		
Address			
Phone Number			
Job Title	Dates Employed	<i>From</i>	<i>To</i>
Reason for Leaving	Hourly Rate/Salary	<i>Start</i>	<i>Finish</i>
2. Employer	Work Performed		
Address			
Phone Number			
Job Title	Dates Employed	<i>From</i>	<i>To</i>
Reason for Leaving	Hourly Rate/Salary	<i>Start</i>	<i>Finish</i>
3. Employer	Work Performed		
Address			
Phone Number			
Job Title	Dates Employed	<i>From</i>	<i>To</i>
Reason for Leaving	Hourly Rate/Salary	<i>Start</i>	<i>Finish</i>
4. Employer	Work Performed		
Address			
Phone Number			
Job Title	Dates Employed	<i>From</i>	<i>To</i>
Reason for Leaving	Hourly Rate/Salary	<i>Start</i>	<i>Finish</i>

SPECIALIZED SKILLS

- Microsoft Word Microsoft Outlook Microsoft Excel Microsoft PowerPoint
 MUNIS Adobe Acrobat Internet Explorer Other _____

Please summarize special job-related skills and qualifications acquired from employment or other experience or special licenses or certifications held.

Please share any additional information you feel may be helpful to us in considering your application.

APPLICANT STATEMENT

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 this organization is of an "at will" nature which means that the employee may resign at any time and the employer may discharge the 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 an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date