



LYNNFIELD WATER DISTRICT - Application for Employment

Lynnfield Water District makes equal access to programs, services, and employment available for all persons. Applicants requiring reasonable accommodation for the application and/or interview process should notify the Lynnfield Water District Human Resources staff. Lynnfield Water District is an Equal Opportunity Employer. Lynnfield Water District is committed to a policy of nondiscrimination and equal opportunity for all employees and qualified applicants without regard to race, color, and religious creed, national origin, ancestry, sex, age, disability, protected genetic information, veteran's status, sexual orientation, or any other category protected by law.

Personal Information

Position(s) applied for _____ Date of application _____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE/ZIP CODE

Primary Telephone # _____ Alternate # _____ E-mail _____

If you are under 18, and it is required, can you furnish a work permit? _____ Yes No

If no, please explain _____

Are you legally eligible for employment in this country? _____ Yes No

Date available for work _____ What is your desired salary range? _____

Employment desired: Full-Time Part-Time Contract Temporary Seasonal Educational Co-Op

Are you able to meet the attendance requirements of the position? _____ Yes No

Employment History

Please provide the following information of your past three (3) employers, assignments or volunteer activities, starting with most recent.

(1) Employment (Start/Leave Dates) _____ Employer _____

Position Title _____ City, State, Tel # _____

Immediate Supervisor and Title _____ May we contact for reference? Yes No

Compensation: Start _____ Final _____ Reason for leaving _____

(2) Employment (Start/Leave Dates) _____ Employer _____

Position Title _____ City, State, Tel # _____

Immediate Supervisor and Title _____ May we contact for reference? Yes No

Compensation: Start _____ Final _____ Reason for leaving _____

(3) Employment (Start/Leave Dates) _____ Employer _____

Position Title _____ City, State, Tel # _____

Immediate Supervisor and Title _____ May we contact for reference? Yes No

Compensation: Start _____ Final _____ Reason for leaving _____

Skills & Licensing Summary

Briefly describe any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying:

For Technical Applicants Only: Please list any licenses, current and expired, including the state of licensing and expiration date:

Education

Name of High School _____ # of Years Completed _____ Did you Graduate?... Yes No

Name of College _____ # of Years Completed _____ Did you Graduate?... Yes No

Degree Received (if any) _____ Major _____

Other/Advanced Studies & Name of School _____ # of Years _____ Did you Graduate?... Yes No

Degree Received (if any) _____ Area of Study _____

Professional References

Name _____ Tel # _____ Work Relationship _____ Yrs Acquainted _____

Name _____ Tel # _____ Work Relationship _____ Yrs Acquainted _____

Name _____ Tel # _____ Work Relationship _____ Yrs Acquainted _____

Application Statement

I CERTIFY THAT ALL INFORMATION I HAVE PROVIDED IN ORDER TO APPLY FOR AND SECURE WORK WITH LYNNFIELD WATER DISTRICT IS TRUE, COMPLETE AND CORRECT.

I UNDERSTAND THAT ANY INFORMATION PROVIDED BY ME THAT IS FOUND TO BE FALSE, INCOMPLETE OR MISREPRESENTED IN ANY RESPECT, WILL BE SUFFICIENT CAUSE TO (1) CANCEL FURTHER CONSIDERATION OF THIS APPLICATION, OR (2) IMMEDIATELY TERMINATE MY EMPLOYMENT WITH LYNNFIELD WATER DISTRICT, WHENEVER SUCH INFORMATION IS DISCOVERED.

I UNDERSTAND THAT ANY OFFER OF EMPLOYMENT WILL BE CONTINGENT ON REFERENCE REPORTS AND SUCCESSFUL COMPLETION OF A THOROUGH BACKGROUND CHECK, ALL TO THE SATISFACTION OF LYNNFIELD WATER DISTRICT AT ITS SOLE DISCRETION.

