



# Town of Ashland, Massachusetts

## Recreation Department

162 West Union Street, 01721-1191

(508) 881-0140 x. 2

(508) 532-8092 (fax)

### Staff Application

It is unlawful in Massachusetts to inquire or administer a lie detector test as a condition of employment or continued employment. An employer who violates this shall be subjected to criminal penalties and civil liability. The Town of Ashland does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, handicap, veteran status, ancestry or on the basis of age. No question on this application is intended to secure information to be used for such discrimination.

To be sure that your application is properly evaluated, all questions should be answered clearly, completely and accurately in your own handwriting. If you need more space, please attach a separate sheet. *(Please type or print.)*

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

Full Name \_\_\_\_\_

Permanent Address \_\_\_\_\_  
Street & Number City State Zip

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Area & Number

Dates not available from July 10 to August 31: \_\_\_\_\_

Positions Applying For?    ARC Director    ARC Assistant Director    ARC Counselor    ARC Lifeguard

Can you perform the essential functions of the job for which you have applied, with or without reasonable accommodation? Yes No

Are you age 18 or older?    Yes    No    If less than 18, date of birth? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If no, have you legal authorization to work in the U.S.?    Yes    No

(Under Federal Law, within three days of hire, you will be required to produce evidence of identity and legal authorization to work in the U.S.)

Referral Source:    Self    Social Media    School    Ashland employee (name: \_\_\_\_\_)

Other \_\_\_\_\_

**Past Work History:** Provide a full record of all employment and explain any gaps in employment. Use a separate sheet, if necessary.

Dates	Employer/Supervisor	Address & Phone	Nature of Work	Reason for Leaving

May we contact your present Employer?      Immediately                      After acceptance of employment                      No

If No, give reason: \_\_\_\_\_

**References** Give names and addresses of three persons [not relatives] having knowledge of your character, work habits, accomplishments and ability.

Name	Phone Number	Relationship

**Volunteer Experience**

Dates	Supervisor	Address & Phone	Nature of Work

**Education** High School & Beyond

Years	School	Major Subjects	Degrees Earned

Why would you like to work for Ashland Recreation? \_\_\_\_\_

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Describe your experiences in leadership positions and/or working with children \_\_\_\_\_

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What effects do you think a well-run program can have on the children? \_\_\_\_\_

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What contributions do you think you can make to the Ashland Recreation Dept.? \_\_\_\_\_

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**Harassment** The Town of Ashland's policy is to prohibit all forms of harassment by our employees. This includes sexual, racial, religious, and other forms of harassment. Have you ever been accused of harassment of any person including but not limited to, workplace harassment? (Note: a prior accusation is not an automatic bar to employment. The type of accusation and when it occurred will be evaluated by the directors before any decision is made.)  Yes  No

Explain \_\_\_\_\_

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**Criminal Record** Have you ever been convicted of a crime, other than a minor traffic offense? If yes, please describe.  
(Note: a prior conviction is not an automatic bar to employment. The type of conviction and when it occurred will be  
evaluated by the directors before any decision is made.) Yes No

Explain \_\_\_\_\_

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

I authorize investigation of all statements herein, including any checks of criminal records, and release the Town of Ashland and all others from liability in connection with the same. I understand that, if employed, I will be an at-will employee unless there is an agreement or law which alters that status. Furthermore, I understand that any agreement must be in writing and signed by the designated town official. I also understand that misrepresentations or falsifications herein or in other documents completed or submitted by the applicant will result in dismissal, regardless of the date of discovery by the town.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*All statements become part of any future employee personnel files.*

For Office Use:

Date Received \_\_\_\_\_ CORI \_\_\_\_\_ License/ID \_\_\_\_\_ Interview \_\_\_\_\_



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### Criminal Offender Record Information Acknowledgement Form

To be used by organizations conducting CORI checks for employment, volunteer and subcontractor purposes

**Ashland Recreation Department** is registered under the provisions of M.G.L.c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees and subcontractors.

As a prospective or current employee, subcontractor, volunteer, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to **Ashland Recreation Department** to submit a CORI check for my information to DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing **Ashland Recreation Department** with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT AND VOLUNTEER PURPOSES ONLY:

The **Ashland Recreation Department** may conduct subsequent CORI checks within one year of the date this form was signed by me, provided however, that **Ashland Recreation Department** must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
Signature of CORI Subject

\_\_\_\_\_  
Date



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### SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting. The fields marked with an asterisk (\*) are required fields.

\*First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\*Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_

Former Last Name 1: \_\_\_\_\_

Former Last Name 2: \_\_\_\_\_

Former Last Name 3: \_\_\_\_\_

Former Last Name 4: \_\_\_\_\_

\* Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\* Last SIX digits of Social Security Number XXX-\_\_\_\_-\_\_\_\_  No Social Security Number

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Ft. \_\_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

\* Father's Full Name: \_\_\_\_\_

\* Mother's Full Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

### Current Address

\* Street Address: \_\_\_\_\_ Apt. # or Suite: \_\_\_\_\_

\* City: \_\_\_\_\_ \* State: \_\_\_\_\_ \* Zip Code: \_\_\_\_\_

### Subject Verification

The above information was verified by reviewing the following form (s) of government-issued identification:

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

Verified by:

\_\_\_\_\_  
Print name of Verifying Employee

\_\_\_\_\_  
Signature of Verifying Employee

\_\_\_\_\_  
Date