



town of
LONGMEADOW, MASSACHUSETTS

735 Longmeadow Street, Suite 102 01106

phone: 413-565-4128
fax: 413-565-4372

ERICA GELINAS Human Resource Manager



IMPORTANT

Instructions for completing the Town of Longmeadow's
Employment Application form

1. Type or print clearly in black or blue ink.
2. Answer every question fully and accurately.
3. As an applicant for employment the Town will review, if applicable:
 - Criminal Offender Record Information (C.O.R. I.) and;
 - Sex Offender Record Information (S.O.R. I.)
4. If an offer of employment is made to you, the Town may identify that it is contingent upon the results of a medical exam and/or a background check.
5. FALSE OR MATERIALLY INACCURATE INFORMATION ON THIS APPLICATION WILL BE CAUSE FOR DISQUALIFICATION FOR EMPLOYMENT OR DISMISSAL AT ANY TIME AFTER EMPLOYMENT.
6. Read certification and releases carefully before signing.
7. Return completed application to the Human Resources office unless job posting instructs otherwise.
8. If you would like to be considered for another open position in the future, you must call our office (565-4128) and identify what position you originally applied for and what position you would now like to have your application considered for.

This application will be kept on file for 1 (one) year.



CHIEF ROBERT STOCKS

LONGMEADOW POLICE DEPARTMENT

34 Williams Street – Longmeadow, Massachusetts

(413) 567-3311

www.LongmeadowPolice.com

APPLICATION FOR EMPLOYMENT ADULT SCHOOL CROSSING GUARD PRELIMINARY APPLICATION

The Longmeadow Police Department is an equal opportunity employer dedicated to a policy of non-discrimination in employment on any basis including race, color, creed, ancestry, religion, sex, national origin, age, marital or veteran status, or any other legally protected status.

The filing of THIS application for employment is a preliminary step to employment and DOES NOT imply that the applicant is bound to accept employment or eventually be hired. It is agreed and understood that this application for employment in no way obligates the employer to employ the applicant.

(please answer all questions, print in ink or type)

FIRST NAME	MIDDLE	LAST	DATE
------------	--------	------	------

ADDRESS	TELEPHONE (DAY)
---------	-----------------

CITY/TOWN	STATE	ZIP CODE	TELEPHONE (EVENING)
-----------	-------	----------	---------------------

EMAIL ADDRESS _____

Are you a United States citizen or do you have the legal right to work in the United States? YES ____ NO ____

Availability: Mornings _____ Afternoons _____ Both _____ Date you can start: _____

Have you previously been employed by the Town: YES ____ NO ____ If so, when and what position: _____

How did you become aware of the employment opportunity?

Are any friends or relatives employed by the Town: YES _____ NO _____

If yes, list name(s) and department(s):

Please read the following statements carefully.

1. It is a violation of Massachusetts General Law to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law is subject to criminal penalties and civil liability.
2. An offer of employment, depending upon the position, is conditional upon the applicant passing a medical examination for purposes of determining whether the applicant is capable of performing the essential job functions with reasonable accommodation. A drug and alcohol screening may be part of the examination. The Town may waive the examination in certain circumstances.
3. If you are not authorized to work in the United States please do not apply. United States law (Immigration Reform and Control Act of 1996) prohibits the Town from hiring any person who is not a United States citizen or an alien specifically allowed by the United States government to work in the United States.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, including contacting present and former employers. I certify that all statements made by me on this application are true, complete and correct to the best of my knowledge. I understand that misrepresentation or omission of facts called for is a cause for dismissal.

SIGNED DATE

Please do not write below this line.

Interviewed by: _____ Date: _____

Remarks:

Hiring Date: _____ Start Date: _____

Position: _____ Department Head Authorization: _____