



Town of Rowley

Personnel Board
(978) 948-7068

P.O. Box 275 • 139 Main Street
Rowley, Massachusetts 01969
Fax: (978) 948-8202

Personnel Officer
(978) 948-2705
Deborah M. Egan

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

(Please Print)

DATE: _____

NAME: _____ TELEPHONE NO.: _____
Last First Middle

PRESENT ADDRESS: _____
Number & Street City/Town State Zip

WOULD YOU BE ABLE TO PERFORM THE JOB TASKS WITH OR WITHOUT ACCOMMODATION?
HOW WOULD YOU PERFORM THE TASKS? WITH WHAT ACCOMMODATIONS?
USE SEPARATE SHEET IF NEEDED

POSITION (S) DESIRED

- 1. _____ RATE OF PAY EXPECTED \$ _____ PER WK _____
- 2. _____ RATE OF PAY EXPECTED \$ _____ PER WK _____

DO YOU HAVE DAILY TRANSPORTATION TO AND FROM WORK? YES ___ NO ___

TYPE OF SCHOOL	NAME AND ADDRESS	HOW MANY YEARS		MAJOR
		ATTENDED	GRADUATED	
HIGH		YES	NO	
COLLEGE		YES	NO	
OTHER		YES	NO	

ARE THERE ANY OTHER EXPERIENCES, SKILLS OR QUALIFICATIONS WHICH YOU FEEL WOULD ESPECIALLY QUALIFY YOU?

PLEASE COMPLETE IN DETAIL, STARTING WITH MOST RECENT POSITION

EMPLOYER: _____ EMPLOYED: _____ BRIEFLY DESCRIBE YOUR DUTIES _____
ADDRESS: _____ From: _____
POSITION: _____ To: _____
SUPERVISOR: _____
REASON FOR LEAVING: _____ May we contact employer YES/NO

(PLEASE COMPLETE REVERSE SIDE)

EMPLOYER: _____ EMPLOYED: _____ BRIEFLY DESCRIBE YOUR DUTIES _____
ADDRESS: _____ From: _____
POSITION: _____ To: _____
SUPERVISOR: _____
REASON FOR LEAVING: _____ May we contact employer YES/NO _____

EMPLOYER: _____ EMPLOYED: _____ BRIEFLY DESCRIBE YOUR DUTIES _____
ADDRESS: _____ From: _____
POSITION: _____ To: _____
SUPERVISOR: _____
REASON FOR LEAVING: _____ May we contact employer YES/NO _____

WERE YOU A MEMBER OF THE UNITED STATES ARMED FORCES? YES _____ NO _____
IF YES, PLEASE COMPLETE THE FOLLOWING: BRANCH OF SERVICE: _____
DATE ENTERED _____ DATE DISCHARGED _____ FINAL RANK _____
SERVICE SCHOOLS OR SPECIAL EXPERIENCE _____

I hereby certify that the answers given to the foregoing statements and questions are true and correct and, if employment is obtained under this application, I will comply with all orders, rules and regulations. I understand that my employment may be contingent on passing a physical examination.

I authorize my former employer(s), as indicated on page 1, to disclose any information regarding my employment and release them and their company of all liability for any damage for issuing same. If, upon investigation, any of the facts contained in this application are found to be untrue, I understand I will be subject to dismissal.

I understand that this employment application and any other Town documents are not contracts of employment, and that any individual who is hired may voluntarily leave employment upon proper notice, and may be terminated at any time for any reason. I understand that any oral or written statements to the contrary are hereby expressly disallowed and should not be relied upon by any prospective or existing employee.

SIGNED BY: _____ DATE: _____

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability. Thank you for completing this application and for your interest in the Town of Rowley.

POST EMPLOYMENT QUESTIONS

DATE HIRED: _____ STARTING DATE: _____ DEPARTMENT: _____
SHIFT: _____ SHIFT HOURS: _____ JOB TITLE: _____
STARTING RATE: _____ GRADE/STEP: _____ RATE RANGE: _____ AGE: _____

(TO BE FILLED OUT BY EMPLOYEE)

MALE: _____ FEMALE: _____ MARITAL STATUS: _____ #OF DEPENDENTS _____

ARE YOU A UNITED STATES CITIZEN? YES _____ NO _____ IF YOU ARE NOT A UNITED STATES CITIZEN, WHAT IS YOUR ALIEN REGISTRATION NUMBER? _____

DO YOU HAVE EMPLOYMENT AUTHORIZATION FROM THE UNITED STATES IMMIGRATION SERVICE?

YES _____ NO _____

IF YES, DESCRIBE IN FULL: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY: _____

TELEPHONE NUMBER: _____

ADDRESS: _____

Number & Street

City/Town of Rowley

State

SIGNED BY: _____ DATE: _____