



# TOWN OF DANVERS, MASSACHUSETTS APPLICATION FOR EMPLOYMENT

DATE: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Are you between the ages of 18 and 70? Yes \_\_\_\_\_ No \_\_\_\_\_

Citizen of the U.S.? \_\_\_\_\_ If no, indicate type of visa: \_\_\_\_\_

Have you ever been previously employed by the Town of Danvers? \_\_\_\_\_

If yes, where and when? \_\_\_\_\_

Do you have relatives in our employ? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Relative: \_\_\_\_\_

Relationship: \_\_\_\_\_

Have you even been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, when and where? \_\_\_\_\_

Position Desired: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Date Available: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

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**

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 Over 18

School	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	Wages	Reason For Leaving
	From: _____		Start: _____	
	To: _____		End: _____	
	From: _____		Start: _____	
	To: _____		End: _____	
	From: _____		Start: _____	
	To: _____		End: _____	

May we contact employers listed above? Yes \_\_\_\_\_ No \_\_\_\_\_

**REFERENCES:** Give the names of 3 persons unrelated to you who have known you at least one year and who can comment on your education and work experience.

Name	Address	Relationship	Years Known

I affirm that all statements and answers are correct to the best of my knowledge and that I have not knowingly withheld any information pertinent to this application. I understand that any misrepresentation may be sufficient cause for dismissal.

Signature: \_\_\_\_\_

E.O.E.