

**TOWN OF KINGSTON**  
**Senior Tax Work-Off Abatement Program Time Sheet**



**TOWN OF KINGSTON**  
**Application for Senior Tax Work-Off Abatement Program**  
**2021-2022 Program Year**

Full Name: \_\_\_\_\_ (attach copy of recent tax bill)

Address (street & P.O. Box, if applicable): \_\_\_\_\_, Kingston, MA 02364

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Position you are applying for: (please check the job descriptions as they change each year)

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

1. Are you available to work YEAR ROUND?  Yes  No  
If no, what months are you available?  Nov  Dec  Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sept  Oct
2. What days of the week are you available to work?  Mon  Tues  Wed  Thurs  Fri  Sat/Sun
3. What times of the day are you available to work?  Mornings  Afternoons  Evenings
4. Are you available for on-call duties, if needed?  Yes  No
5. Are you willing to work outside?  Yes  No
6. Please identify your skills, knowledge and abilities (check all that apply):  
 Clerical/filing  Computer skills (Word \_\_ Excel \_\_ Access \_\_)  Data entry  
 Reception/Telephone  Building maintenance  Custodial services  
 Research  Gardening/grounds maintenance  Writing/publishing  
 Accounting  
 Other (please describe): \_\_\_\_\_  
Profession/Prior Profession: \_\_\_\_\_  
Education (highest level achieved): \_\_\_\_\_
7. Can you perform the essential functions of the work for which you have volunteered your services?  No  Yes
8. I have performed work-off service previously:  No  Yes  
If yes, year(s) \_\_\_\_\_ Department(s): \_\_\_\_\_
9. I have owned and occupied this property as my primary residence since January 1 of this year.
10. I agree to work the day(s) and hour(s) that I am scheduled. If I cannot keep my scheduled time, I will call the respective department head as soon as possible.
11. I agree to maintain the respect and privacy of citizens and guests and will maintain confidentiality regarding issues and information about which I may be privy during my service and thereafter.
12. I have read, understand, and agree to the attached Program Rules.

**I certify under the pains and penalties of perjury that all information on this application is true and correct.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

The Town of Kingston is an Equal Opportunity Employer (EOE)

**Please submit completed application by 4:30 pm on October 14, 2021 to:**

**Board of Selectmen's Office, Town of Kingston, 26 Evergreen Street, Kingston, MA 02364**