



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 From _____ 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