

SEALED RECORD NOTICE

An applicant for employment with a sealed record on file with the Commission of Probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment with a sealed record on file with the Commissioner of Probation may answer "no record" to an inquiry herein relative to prior arrests or criminal court appearances. In addition, any applicant for employment may answer "no record" with respect to any inquiry relative to prior arrests, court appearances, and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

Within the past five years, have you been convicted of a misdemeanor? (Applicants may answer "no" with respect to a first conviction for simple assault, speeding, minor traffic violations, affray or disturbance of the peace.) Yes No
If yes, please explain _____

Have you ever been convicted of a felony? Yes No
If yes, please explain _____

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by Old Sturbridge Village. **I understand and agree that if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of Old Sturbridge Village.** We will review your completed application to determine if your background, experience, and availability match the requirements of our current openings. If there is such a match, you may be contacted to schedule an interview. If your background, experience, and availability are not compatible with our current needs, there will be no further contact at this time.

AGREEMENT: I certify that the information on this application is true, complete and correct. I hereby authorize the investigation of my past employment, education and activities and I release from all liability all persons, companies and corporations supplying such information. I understand that false answers, statements or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.



Signature of Applicant _____

Date _____

For Human Resources Department Use Only

Arrange Interview Yes No

Remarks _____

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

Employment Status _____ Completed By _____ Date _____



Old Sturbridge Village

1 Old Sturbridge Village Road
Sturbridge, MA 01566
508-347-3362
TTY 508-347-5383



Application for Employment

Date of Application _____

Applicants for employment are considered without regard to gender, race, creed, color, religion, sexual orientation, marital status, national origin, ancestry, age, disability, status as a veteran, Vietnam Era veteran, or status as a member of the Reserves or National Guard. It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability. It is also unlawful in Massachusetts to discriminate against an applicant or employee on the basis of an individual's receipt of free medical services, report or disclosure of employer information, completion of the *Health Insurance Responsibility Disclosure* form, or disclosure of any information relevant to "Free Rider Surcharge" assessments against the employer.

(Please Print)

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

E-mail Address _____ Cell No. _____

Telephone (Area Code) _____ Message No. (Area Code) _____

Position(s) Applied For _____ Salary Desired _____

Referral Source: Advertisement (name of paper _____) OSV Employee (name _____)

Walk-in Employment Agency Relative Other _____

Are you under 16 years old? Yes No

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 _____

If yes, under what name? _____ Position _____

Are you employed now? Yes No May we contact your present employer? Yes No

(Proof of authorization to work and of your identity will be required upon employment)

On what date would you be available for work? _____

Days available Sun. Mon. Tue. Wed. Thurs. Fri. Sat.

Hours available Days Evenings Nights Other, be specific

Are you available to work Full-time Part-time Seasonal

Can you travel if a job requires it? Yes No

- All positions at OSV require that a criminal background check be complete.
- The work schedules of all seasonal and most year-round employees at OSV include weekends and holidays. Availability to meet that requirement is essential.

AN EQUAL OPPORTUNITY EMPLOYER
Old Sturbridge Village is a smoke-free work environment.

EDUCATION

	High	College/University	Graduate Professional
Name of School			
Years Completed: Circle	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Describe Course of Study			
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities			

Honors Received:

Veteran of the U.S. military service Yes No

If Yes, Branch _____

Please describe any skills or training acquired while in the service. _____

Indicate what foreign languages you speak, read, and/or write.

	FLUENTLY	GOOD	FAIR
SPEAK			
READ			
WRITE			

REFERENCES

Provide below the names and telephone numbers of three references who are former supervisors or work-related acquaintances. We will not contact your present employer without your permission, but may contact other references in advance of scheduling an interview.

1. _____
Name Telephone Nature of Relationship

2. _____
Name Telephone Nature of Relationship

3. _____
Name Telephone Nature of Relationship

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

1	Employer	Dates Employed		Work Performed
		From	To	
	Address	Phone #		
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
2	Employer	Dates Employed		Work Performed
		From	To	
	Address	Phone #		
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
3	Employer	Dates Employed		Work Performed
		From	To	
	Address	Phone #		
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
4	Employer	Dates Employed		Work Performed
		From	To	
	Address	Phone #		
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience _____

APPLICANT DATA RECORD



Applicants are considered for all positions and employees are treated during their employment without regard to race, creed, color, religion, sexual orientation, marital status, national origin, ancestry, age, disability, status as a veteran, Vietnam Era veteran, or status as a member of the Reserves or National Guard. It is unlawful in Massachusetts to discriminate against an applicant or employee on the basis of an individuals' receipt of free medical services, report or disclosure of employer information, completion of the *Health Insurance Responsibility Disclosure* form, or disclosure of any information relevant to "Free Rider Surcharge" assessments against the employer.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(PLEASE PRINT)

Date _____

Position(s) Applied For _____

Referral Source: Advertisement (name of paper _____) OSV Employee (name _____)

Walk-in Employment agency Other _____

Name _____ Phone (_____) _____
Last First Middle Area Code

Address _____
Number Street City State Zip Code

Affirmative Action Survey

Government agencies require periodic reports on the sex, race, ethnicity, disability and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a disability is voluntary.

Check one: Male Female

Check one of the following:

Race/Ethnic Group: White Black Hispanic
 American Indian/Alaskan Native Asian/Pacific Islander

Check if any of the following are applicable:

Vietnam Era Veteran Disabled Veteran Disabled Individual

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans and Individuals with Physical or Mental Disabilities.

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974, which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified disabled individuals.

If you are a disabled veteran, or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below.

Disabled Individual Disabled Veteran Vietnam Era Veteran

Signed _____

For Human Resources Department Use Only

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

Date _____

NOTES: