Taunton Municipal Lighting Plant

Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for	Date of application								
Name	First		Middle						
Address	City		State	Zip Code					
Telephone # Cellul	ar/Other #	E-mail A	.ddress						
Referral Source (How did you hear about us?)									
If you are under 18, and it is required, can you furni	ish a work permit?			□ Yes □ No					
If no, please explain:									
Have you ever been employed here before? If yes, \S If yes, additional information may be requested.	_								
Are you legally eligible for employment in this cou	·		, 	□ Yes □ No					
Date available for work				T1 1 1 0 0					
Type of employment desired	☐ Part-Time ☐ Temp	-		Educational Co-Op					
Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)? This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.									
\square Yes \square No \square Need more information about	the job's "essential functions" to respo	nd							
Driver's license number required if driving may be required in position for which you are applying: State									
Do you have any family member(s) employed by T									
If yes, Employee's Name:									
Nature of the relationship:									
Employment History									
Starting with your most recent employer, provide	, ,	include an	y verified work performed of	on a volunteer basis.)					
Employer	Telephone #	D:	ates employed:	to					
Street Address		City		State					
Starting job title/final job title									
Immediate supervisor and title (for most recent position held)								
May we contact for reference? ☐ Yes ☐ No ☐ Later	E-mail								
Why did you leave?									
Summarize the type of work performed and job responsibiliti	es.								
Employer	Telephone #	Di	ates employed:	to					
Street Address		City		State					
Starting job title/final job title									
Immediate supervisor and title (for most recent position held)								
May we contact for reference? ☐ Yes ☐ No ☐ Later	E-mail								
Why did you leave?									
Summarize the type of work performed and job responsibiliti	es.								
Employer	Telephone #	Di	ates employed:	to					
Street Address		City		State					
Starting job title/final job title									
Immediate supervisor and title (for most recent position held)								
May we contact for reference? ☐ Yes ☐ No ☐ Later	E-mail								
Why did you leave?									
Summarize the type of work performed and job responsibiliti	es.								

Skills and Qualifications						
Summarize any special training, skills, li	censes and/or certificate	es that may	assist you in	performing the posit	ion for which you are	applying.
Educational Backway						
Educational Background starting with your most recent school att	rended provide the follo	wing infor	mation			
School (include City & Sta		Years Completed	mation.	Completed	GPA Class Rand	Major/Minor
		, , , , , , , , , , , , , , , , , , ,	☐ Diploma	☐ GED		
			☐ Degree ☐ Certificate			
			☐ Other			
			☐ Diploma ☐ Degree	☐ GED		
			☐ Certificate			
			☐ Other ☐ Diploma	□ GED		
			☐ Degree ☐ Certificate			
			Other			
References						
Please provide three professional and/or	business references that	t are <i>not</i> rel	ated to you. I	f not applicable list the	hree school or person	al references who
re not related to you.			•	**		
Name	Title	Relat To	tionship You	Telephone	E-mail	# of Year Known
Applicant Statement						
certify that all information I have provided in order to	apply for and secure work with	this employer i	is true, complete a	nd correct.		
expressly authorize, without reservation, the employe gencies, licensing authorities and educational instituti	r, its representatives, employees	or agents to co	ntact and obtain ir	nformation from all reference		
ghts and claims I may have regarding the employer, i mployment process and all other persons, corporation	ts agents, employees or represen	tatives, for seek	king, gathering and			
understand that this employer does not unlawfully dis	criminate in employment and no			sed for the purpose of limiting	ng or eliminating any applica	nt from consideration for
nployment on any basis prohibited by applicable loca understand that this application remains current for or		f that time, if I l	have not heard from	m the employer and still wis	h to be considered for emplo	yment, it will be necessar
or me to reapply and fill out a new application. I am hired, I understand that I am free to resign at an				. ,	•	
it am infect, I understand that I am free to resign at an with or without cause and with or without prior notice uration. I understand that the supervisor or representa	except as may be required by lav	w. This applicat	ion does not const	titute an agreement or contra	ct for employment for any sp	pecified period or definite
xpress language are valid unless they are in writing ar	nd signed by the employer's pres	ident.		, ,	5	, ,
also understand that if I am hired, I will be required to this regard.	provide proof of identity and le	egal authorization	on to work in the U	United States and that federa	l immigration laws require n	ne to complete an I-9 For
is unlawful in Massachusetts to require or administer and civil liability.	a lie detector test as a condition	of employmen	t or continued emp	ployment. An employer who	violates this law shall be su	bject to criminal penalties
his Company does not tolerate unlawful discrimin onsideration for employment on the basis of his or w. This Company likewise does not tolerate haras	her sex, race, color, religion, n	ational origin,	citizenship, age,	disability, or any other pro	otected status under applic	able federal, state, or loc
omplaints of harassment seriously and all complain	nts will be investigated prompt	tly and thoroug	ghly.	•		
understand that any information provided by me that mployment, or (ii) may result in my immediate discha				will be sufficient cause of (1) commute me from further (onsideration for
DO NOT GEN INTERVIEW	THE DEAD MINE AS A	VE APP	IOANIE CE			
DO NOT SIGN UNTIL YOU HA' I hereby certify that I have read, fully understar						
Signature of Applicant					Date	