

**TOWN OF READING
MASSACHUSETTS**

EQUAL OPPORTUNITY EMPLOYER M/F

APPLICATION FOR EMPLOYMENT

Name _____ Social Security No. _____ Home Phone _____
 Bus. Phone _____

Street _____ City _____ State _____ Zip Code _____

Position Desired _____ Date of Application _____

Work Schedule: Full-Time _____ Part-Time _____ If latter, hours _____

**EDUCATION
(IF APPLICABLE TO JOB)**

High School/College Attended					
Name	Location	From	To	Field of Specialization	Degree

**EMPLOYMENT
(START WITH MOST RECENT)**

From	To	Employer	Address
Job Title	Duties	Telephone No.	
Supervisor	Reason for leaving	May this reference be checked?	

From	To	Employer	Address
Job Title	Duties	Telephone No.	
Supervisor	Reason for leaving	May this reference be checked?	

Attach resume if applicable

(Over)

From	To	Employer	Address
Job Title		Duties	Telephone No.
Supervisor		Reason for leaving	May this reference be checked?

Special Skills

Additional information helpful in establishing qualifications

Emergency: Notification _____

(Name)

(Address)

(Telephone number)

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1. I hereby authorize the Town of Reading to verify these statements and references without liability arising therefrom.
 2. I understand that any misrepresentation of fact in this application may be cause for discharge after employment.
 3. I understand that employment is subject to my passing a physical examination by a physician, and I authorize disclosure for such examination to the Town of Reading.

Date _____

Applicant's signature _____

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For Department use