



**TOWN OF DANVERS, MASSACHUSETTS
APPLICATION FOR EMPLOYMENT
Human Resources Department
1 Sylvan Street, 2nd Floor, Danvers, MA 01923
www.danversma.gov**

The Town of Danvers is an equal opportunity employer and does not discriminate against any applicant because of race, color, religion, sex, marital status, national origin, age, disability, sexual orientation and or any other class protected by federal, state or local law.

DATE: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(City) (State) (Zip)

Phone: _____ E-Mail: _____

Position Applied For: _____ Full Time: _____ Part Time: _____

Citizen of the U.S.? _____ If no, please indicate type of Visa: _____

Have you ever been previously employed by the Town of Danvers? Yes _____ No _____

If yes, where and when? _____

Do you have relatives in our employ? Yes _____ No _____

Name of Relative: _____

Relationship: _____

Date Available: _____

If Part Time, specify days and hours: _____

How were you referred to us? _____

Please list any skills or abilities which pertain to the position applied for:

List any relevant licenses, registrations or certifications and include number, expiration date and/or issuing or licensing authority where appropriate:

Have you ever served in the armed forces? Yes _____ No _____

State Rank and Branch of Service: _____

Date entered: _____ Date Discharged: _____

Special Training: _____

EDUCATION

	No. Yrs. Attended	Did You Graduate	Area of Study	Degree Held
High School				
College/University				
Graduate School				
Other (Trade, Business, etc.)				

Area of Special Study or Research: _____
 Apprenticeship Served or Completed: _____
 Special Honors Received If Any: _____

EMPLOYMENT HISTORY

Name & Address of Employer	Dates Employed	Position	Reason For Leaving
	From: _____		
	To: _____		
	From: _____		
	To: _____		
	From: _____		
	To: _____		

May we contact employers listed above? Yes _____ No _____

REFERENCES: Please provide three (3) professional references. References should be former supervisors who can comment on your past job performance.

Name	Address	Relationship	Contact Information

APPLICANT'S CERTIFICATION:

I understand that all statements made in this application are true and complete under pains and penalties of perjury. I authorize the Town of Danvers to investigate all statements made as part of this application and to secure any necessary information from all prior employers, references, academic institutions and law enforcement agencies. I release all of those persons, employer references, academic institutions and law enforcement agencies from any and all liability arising from providing and receiving information about my employment history, academic credentials, qualifications or criminal record. I understand that any false answers, statements or misrepresentations by omission made by me as part of my application will be sufficient for rejection of my application or for my immediate dismissal should such falsification of information be discovered after I am employ of the Town of Danvers. I understand that federal law prohibits the employment of unauthorized unauthorized aliens and all persons hired by the Town of Danvers must submit satisfactory proof of employment authorization and identity. Failure to submit such satisfactory proof will result in denial of employment. If offered a position with the Town of Danvers, I understand that as a condition of employment, I may be required to furnish additional or updated medical

medical information, I may be required to undergo a physical examination, I may be subject to drug and/or alcohol testing, I may be required to complete a successful background check, the Town may investigate my driving record or verify my license(s) or certification(s) as required for employment at any time during such employment.

I understand that the Town of Danvers is an at-will employer. I understand that nothing in this employment application, in the Town's statements of personnel guidelines or in my communication with any Town employee or official is intended to create an employment contract between the Town and me. I understand that my employment may be terminated with or without cause at any time unless there is an applicable bargaining unit contract provision.

My signature certifies I have read and agree with all statements in this application for employment.

Signature

Date: