



APPLICATION FOR EMPLOYMENT COUNTY OF BARNSTABLE, MASSACHUSETTS

Phone: 508-375-6646

www.barnstablecounty.org

An Equal Opportunity / Affirmative Action Employer

Thank you for your interest in employment with the County of Barnstable. The County is an Equal Opportunity/Affirmative Action Employer. We assure you that your opportunity for employment with the County will be based only on your merit, without regard to race, color, religion, sex, marital status, national origin, age, disability, sexual orientation, or any other class protected by federal, state, or local law.

PLEASE NOTE: The County accepts applications for advertised positions only. Applications must be returned to the address below by the advertised deadline for consideration.

INSTRUCTIONS: Each question should be fully and accurately answered. A resume may be attached, but "see resume" is not accepted in any field on this form. Please fill out the form, then print, sign and mail to:

County of Barnstable
Human Resources
P.O. Box 427
Barnstable, MA 02630

A separate application must be submitted for each position applied for.

GENERAL

Position applying for: _____ Date of application _____ (mm/dd/yyyy)

Referral source:

Newspaper Ad Online Ad County of Barnstable Employee Relative
 County Website Walk-in Other _____

Date available for work: _____ (mm/dd/yyyy)

Have you ever been employed by the County of Barnstable? Yes No

If yes, list Department: _____

Dates of Service: From: _____ (mm/dd/yyyy) To: _____ (mm/dd/yyyy)

PERSONAL

Name: _____
(First) (Middle) (Last)

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

Mailing Address (if different): _____

Telephone: Home _____ Cell _____ Email: _____

Between 8:30A.M. - 4:30 P.M.: _____

Do you have a family member employed by the County? Yes No

If yes, family member's name? _____

EDUCATION

High School

Graduated?
 Yes No

Name: _____
Address: _____

Vocational School

Yes No

Name: _____
Address: _____
Major (s): _____
Degree: _____

Undergraduate School

Yes No

Name: _____
Address: _____
Major (s): _____
Degree: _____

Graduate School

Yes No

Name: _____
Address: _____
Major (s): _____
Degree: _____

Additional education and/or vocational, technical, or military training relevant to the position:

SPECIAL SKILLS

Check the column that you feel best describes your knowledge:

	Beginner Level	Intermediate Level	Advanced Level
Knowledge of Personal Computers			
Knowledge of Word Processing			
Knowledge of Spreadsheets			
Knowledge of Databases			
Knowledge of Graphics			
Automated Accounting System Knowledge			
Bookkeeping Knowledge			

Office machines you operate: _____

List any machinery or heavy equipment that you have operated efficiently:

Special qualifications and skills

LICENSES

Do you have a valid driver's license (Class D Auto)? Yes No If yes, enter expiration date: _____

Do you have a valid CDL license (Class A or B)? Yes No If yes, enter expiration date: _____

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

PRESENT AND PRIOR EMPLOYMENT (please do not write "see resume")

MOST RECENT EMPLOYMENT

EMPLOYER

Name: _____

May we contact this employer for references?

Yes No

Street Address: _____

Name: _____

City: _____

Telephone: _____

State: _____ Zip: _____

Position: _____

Supervisor: _____

POSITION:

Title: _____

Employment

dates: _____

From: _____ (mm/dd/yyyy) To: _____ (mm/dd/yyyy)

Description of Primary Duties:

Reasons for leaving:

PREVIOUS EMPLOYMENT

EMPLOYER

Name: _____

May we contact this employer for references?

Yes No

Street Address: _____

Name: _____

City: _____

Telephone: _____

State: _____ Zip: _____

Position: _____

Supervisor: _____

POSITION:

Title: _____

Employment

dates: _____

From: _____ (mm/dd/yyyy) To: _____ (mm/dd/yyyy)

Description of Primary Duties:

Reasons for leaving:

PREVIOUS EMPLOYMENT

EMPLOYER

Name: _____
Street Address: _____
City: _____
State: _____ Zip: _____
Supervisor: _____

May we contact this employer for references?

Yes No

Name: _____
Telephone: _____
Position: _____

POSITION:

Title: _____ Employment
dates: _____ From: _____ (mm/dd/yyyy) To: _____ (mm/dd/yyyy)

Description of Primary Duties:

Reasons for leaving:

PREVIOUS EMPLOYMENT

EMPLOYER

Name: _____
Street Address: _____
City: _____
State: _____ Zip: _____
Supervisor: _____

May we contact this employer for references?

Yes No

Name: _____
Telephone: _____
Position: _____

POSITION:

Title: _____ Employment
dates: _____ From: _____ (mm/dd/yyyy) To: _____ (mm/dd/yyyy)

Description of Primary Duties:

Reasons for leaving:

PREVIOUS EMPLOYMENT

EMPLOYER

Name: _____
Street Address: _____
City: _____

May we contact this employer for references?

Yes No

Name: _____
Telephone: _____

State: _____ Zip: _____
Supervisor: _____

Position: _____

POSITION:

Title: _____ Employment
dates: _____ From: _____ (mm/dd/yyyy) To: _____ (mm/dd/yyyy)

Description of Primary Duties:

Reasons for leaving:

PREVIOUS EMPLOYMENT

EMPLOYER

Name: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Supervisor: _____

May we contact this employer for references?

Yes No

Name: _____

Telephone: _____

Position: _____

POSITION:

Title: _____ Employment
dates: _____ From: _____ (mm/dd/yyyy) To: _____ (mm/dd/yyyy)

Description of Primary Duties:

Reasons for leaving:

OTHER INFORMATION

Are you able to provide documented proof of U.S. citizenship or valid work permit as required upon employment to work in the United States? Yes No

APPLICANT'S CERTIFICATION

I understand that all statements made in this application are true and complete under pains and penalties of perjury. I authorize the County of Barnstable to investigate all statements made as part of this application and to secure any necessary information from all prior employers, references, academic institutions, and law enforcement agencies. I release all of those persons, employers, references, academic institutions, and law enforcement agencies from any and all liability arising from their giving and receiving information about my employment history, academic credentials, qualifications, or criminal record. I understand that any false answers or statements or misrepresentations by omission made by me as part of my application will be sufficient for rejection of my application, revoking of an offer or for my immediate dismissal should one be discovered after I am employed. I understand that federal law prohibits the employment of unauthorized aliens and that the County has an obligation to make sure all employees, regardless of citizenship or national origin, are allowed to work in the United States. All persons hired must submit satisfactory proof of citizenship, permanent resident status or employment authorization and that failure to submit proof will result in denial of employment. I understand that the County follows an "employment at will" policy and nothing in this employment application, in the County's statements of personnel guidelines or in my communication with any County employee or official is intended to create an employment contract between the County and me. I understand that the employment is not guaranteed for a definite period of time and that some positions regarded as part-time and/or temporary are paid for actual hours worked and are not entitled to benefits offered to full-time positions (except FICA and Workers' Compensation).

If employed by the County of Barnstable, 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 County will require 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. As a condition of employment an employee may be required to provide additional or updated information in order to allow us to have the necessary information for making a proper decision or reasonable accommodations, if necessary

My Signature Certifies That I Have Read and Agree With The Above Statements And All Statements Contained In This Application For Employment.

Applicant Name (Please Print)

Applicant Signature

Date