



**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 did you become aware of the employment opportunity?

___ Town's Website	___ Social Media	___ Linked In	___ Handshake	___ MMA	Other: _____
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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 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.

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**Signature**

**Date:**