



Town of Topsfield
Topsfield, Massachusetts 01983
Employment Application

Town Hall
Police Station
Topsfield Town Library
Fire Station
Public Works

8 W Common St.
210 Boston St.
1 S. Common St.
27 High St.
279 Boston St.

All information must be typed or printed in readable writing. Unreadable application will be discarded.

Personal Information

1. Date of Application: _____

2. Position Applying For: _____

3. Name: _____
Last First Middle

4. Telephone Number: Home: _____
Area Code / Number
Daytime: _____

Address: _____
Number Street Apartment Number

City/Town State Zip Code Email Address

5. If hired, can you provide proof of citizenship or legal right to work? ☐ YES ☐ NO

6. Are you under 18 years of age? ☐ YES ☐ NO If yes, date of birth? _____

7. Have you ever been employed by the Town before? ☐ YES ☐ NO
If yes, when? _____ In which department? _____

8. Do you have an immediate family member (i.e. spouse, mother, father, sibling, or child) working for the Town of Topsfield?
☐ YES ☐ NO
If yes, Employee's Name: _____ Department: _____

Education

Name / Location	Course of Study	Years Completed	Did you graduate?	Degree
High School			<input type="checkbox"/> YES <input type="checkbox"/> NO	
College			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Graduate School			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Business/Technical			<input type="checkbox"/> YES <input type="checkbox"/> NO	

09. Do you possess the following skills? Please list in detail all that apply.

Specialized Training? ☐ YES ☐ NO Name of Training/Course: _____

Professional Licenses? ☐ YES ☐ NO Licenses: _____

Professional Memberships? ☐ YES ☐ NO Name of Organizations: _____

Computer Software? ☐ YES ☐ NO Name of Programs: _____

Office Equipment? ☐ YES ☐ NO Describe Equipment: _____

If more room is required, an additional sheet may be attached.

Employment History

List present employer first. A resume or supplemental sheet may be included, however, this section must be completed.

10. Employer's Name: _____

Address: _____

Telephone Number: _____

Job title: _____

Worked From: _____ To: _____

Immediate Supervisor's Name and Job Title: _____

Salary: _____

May we contact this employer?

☐ YES

☐ NO

Describe the work you performed: _____

Reason(s) for leaving: _____

11. Employer's Name: _____

Address: _____

Telephone Number: _____

Job title: _____

Worked From: _____ To: _____

Immediate Supervisor's Name and Job Title: _____

Salary: _____

May we contact this employer?

☐ YES

☐ NO

Describe the work you performed: _____

Reason(s) for leaving: _____

12. Employer's Name: _____

Address: _____

Telephone Number: _____

Job title: _____

Worked From: _____ To: _____

Immediate Supervisor's Name and Job Title: _____

Salary: _____

May we contact this employer?

☐ YES

☐ NO

Describe the work you performed: _____

Reason(s) for leaving: _____

13. Employer's Name: _____

Address: _____

Telephone Number: _____

Job title: _____

Worked From: _____ To: _____

Immediate Supervisor's Name and Job Title: _____

Salary: _____

May we contact this employer?

☐ YES

☐ NO

Describe the work you performed: _____

Reason(s) for leaving: _____

If more room is required, an additional sheet may be attached.

References

Please provide professional and/or business references only. Note that references listed in this section will be contacted.

14. Reference #1

Name: _____ Address: _____

Business Position: _____ Telephone _____ Home: _____

Work: _____

15. Reference #2

Name: _____ Address: _____

Business Position: _____ Telephone _____ Home: _____

Work: _____

16. Reference #3

Name: _____ Address: _____

Business Position: _____ Telephone _____ Home: _____

Work: _____

17. Reference #4

Name: _____ Address: _____

Business Position: _____ Telephone _____ Home: _____

Work: _____

18. How did you learn about the job for which you are applying?

☐ Walk-in

☐ Town Employee

☐ Newspaper; title _____ ☐ Professional Journal; title _____

☐ Posted Town Bulletin _____ ☐ the Internet _____

The Town of Topsfield is an Affirmative Action / Equal Employment Opportunity Employer

Agreement

The information provided in this application for employment is true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I authorize investigation of all statements contained in this application and the release of any pertinent information regarding my education, past employment history and background. I authorize the Town of Topsfield to obtain any information from schools, employers or individuals relating to my activities. This information may include, but is not limited to: academics, achievement, performance, attendance, personal history and discipline. Further, I hereby authorize all references, persons, schools, my current employer (if applicable) and previous employers and organizations named in this application, unless otherwise stated, to provide the Town of Topsfield any relevant information that may be required to arrive at an employment decision. I understand that the information released is for the Town of Topsfield's use only.

