



Town of Medfield PARKS & RECREATION Employment Application

Parks & Recreation Department
Pfaff Community Center
124 North Street, Medfield, MA 02052
Phone: (508) 359-2715
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An Equal Opportunity/Affirmative Action Employer

The Town of Medfield is an equal opportunity employer and does not discriminate against any applicant because of race, color, religion, sex, marital status, national origin, age, disability, sexual orientation or any other class protected by federal, state, or local law.

I. Contact Information

Name _____ Date _____

Address (# and Street) _____ City and State _____ Zip Code _____

Telephone _____ E-mail Address _____ Social Security # _____

II. Position Applying For *(please specify position title)* _____

How did you hear about the position? _____

Have you ever been employed by the Town of Medfield? When? What department? _____

III. Education

School	Name, Address, City, State	Years Attended	Degree
High School			
College			
Graduate School			
Trade, Business, Night Course			
Military Service, or Other Training			

IV. Licenses

Do you have a valid driver's license (Class D Auto)? Yes _____ No _____ Expiration Date _____

Do you have a valid CDL license (Class A or B)? Yes _____ No _____ Expiration Date _____

Do you have a valid hydraulic license Yes _____ No _____ Expiration Date _____

What other valid licenses or certifications do you possess (job related)? _____

V. Office Skills

Check the column that you feel best describes your knowledge

	Beginner	Intermediate Level	Advanced Level
Microsoft Word			
Microsoft Excel			

VI. Special Skills

Please list any other skills or abilities you feel relevant: _____

VII. Employment History

Please account for the last 4 positions you have held. Start with your present or last employer. You may include military service and any verifiable work performed as an intern or volunteer.

Please Check the following: We () MAY or () MAY NOT contact your present employer.

Employer	Address
Telephone	Title
Supervisor	Dates Worked
Salary Received	Reason for Leaving

Description of Primary Duties: _____

Employer	Address
Telephone	Title
Supervisor	Dates Worked
Salary Received	Reason for Leaving

Description of Primary Duties: _____

Employer	Address
Telephone	Title
Supervisor	Dates Worked
Salary Received	Reason for Leaving

Description of Primary Duties: _____

VIII. Business References

Name	Address	Phone	Relationship
Name	Address	Phone	Relationship
Name	Address	Phone	Relationship

IX. Criminal History

A. Have you ever been convicted of a criminal offense? Yes ___ No/No Record* ___ ***READ BELOW**

If your answer is yes, please state the date(s) of the charge(s) and final disposition(s):

*Under Massachusetts Law you may answer "no record" above if any of the following circumstances are applicable:

- (1) An arrest, detention, or disposition regarding any violation of law in which no conviction resulted.
- (2) You have a first conviction for any of the following misdemeanors: (a) drunkenness, (b) simple assault, (c) speeding, (d) minor traffic violations, (e) affray, or (f) disturbance of the peace.
- (3) You have been convicted of misdemeanor(s) where the date of the conviction OR the completion of any period of incarceration, if any, occurred more than five years before the date of this application AND you have not been convicted of a criminal offense within this five year period.
- (4) You have a felony or misdemeanor conviction which has been sealed pursuant to Massachusetts Law.
- (5) You have juvenile delinquency or child in need of services complaints which were not transferred to Superior Court for prosecution.

B. The Town of Medfield requires a Criminal Offense Record Inquiry (CORI check) on all prospective employees for certain positions. Where required, this check will be performed regardless of criminal history information provided above.

C. A conviction will not necessarily be a bar to employment.

X. Employment of Minors

The Town of Medfield is subject to certain labor provisions regarding the employment of persons under the age of 18. Further, an Employment Permit or Educational Certificate may be required, depending on your age.

Are you under age 18? If yes, please indicate your age: _____

XI. Medical Information

All offers of employment are conditional upon a physical examination and or physical fitness testing, where required. Satisfactory fitness to perform the essential duties of the position is a condition of employment.

XII. Pre-Employment Drug Testing

All offers of employment are conditional upon the satisfactory completion of a pre-employment drug test, where required. Satisfactory completion of a required drug or alcohol test is a condition of employment as outlined in the Drug and Alcohol Policy of the Town of Medfield.

XIII. Lie Detector Test

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

XIV. Signature

CAREFULLY READ ALL PARTS OF THIS APPLICATION FORM BEFORE SIGNING

- I understand the acceptance of this application by the Town of Medfield does not imply that I will be employed.
- The information that I have provided is true and complete. I understand that misrepresentation or omission of any fact in my application, resume, or in any other materials or as provided during interviews, can be justification for refusal of employment or can be justification for termination from employment, if employed.
- I understand that any offer of employment that I receive from the Town of Medfield is contingent upon my successful completion of pre-employment screening process including but no limited to the Town of Medfield receiving satisfactory references, a satisfactory criminal history and criminal Offense Record Inquiry if required, satisfactory verification of driver’s license or certifications where required and satisfactory completion of any required post-offer pre-employment drug test or physical examination.
- In processing my application for employment, the Town of Medfield my verify all of the information provided by me concerning, among other things, my prior employment or military record, education, character, general reputation and personal characteristics.
- I authorize the Town to take whatever steps deemed necessary to obtain information regarding my qualifications for employment including contacting my present and former employers, by contacting individuals listed as business, educational or personal references, and by contacting other individuals to provide or further clarify information about me.
- I hereby release the Town, my present and former employers and all individuals contacted for factual information about me from any liability for damages arising from furnishing the requested information.
- If employed by the Town of Medfield, I understand that as a condition of employment, I may be required to furnish additional or updated medical information, that I may be required to undergo a physical examination, that I may be subject to drug/and or alcohol testing, that the Town may request a Criminal Offense Record Inquiry (CORI check) on me, investigate my driving record, or verify my license(s) or certification(s) as required for employment at any time during my employment. I hereby authorize the Town to conduct a CORI check on me as a condition of applying for a position with the Town, where applicable, and agree to sign a CORI Request Form reflecting my authorization of the CORI check. I further release the Town and its agents from any and all potential claims associated with the Town’s performing a CORI check on me in connection with my application for a position with the Town. As a condition of employment an employee may be required to provide additional or updated information especially if this employee has been on workers comp and may require both drug testing and an employment physical in order to allow us to have the necessary information for making a proper decision or reasonable accommodations, if necessary.
- I understand the Town of Medfield is at at-will employer. If employed, I understand that my employment may be terminated with or without cause at any time unless there is an applicable bargaining unit contract provision.

My signature certifies that I have read and agree with the above statements and all statements contained in this application for employment.

Applicant’s Name (please print)

Applicant’s Signature

Date