

## Town of Rowley

Personnel Board (978) 948-7068

P.G. Box 275 • 139 Main Street Rowley, Massachusetts 01969 Fax: (978) 948-8202 Personnel Officer (978) 948-2705 Deborah M. Eagan

## APPLICATION FOR EMPLOYMENT

	AN EQUAL OPPORTUN	ITY/AFFIRMATI	VE ACTION	N EMPLOYER			
D.A.TE		(Please Print)					
DATE:							
NAME:	TELEPHONE NO.:						
Last	First	Middle					
PRESENT ADDRESS		a: /		G			
WOLLD VOLUDE	Number & Street	•					
	ABLE TO PERFORM TI DULD YOU PERFORM T USE SEPA		TH WHAT A				
POSITION (S) DESIR	ED						
	RATE OF PA	Y EXPECTED \$_	I	PER WK			
2	RATE OF PAY EXPECTED \$PER WK						
DO YOU HAVE DAII	LY TRANSPORTATION			ES NO			
TYPE OF SCHOOL	NAME AND ADDRESS	HOW MANY Y ATTENDED		JATED MAJOR			
HIGH			YES	NO			
COLLEGE			YES	NO			
OTHER			YES	NO			
ARE THERE ANY OT ESPECIALLY QUAL	THER EXPERIENCES, S IFY YOU?	KILLS OR QUAL	IFICATION	IS WHICH YOU FEE	L WOULD		
PLEAS	E COMPLETE IN DETA	IL, STARTING W	ITH MOST	RECENT POSITION	<b>\</b>		
EMPLOYER:	EMPLOYE	D: BRI	EFLY DESC	CRIBE YOUR DUTIE	ES		
ADDRESS:							
POSITION: SUPERVISOR:	To:						
REASON FOR LEA	VING		Me	av we contact emplo	ver VFS/NO		

(PLEASE COMPLETE REVERSE SIDE)

EMPLOYER:	EMPLOYED:	BRIEFLY DESC	BRIEFLY DESCRIBE YOUR DUTIES	
ADDDECC.	Erom			
ADDRESS: POSITION:	FIOIII:			
SUPERVISOR:	10			
REASON FOR LEAVING	•	Mo	y we contect ampleyer VEC/NO	
REASON FOR LEAVING	·		y we contact employer YES/NO	
EMPLOYER:	EMPLOYED:	BRIEFLY DESC	BRIEFLY DESCRIBE YOUR DUTIES	
ADDRESS:	From:			
POSITION:	To:			
SUPERVISOR:				
REASON FOR LEAVING	<u>;</u>	Ma	y we contact employer YES/NO	
application, I will comply with all on examination.  I authorize my former employer(s), a company of all liability for any dama untrue, I understand I will be subject  I understand that this employment aphired may voluntarily leave employn	TE THE FOLLOWING: _DATE DISCHARGED ECIAL EXPERIENCE_ In to the foregoing statements a ders, rules and regulations. I u s indicated on page 1, to discle ge for issuing same. If, upon i to dismissal.  plication and any other Town of the tupon proper notice, and m	BRANCH OF SERVICE  DFINAL R.  and questions are true and correct nderstand that my employment is used any information regarding menvestigation, any of the facts condocuments are not contracts of early be terminated at any time for	:: ANK	
SIGNED BY:				
	to criminal penalties and civil		nent or continued employment. An employer eting this application and for your interest in	
	TOST ENIT LO	TWENT QUESTIONS		
DATE HIRED:ST	CARTING DATE:	DEPARTMENT:		
SHIFT:SHIF	T HOURS:JO	B TITLE:		
STARTING RATE:	GRADE/STEP:	RATE RANGE:	AGE:	
	(TO BE FILLEI	D OUT BY EMPLOYEE)		
MALE:FEMALE:_	MARITAL STA	TUS:#OF DEPI	ENDENTS	
ARE YOU A UNITED STATES YOU ALIEN REGISTRATION			UNITED STATES CITIZEN, WHAT IS	
DO YOU HAVE EMPLOYMEN YESNO IF YES, DESCRIBE IN FULL:				
PERSON TO NOTIFY IN CASE TELEPHONE NUMBER:ADDRESS:	E OF EMERGENCY:			
Number & Str	eet	City/Town of Rowley	State	
SIGNED BY:		DATE:		