



**Town of Salisbury**  
**5 Beach Road**  
**Salisbury, Massachusetts 01952**

**Application for Employment**

The Town of Salisbury is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify the Human Resource Department at 978-462-8232 x125.

*Please print (in blue or black ink) and fill out all sections.*

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**Applicant Information**

Applicant's Full Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone Number: (    ) \_\_\_\_\_ Email Address: \_\_\_\_\_

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**Personal Information**

Have you ever applied to/worked for the Town of Salisbury before?     Yes     No

Are you eligible to work in the United States?     Yes     No

If hired, are you willing to submit and pass a controlled substance test if required?     Yes     No

Are you currently serving or have you ever served in the United States Military?     Yes     No

Are you able to perform the essential functions of the job for which you are applying, either with/without reasonable accommodation?     Yes     No

If no, describe the functions that cannot be performed:

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*(Note: Town of Salisbury complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)*

Position applied for: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Temporary Part-Time     Temporary Full-Time     Permanent Part-Time     Permanent Full-Time

Date you are able to start work: \_\_\_\_\_ Days & Hours: \_\_\_\_\_

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**Education**

Name and address of school — Degree/Diploma that you obtained

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Additional Skills: Licenses, Training, Awards, etc.*

\_\_\_\_\_  
\_\_\_\_\_



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**Employment history**

*Present or Last employer*

Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
Position Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact your present/last employer?  Yes  No

*Previous Employer*

Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
Position Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

*Previous Employer*

Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
Position Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**References: (Name/Title/Address/Phone)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby state that the information I have provided on this application and any attached documentation is true and accurate to the best of my knowledge. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any and all information listed above. I understand that submission of an application does not guarantee employment and I further understand that, should an offer of employment be extended by the Town of Salisbury that such employment with the Town of Salisbury is at will, for no specified duration, and may be terminated by either the Town of Salisbury or myself at any time, with or without cause or notice. I understand that no representative of the Town of Salisbury except the Town Manager has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the Town Manager of Salisbury.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_