



County of Bristol
Taunton Superior Court
9 Court Street
P.O. Box 208
Taunton, MA 02780
www.countyofbristol.net

Employment Application

The County of Bristol is an Affirmative Action / Equal Employment Opportunity Employer

All information must be typed or printed in readable writing. Unreadable application will be discarded.

Personal Information

1. Date of Application: _____ 2. Position Applying For: _____

3. Name: _____
Last First Middle

4. Address: _____
Number Street Apartment Number
_____ City/Town State Zip Code

5. Telephone Number: Home: _____ Daytime/Cell: _____
Area Code / Number Area Code / Number

6. Social Security Number: XXX-XX-____ 7. Driver's License Number: _____
Class / Number / State

8. If hired, can you provide proof of citizenship or legal right to work? π YES π NO

9. Are you under 18 years of age? π YES π NO If yes, date of birth? _____

10. Have you ever been employed by the County before? π YES π NO
If yes, when? _____ In which department? _____

11. Do you have an immediate family member (i.e. spouse, mother, father, sibling, or child) working for the County of Bristol?
π YES π NO
If yes, Employee's Name: _____ Office/Location: _____

Education

Name / Location	Course of Study	Years Completed	Did you graduate?	Degree
High School			π YES π NO	
College			π YES π NO	
Graduate School			π YES π NO	
Business/Technical			π YES π NO	

12. Do you possess the following skills? Please list in detail all that apply.

Specialized Training?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Name of Training/Course: _____
Professional Licenses?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Licenses: _____
Professional Memberships?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Name of Organizations: _____
Computer Software?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Name of Programs: _____
Office Equipment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Describe Equipment: _____

If more room is required, an additional sheet may be attached.

Employment History

List present employer first. A resume or supplemental sheet may be included, however, this section must be completed.

13. Employer's Name: _____

Address: _____ Email/Telephone Number: _____

Job title: _____ Worked From: _____ To: _____

Immediate Supervisor's Name and Job Title: _____

May we contact this employer? YES NO

Describe the work you performed: _____

Reason(s) for leaving: _____

14. Employer's Name: _____

Address: _____ Email/Telephone Number: _____

Job title: _____ Worked From: _____ To: _____

Immediate Supervisor's Name and Job Title: _____

May we contact this employer? YES NO

Describe the work you performed: _____

Reason(s) for leaving: _____

15. Employer's Name: _____

Address: _____ Email/Telephone Number: _____

Job title: _____ Worked From: _____ To: _____

Immediate Supervisor's Name and Job Title: _____

May we contact this employer? YES NO

Describe the work you performed: _____

Reason(s) for leaving: _____

16. Employer's Name: _____

Address: _____ Email/Telephone Number: _____

Job title: _____ Worked From: _____ To: _____

Immediate Supervisor's Name and Job Title: _____

May we contact this employer? YES NO

Describe the work you performed: _____

Reason(s) for leaving: _____

If more room is required, an additional sheet may be attached.

References

Please provide professional and/or business references only. Note that references listed in this section will be contacted.

17. Reference #1

Name: _____ Address: _____

Business Position: _____ Telephone _____ Home: _____

Work: _____

18. Reference #2

Name: _____ Address: _____

Business Position: _____ Telephone _____ Home: _____

Work: _____

19. Reference #3

Name: _____ Address: _____

Business Position: _____ Telephone _____ Home: _____

Work: _____

20. Reference #4

Name: _____ Address: _____

Business Position: _____ Telephone _____ Home: _____

Work: _____

21. How did you learn about the job for which you are applying? Walk-in County Employee

Newspaper; title _____ Professional Journal; title _____

Other _____ the Internet _____

Agreement

The information provided in this application for employment is true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I authorize investigation of all statements contained in this application and the release of any pertinent information regarding my education, past employment history and background. I authorize the County of Bristol to obtain any information from schools, employers or individuals relating to my activities. This information may include, but is not limited to: academics, achievement, performance, attendance, personal history and discipline. Further, I hereby authorize all references, persons, schools, my current employer (if applicable) and previous employers and organizations named in this application, unless otherwise stated, to provide the County any relevant information that may be required to arrive at an employment decision. I understand that the information released is for the County's use only.

I hereby voluntarily release, discharge and exonerate Bristol County, its agents and representatives, and any person so furnishing information from any and all liabilities of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of Bristol County.

I understand that all appointments are probationary and that I must demonstrate my ability for continued employment. I also understand that I must be available from time to time to work outside normal business hours, as the needs of the department require.

If required for the position I am seeking, I agree to take a physical examination, which may include testing for drugs or a psychological examination, as required, and recognize that any offer of employment may be contingent upon the results of such an examination.

[Note: A Pre-employment physical by a physician of the County's choice is required for all new of Bristol County. New hires who have insurance will be required to provide this information to the physician and the balance of the pre-employment physical examination will be paid by the County. New hires will be required to sign an authorization form for the physician to examine his/her medical records.]

I understand that any employment offer by the County is conditional upon my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986 within three days of the date of hire.

I represent that I have read and fully understand the foregoing and seek employment under these conditions.

Signature: _____

Date: _____

“Discrimination against any person in any practice or procedure in advertising, recruitment, referrals, testing, hiring, transfer, promotion or any other term, condition or privilege of employment which limits or adversely affects employment opportunities, because of political or religious opinions or affiliations, or because of race, color, sex, sexual orientation, national origin, marital status, pregnancy, parenthood, age or handicap which is unrelated to the person's occupational qualifications or any other non-merit factor which is not a bona fide occupational qualification is prohibited.”

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

County Commissioner's Office Use Only

Is Criminal Offender Record Information (CORI) required for employment? _____yes _____no



**County of Bristol
Release**

I _____ a candidate for the position of _____ hereby authorize the County of Bristol Massachusetts to investigate all statements in my application and to secure any necessary information from all my employers, references, and academic institutions. I hereby release all of those employers, references, academic institutions, and Bristol County from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the County.

I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my academic credentials and employment references. I further understand that any false or misleading statements will be sufficient cause for rejection of my application if the County has not yet employed me and for immediate dismissal if the County employed me. I also authorize the County to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency, or other party having legal and proper interest, and I hereby release Bristol County and its agents from any and all liability for its providing this information.

In the event of my employment with the County, I will comply with all rules, regulations, and policies set forth in the County's Personnel Regulation or other communications distributed by the County.

I understand that nothing in this employment application, in the County's policy statements or personnel guidelines, or in my communications with any County official is intended to create an employment contract between the County and me. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon Bristol County or its agents unless it is made in writing and signed by the appropriate County officials.

I hereby acknowledge that I have read and understand the preceding statement.

Signed: _____

Date: _____

[Signature of Applicant]

Voluntary Affirmative Action Request Form

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Anti-Discrimination Notice. It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

This employer is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

INVITATION TO SELF-IDENTIFY

PLEASE ANSWER THE FOLLOWING QUESTION

What is your race/ethnicity? Please mark the **one box** that describes the race/ethnicity category with which you primarily identify.

Hispanic or Latino: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American: a person having origins in any of the black racial groups of Africa.

Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Two or More Races: a person who primarily identifies with two or more of the above race/ethnicity categories.