

# Application For Employment

TOWN OF TOLLAND  
MASSACHUSETTS



Applicants are considered for all position without regard to race, color, religion, sex national origin, age marital or veteran status, or the presence of a non-job-related medical condition or handicap.

(PLEASE PRINT)

Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source: ☐ Advertisement ☐ Friend ☐ Relative ☐ Walk-In  
☐ Employment Agency ☐ Other \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

Telephone ( ) Social Security Number \_\_\_\_\_  
Area Code

If employed and you are under 18,  
can you furnish a work permit? ☐ Yes ☐ No

Have you filed an application here before? ☐ Yes ☐ No If Yes, give date \_\_\_\_\_

Have you ever been employed here before? ☐ Yes ☐ No If Yes, give date \_\_\_\_\_

Are you employed now? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed  
in this country because of Visa or Immigration Statue? ☐ Yes ☐ No

(Proof of citizenship or immigration status  
may be required upon employment.)

On what date would you be available for work? \_\_\_\_\_

Are you available to work ☐ Full Time ☐ Part-Time ☐ Shift Work ☐ Temporary

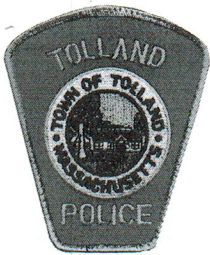
Are you on a lay-off and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

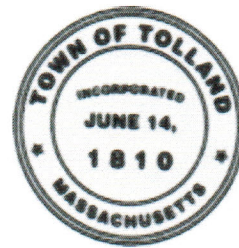
Have you been convicted of a felony within the last 7 years? ☐ No ☐ Yes  
(Conviction will not necessarily disqualify applicant from employment.)

If Yes, please explain \_\_\_\_\_

AN EQUAL OPPORTUNITY EMPLOYER M/F/V/H



# Tolland Police Department



## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I \_\_\_\_\_ do hereby authorize a review and full disclosure of any records or any part thereof, concerning myself to the Tolland Police Department, whether said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of any and all records to determine my eligibility and/or suitability for police employment. This may include but it is not limited to: criminal records, police reports, financial records, and any other records that may be relevant in determining my suitability.

It is the intent of this authorization to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide data for the Tolland Police Department, in determining my suitability for employment. It is my specific intent to provide access to personal information, however, personal or confidential it may be.

I fully understand that any refusal to grant this authorization will cause my candidacy for employment to be terminated.

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Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Signature: \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

SSN# \_\_\_\_/\_\_\_\_/\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_ Phone # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Witness: \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

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