I EXPRESSLY AUTHORIZE, WITHOUT RESERVATION, LYNNFIELD WATER DISTRICT, ITS REPRESENTATIVES, EMPLOYEES OR AGENTS TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES (PERSONAL AND PROFESSIONAL), EMPLOYERS, PUBLIC AGENCIES, LICENSING AUTHORITIES, AND EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF ALL INFORMATION PROVIDED BY ME IN THIS APPLICATION, MY RESUME OR JOB INTERVIEW—INCLUDING BUT NOT LIMITED TO THE FACT THAT I MAY BE REQUIRED TO AUTHORIZE AND COOPERATE WITH THE OBTAINING OF A BACKGROUND CHECK. I HEREBY WAIVE ANY AND ALL RIGHTS AND CLAIMS I MAY HAVE REGARDING LYNNFIELD WATER DISTRICT, ITS AGENTS, EMPLOYEES OR REPRESENTATIVES, FOR SEEKING, GATHERING AND USING SUCH INFORMATION IN THE EMPLOYMENT PROCESS AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION ABOUT ME.

I UNDERSTAND THAT LYNNFIELD WATER DISTRICT DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY APPLICABLE LOCAL, STATE OR FEDERAL LAW.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND LYNNFIELD WATER DISTRICT RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. I UNDERSTAND THAT THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO SUPERVISOR OR REPRESENTATIVE OF LYNNFIELD WATER DISTRICT IS AUTHORIZED TO MAKE ANY ASSURANCES TO THE CONTRARY AND THAT NO IMPLIED, ORAL OR WRITTEN AGREEMENTS CONTRARY TO THE FOREGOING EXPRESS LANGUAGE ARE VALID UNLESS THEY ARE IN WRITING AND SIGNED BY A LYNNFIELD WATER DISTRICT AUTHORIZED REPRESENTATIVE.

I UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL AUTHORITY TO WORK IN THE UNITED STATES AND THAT FEDERAL IMMIGRATION LAWS REQUIRE ME TO PROVIDE A COMPLETED I-9 FORM.

I UNDERSTAND THAT IT IS UNLAWFUL IN MASSACHUSETTS TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT; AND THAT AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

I UNDERSTAND THAT MASSACHUSETTS GENERAL LAW C.151B PROHIBITS EMPLOYERS FROM: (1) TERMINATING OR REFUSING TO HIRE INDIVIDUALS ON THE BASIS OF GENETIC INFORMATION; (2) REQUESTING GENETIC INFORMATION CONCERNING EMPLOYEES, APPLICANTS, OR THEIR FAMILY MEMBERS; (3) ATTEMPTING TO INDUCE INDIVIDUALS TO UNDERGO GENETIC TESTS OR OTHERWISE DISCLOSE GENETIC INFORMATION; (4) USING GENETIC INFORMATION IN ANY WAY THAT AFFECTS THE TERMS AND CONDITIONS OF AN INDIVIDUAL'S EMPLOYMENT; OR (5) SEEKING, RECEIVING OR MAINTAINING GENETIC INFORMATION FOR ANY NON-MEDICAL PURPOSE.

I UNDERSTAND THAT I MAY INCLUDE ANY VERIFIABLE VOLUNTEER WORK EXPERIENCE UNDER THE EMPLOYMENT HISTORY SECTION OF THIS APPLICATION.

I UNDERSTAND THAT I MAY BE REQUIRED, AS A CONDITION OF EMPLOYMENT, TO APPLY FOR SECURITY CLEARANCES, AS MAY BE REQUIRED, IF NECESSARY, AND TO SIGN THE COMPANY'S STANDARD EMPLOYMENT AGREEMENT SPECIFYING MY OBLIGATIONS—INCLUDING THOSE RELATIVE TO NON-COMPETE, NON-SOLICITATION, CONFIDENTIAL INFORMATION, INVENTIONS AND PATENTS.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand, and accept all terms of the foregoing Application Statement.

Signature of Applicant _____ Date _____

**DO NOT WRITE ON THIS PAGE
FOR INTERVIEWER'S USE ONLY**

INTERVIEWED BY:	DATE:
COMMENTS:	

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COMMENTS:	

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COMMENTS:	

HIRED (DATE) FOR DEPT.	FOR POSITION:
SALARY/WAGES:	WILL REPORT:

APPROVED 1	EMPLOYMENT MANAGER	DATE:
APPROVED 2	DEPARTMENT MANAGER	DATE
APPROVED 3	GENERAL MANAGER	DATE