



# TOWN OF WEST NEWBURY

## Employment Application

APPLICANT INFORMATION		
Date:		
Last Name:	First:	M.I.:
Street Address:		Apt/Unit #
City:	State:	Zip:
Phone:	E-mail Address:	
DOB:	Desired Salary:	
Position Applied for and Date Available		
Are you a citizen of the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, are you authorized to work in the US?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever worked for this Town?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

EDUCATION		
High School:	Address:	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
College:	Address:	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> Degree
Other	Address:	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> Degree

REFERENCES Please list three professional references	
Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	

**PREVIOUS/CURRENT EMPLOYMENT**

Company:	Phone:		
Address	Supervisor:		
Job Title:			
Responsibilities:			
Employed:	From:	To:	Reason for leaving
May we contact your previous supervisor for a reference		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Company:	Phone:		
Address	Supervisor:		
Job Title:			
Responsibilities:			
Employed:	From:	To:	Reason for leaving
May we contact your previous supervisor for a reference		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Company:	Phone:		
Address	Supervisor:		
Job Title:			
Responsibilities:			
Employed:	From:	To:	Reason for leaving
May we contact your previous supervisor for a reference		Yes <input type="checkbox"/>	No <input type="checkbox"/>

**MILITARY SERVICE**

Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain:		
<b>Emergency Contact:</b>		
Name:		
Phone Number:		

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.  
I understand that all appointments are probationary and that I must demonstrate my fitness for continued employment during the probationary period. I also understand that I must be available from time to time for work outside normal business hours as the needs of the Department require. Further, I agree to take a physical examination, given by an appointed Town physician, which may include testing for drugs or psychological examination, as required, and recognize that any offer of employment may be contingent upon the results of such an examination.

This application for employment shall be considered active for a period not to exceed 45 days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationship with this Town is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time, with or without cause. I further understand that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of the Town specifically acknowledges such change in writing.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

**APPLICANT, DO NOT WRITE BELOW THIS LINE**

Interview date: \_\_\_\_\_ Interviewer: \_\_\_\_\_

Remarks:

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Action taken:

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