

Town of Topsfield Topsfield, Massachusetts 01983 **Employment Application**

Town Hall **Police Station** Topsfield Town Library 1 S. Common St. Fire Station 27 High St. **Public Works**

8 W. Common St. 210 Boston St. 279 Boston St.

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

Personal Information				
1. Date of Application:		2. Position Apply	ing For:	
3. Name:	Middle	4. Telephone Nu	mber: Home:	rea Code / Number
Address: Number	Street		Apartment	Number
City/Town		State		Zip Code
5. If hired, can you provide proof of	citizenship or legal right to wor	k? 🗌 YES	\square NO	
6. Are you under 18 years of age?	YES NO	If yes, date of b	irth?	
7. Have you ever been employed by If yes, when?			nent?	
8. Do you have an immediate family YES NO If yes, Employee's Name:	Educa	Department:		·
Name / Location	Course of Study	Years Completed D	oid you graduate?	Degree
High School			YES NO	
College			YES NO	
Graduate School			YES NO	
Business/Technical			YES NO	
09. Do you possess the following skil	ls? Please list in detail all that a	apply.		
,	_	e of Training/Course:		
_		Licenses:		
Professional Memberships?		_		
•				
Office Equipment?	YES NO Descr	ribe 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? \square YES \square NO				
Describe the work you performed:					
Reason(s) for leaving:					
If more room is required, an additional sheet may be atta	nched.				
References					
Please provide professional and/or business references of 14. Reference #1	nly. Note that refere	nces listed in this section wi	ll be contacted.		
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	Posted Town Bulletin				

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.

Signature:	Date:	

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

"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 po	sition ofhereby
information from all my employers, references, an employers, references, academic institutions, and th	atements in my application and to secure any necessary d academic institutions. I hereby release all of those e Town of Topsfield from any and all liability arising from yment history, my academic credentials or qualifications, opsfield.
academic credentials and employment references statements will be sufficient cause for rejection of my me and for immediate dismissal if the Town of Top supply information about my employment record,	gent upon receipt of a satisfactory report concerning my. I further understand that any false or misleading application if the Town of Topsfield has not yet employed osfield has employed me. I also authorize the Town to in whole or in part, in confidence to any prospective legal and proper interest, and I hereby release the Town his information.
	sfield, I will comply with all rules, regulations, and policies aw or other communications distributed by the Town of
personnel guidelines, or in my communications with employment contract between the Town of Topsfield	cation, in the Town of Topsfield's policy statements or a any Town of Topsfield official is intended to create an and me. No promises regarding employment have been or guarantee is binding upon the Town of Topsfield unless d official.
I hereby acknowledge that I have read and understar	d the preceding statement.
Signed:	Date:
[Signature of Applicant]	