



# City of Peabody

## HUMAN RESOURCES DEPARTMENT

24 LOWELL STREET • PEABODY • MA • 01960

PHONES: (978) 538-5721 / (978) 538-5722 FAX: (978) 278-1544

### APPLICATION FOR EMPLOYMENT

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

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street Name City/Town State Zip Code

Telephone \_\_\_\_\_  
Home # Work # Mobile #

Email \_\_\_\_\_ US Citizen \_\_\_ Yes \_\_\_ No

Have you ever worked for the City? (If Yes, when and where) \_\_\_\_\_

When available to work? \_\_\_\_\_ Full Time \_\_\_ Part Time \_\_\_

Position(s) applied for \_\_\_\_\_ By whom were you referred? \_\_\_\_\_

If related to anyone employed by the City, list names and department \_\_\_\_\_

Salary requirements \_\_\_\_\_ Are you at least 18 years of age? \_\_\_ Yes \_\_\_ No

### EDUCATION

| SCHOOL      | NAME & LOCATION | YEARS COMPLETED | LAST YEAR ATTENDED | DIPLOMA OR DEGREE | MAJOR COURSES |
|-------------|-----------------|-----------------|--------------------|-------------------|---------------|
| Elementary  |                 |                 |                    |                   |               |
| High School |                 |                 |                    |                   |               |
| College     |                 |                 |                    |                   |               |

Special Training or Skills/Graduate School \_\_\_\_\_

### EMPLOYMENT EXPERIENCE (Start with your present or last job)

Company \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Position Starting \_\_\_\_\_ Position at Termination \_\_\_\_\_

Dates Employed From \_\_\_\_\_ To \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Position Starting \_\_\_\_\_

Position at Termination \_\_\_\_\_

Dates Employed From \_\_\_\_\_

To \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Position Starting \_\_\_\_\_

Position at Termination \_\_\_\_\_

Dates Employed From \_\_\_\_\_

To \_\_\_\_\_

**US MILITARY**

|  |                |                    |                   |
|--|----------------|--------------------|-------------------|
| Years in Service<br>From _____<br>To _____ | Branch         | Rank               | Type of Discharge |
| Status                                     | Reserve Status | Active or Inactive |                   |

In the event of an emergency, who would you wish to be notified? (Name, Address and Phone Number)

\_\_\_\_\_

**BUSINESS AND PERSONAL REFERENCES**

(Give name, address, and telephone number of three (3) references (who are not related to you))

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

**READ CAREFULLY BEFORE SIGNING**

I authorize investigation by the City of all statements contained in this application and hereby release those individuals and corporations who are parties thereto from any and all liability and damage resulting from or arising out of such investigation.

I consent to taking a pre-employment physical examination, including a drug screen and such future physical examinations as may be required by the City.

I understand that any misrepresentation or omission of essential facts in this application is cause for cancellation of the application or if employed, for immediate separation from City's service.

Signature

Date