

City of Amesbury Part time / Seasonal Employment Application

Position applied for _____	Date of Application _____
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment agency	<input type="checkbox"/> Relative
<input type="checkbox"/> Walk-In	<input type="checkbox"/> Other _____

Last Name	First Name	Middle
Address: _____		
Number	Street	City
		State
		Zip Code
Telephone Numbers: _____		
Home	Cell	E-Mail
U.S. Citizen: Yes <input type="checkbox"/> NO <input type="checkbox"/>		
Social Security Number _____/_____/_____		

EDUCATION:

LEVEL	School Name and Address	Circle Level Completed	Degree Earned	Dates Attended
High School		10 11 12		
College		1 2 3 4 5 6		
Trade School				
Other				

High School Equivalency Diploma (GED)? YES _____ NO _____

Have you ever worked for the Town of Amesbury? YES _____ NO _____

If Yes, when and in what capacity? _____

Are you currently employed? YES _____ NO _____

May we contact your present employer? YES _____ NO _____

On what date would you be available for work? _____

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EMPLOYMENT HISTORY:

In the space provided below, please give your complete work history **beginning with the most RECENT** employer first. Include all positions held and indicate applicable military and self employment periods of service. Use additional sheets if necessary.

Employer: _____ From: ____/____/____ To: ____/____/____

Address: _____ Phone # _____

Your Title: _____ Duties: _____

Supervisor's Name: _____ Supervisor's Title: _____

Reason for Leaving: _____

Employer: _____ From: ____/____/____ To: ____/____/____

Address: _____ Phone # _____

Your Title: _____ Duties: _____

Supervisor's Name: _____ Supervisor's Title: _____

Reason for Leaving: _____

Employer: _____ From: ____/____/____ To: ____/____/____

Address: _____ Phone # _____

Your Title: _____ Duties: _____

Supervisor's Name: _____ Supervisor's Title: _____

Reason for Leaving: _____

Employer: _____ From: ____/____/____ To: ____/____/____

Address: _____ Phone # _____

Your Title: _____ Duties: _____

Supervisor's Name: _____ Supervisor's Title: _____

Reason for Leaving: _____

GENERAL INFORMATION:

Have you ever been convicted of a law violation other than a traffic offense? Yes _____ NO _____

If yes, please explain: _____

Have you ever been fired or asked to resign from a job? Yes _____ NO _____

If yes, please explain: _____

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ADDITIONAL INFORMATION:

Other Qualifications

Please summarize job-related skills and qualifications acquired from employment or other experience applicable to this position.

References (preferably work, not those related to you)

1.	_____	_____	_____	_____
	Name	Address	Phone	Relationship
2.	_____	_____	_____	_____
	Name	Address	Phone	Relationship
3.	_____	_____	_____	_____
	Name	Address	Phone	Relationship

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such a change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

**Please return to Kathleen Crowley, 68 Elm St. Amesbury, MA 01913 or
kathleen@amesburyma.gov**