



City of Peabody

Application for Employment

Return to Human Resources

(PLEASE PRINT)

Date of Application _____

Name: _____
Last First Middle

Address: _____
Number Street City State Zip Code

Telephone: (_____) _____ U.S. Citizen- Yes No
Area Code

Have you ever worked for the City? (If yes, where and when): _____

When available to work: _____
Full Time _____ Part Time _____
Temporary _____ Permanent _____
Seasonal _____

Position(s) applied for: _____

By whom were you referred? _____

If related to anyone employed by the City, list name 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					
College					

Special Training or Skills/Graduate School: _____

EMPLOYMENT EXPERIENCE

Start with your present or last job

Company: _____	Address: _____
City: _____	State: _____ Zip: _____ Phone: _____
Supervisor: _____	Reason for Leaving: _____
Dates Employed: From: _____ To: _____	Hourly/Salary Rate: Starting: _____ Final: _____
Position Starting: _____	Position at Termination: _____

Company: _____ Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____
 Supervisor: _____ Reason for Leaving: _____
 Dates Employed: From: _____ To: _____ Hourly/Salary Rate: Starting: _____ Final: _____
 Position Starting: _____ Position at Termination: _____

Company: _____ Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____
 Supervisor: _____ Reason for Leaving: _____
 Dates Employed: From: _____ To: _____ Hourly/Salary Rate: Starting: _____ Final: _____
 Position Starting: _____ Position at Termination: _____

U.S. 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, Phone Number):

Business/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 the City's service.

Signature _____ Date: _____