I hereby voluntarily release, discharge and exonerate the Town of Topsfield, its agents and representatives, and any person so furnishing information from any and all liabilities of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of the Town of Topsfield.

I understand that all appointments are probationary and that I must demonstrate my ability for continued employment. I also understand that I must be available from time to time to work outside normal business hours, as the needs of the department require.

If required for the position I am seeking, I agree to take a physical examination, which may include testing for drugs or a psychological examination, as required, and recognize that any offer of employment may be contingent upon the results of such an examination.

I understand that any employment offer by the Town is conditional upon my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986 within three days of the date of hire.

I represent that I have read and fully understand the foregoing and seek employment under these conditions.

Signature: _____

Date: _____

"Discrimination against any person in any practice or procedure in advertising, recruitment, referrals, testing, hiring, transfer, promotion or any other term, condition or privilege of employment which limits or adversely affects employment opportunities, because of political or religious opinions or affiliations, or because of race, color, sex, sexual orientation, national origin, marital status, pregnancy, parenthood, age or handicap which is unrelated to the person's occupational qualifications or any other non-merit factor which is not a bona fide occupational qualification is prohibited."



Town of Topsfield Release

I _____ a candidate for the position of _____ hereby authorize the Town of Topsfield to investigate all statements in my application and to secure any necessary information from all my employers, references, and academic institutions. I hereby release all of those employers, references, academic institutions, and the Town of Topsfield from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the Town of Topsfield.

I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my academic credentials and employment references. I further understand that any false or misleading statements will be sufficient cause for rejection of my application if the Town of Topsfield has not yet employed me and for immediate dismissal if the Town of Topsfield has employed me. I also authorize the Town to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency, or other party having legal and proper interest, and I hereby release the Town of Topsfield from any and all liability for its providing this information.

In the event of my employment with the Town of Topsfield, I will comply with all rules, regulations, and policies set forth in the Town of Topsfield's Personnel Bylaw or other communications distributed by the Town of Topsfield.

I understand that nothing in this employment application, in the Town of Topsfield's policy statements or personnel guidelines, or in my communications with any Town of Topsfield official is intended to create an employment contract between the Town of Topsfield and me. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the Town of Topsfield unless it is made in writing and signed by a Town of Topsfield official.

I hereby acknowledge that I have read and understand the preceding statement.

Signed: _____

[Signature of Applicant]

Date: _____

Voluntary Affirmative Action Request Form

The Town of Topsfield as part of its commitment to Affirmative Action / Equal Employment Opportunity policies invites you to provide the following information. All applicants will be considered without regard to race, color, religion, gender, national origin, age, marital or veteran status, medical condition or disability, gender identity, genetic information, sexual orientation, ancestry, handicap of a qualified handicapped person, unless based upon a bona fide occupational qualification and any other protected class under the law. The information is voluntary and refusal to provide it will not have any bearing on our employment decision. The data is confidential and will be filed separately. It will be available only to authorized personnel and is used to further the Town's Affirmative Action / Equal Employment Opportunity policies. Your cooperation is appreciated.

1. Position Title: _____

2. Sex: ☐ Male ☐ Female

3. Ethnic Origin:

☐ White – All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

☐ Black – All persons having origins in any of the black racial groups of Africa.

☐ Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race.

☐ Asian or Pacific Islander – All persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

☐ American Indian or Alaskan Native – All persons having origins in any of the original people of North America maintaining cultural identification through tribal affiliations or community recognition.

☐ Cape Verdean – All persons having origins on the Cape Verde Islands.

4. National Origin: _____

5. Veteran Status: ☐ YES ☐ NO

Vietnam Era, 1962 – 1975 ☐ YES ☐ NO

6. Disabled: ☐ YES ☐ NO