



# APPLICATION FOR EMPLOYMENT

## CHELMSFORD WATER DISTRICT

Phone: (978) 256-2931

<http://www.chelmsfordwater.com>

**An Equal Opportunity / Affirmative Action Employer**

Thank you for your interest in employment with the Chelmsford Water District (“CWD”). CWD is an Equal Opportunity/Affirmative Action Employer. We assure you that your opportunity for employment with CWD 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 CWD 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:

Chelmsford Water District  
Business Director  
20 Watershed Lane  
Chelmsford, MA 01824

A separate application must be submitted for each position.

### GENERAL

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

Referral source:

- |   |                                    |                                       |                                   |
|---|------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Newspaper Ad   | <input type="checkbox"/> Online Ad | <input type="checkbox"/> CWD Employee | <input type="checkbox"/> Relative |
| <input type="checkbox"/> County Website | <input type="checkbox"/> Walk-in   | <input type="checkbox"/> Other _____  |                                   |

Date available for work: \_\_\_\_\_ (mm/dd/yyyy)

Have you ever been employed by the Chelmsford Water District?      Yes      No

If yes, list Position: \_\_\_\_\_

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. - 4:00 P.M.: \_\_\_\_\_

Do you have a family member employed by the Chelmsford Water District?      Yes      No

If yes, family member’s name? \_\_\_\_\_

**EDUCATION**

**Graduated?**  
 Yes  No

**High School**

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 Surveying or GIS			
Automated Accounting System Knowledge			
Bookkeeping Knowledge			
Other: List _____			

Office machines you operate: \_\_\_\_\_

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

\_\_\_\_\_

Special qualifications and skills

\_\_\_\_\_  
 \_\_\_\_\_

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**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?  Yes  No If yes, enter class and expiration date: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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**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:

\_\_\_\_\_  
\_\_\_\_\_

**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:

\_\_\_\_\_  
\_\_\_\_\_

**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:

\_\_\_\_\_

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**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:

\_\_\_\_\_  
\_\_\_\_\_

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**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

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**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 CWD 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 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 CWD 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 CWD follows an "employment at will" policy and nothing in this employment application, in the CWD's statements of personnel guidelines or in my communication with any CWD employee or official is intended to create an employment contract between CWD and applicant. 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).

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

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Applicant Name (Please Print)

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Applicant Signature

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Date