

TOWN OF WARREN EMPLOYMENT APPLICATION



48 High Street, Warren, MA 01083 | Phone: 413-436-5701 | www.warren-ma.gov

The Town of Warren is an Equal Opportunity Employer. Applicants are considered for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, veteran status, or any other protected class under law.

POSITION INFORMATION

Position Applied For: _____

Department (if known): _____

Date of Application: _____

Date Available to Start: _____

APPLICANT INFORMATION

Full Name: _____

Address: _____

City / State / Zip: _____

Phone Number: _____

Email Address: _____

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

Town of Warren – Employment Application

EDUCATION

High School: _____

City/State: _____

Diploma/GED: _____

College / University: _____

City/State: _____

Degree / Major: _____

Other Training or Education: _____

LICENSES OR CERTIFICATIONS

License/Certification

Issuing Authority

Expiration Date

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EMPLOYMENT HISTORY

Please list your most recent employment first. Applicants may attach a resume in addition to completing this section.

Employer Name: _____

Address: _____

Supervisor: _____

Phone: _____

Job Title: _____

Dates Employed (Month/Year): _____ to _____

Duties and Responsibilities: _____

Reason for Leaving: _____

May we contact this employer? Yes No

Employer Name: _____

Address: _____

Supervisor: _____

Phone: _____

Job Title: _____

Dates Employed (Month/Year): _____ to _____

Duties and Responsibilities: _____

Reason for Leaving: _____

May we contact this employer? Yes No

Town of Warren – Employment Application

SKILLS AND QUALIFICATIONS

Please describe any experience, training, or skills relevant to the position:

PROFESSIONAL REFERENCES

Name	Relationship	Phone	Email
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May we contact your references? Yes No

APPLICANT CERTIFICATION

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that false statements or omissions may result in disqualification from employment consideration or termination if discovered after employment begins.

Signature: _____

Printed Name: _____

Date: _____

Please return completed applications to:

Town of Warren
48 High Street, Warren, MA 01083
P.O. Box 609
Attn: Town Administrator
Townadministrator@warren-ma.gov