## City of Salem



## **Employment Application** Human Resources Department 120 Washington Street, 4<sup>th</sup> Floor, Salem Massachusetts 01970 Phone: 978-619-5630 - Fax: 978-745-7298

www.salem.com

## An Equal Opportunity/Affirmative Action Employer

The City of Salem is an equal opportunity employer and does not discriminate against any applicant because of race, color, religion, sex, marital status, national origin, age, disability, sexual orientation or any other class protected by federal, state or local law. Any person who needs assistance in fully participating in the application process should contact the City of Salem Human Resources Department.

any field.

<i>l. Contact II</i> Name	nformation	Date				
Address # and Street		City and State	Zip Cod	Zip Code		
Telephone						
II. Position	Applying For (Please	specify position title)				
How did you h	near about the position?					
Have you eve	r been employed by the	City of Salem? When? What	department?			
II. Educatio	on					
School		Name, Address, City, State		Years Attended	Degree	
High School						
College						
Graduate So	chool					
Trade, Busir Courses	ness, Night					
Military Serv Training	ice, Other					
Do you have a Do you have a Do you have a What other va	a valid driver's license (Cas valid CDL license (Clas a valid Hydraulic license alid licenses or certifications)	ss A or B)? Yes ? Yes ons do you possess (job relate	No If yes, er No If yes, er No If yes, er ed)?	nter expiration date_ ter expiration date _ nter expiration date_		
V. Office Sk	(ills (If applicable)	Check the column that you for				
A.P. (1.1A.I.		√ Beginner	√ Intermedia	te Level √ A	dvanced Level	
Microsoft Word						
Microsoft Ex						
Microsoft Ac						
Microsoft Po						
	g Knowledge					
Transcription	I AUIIILY					
	Speedwriting Ability					

Please account for the last 4 positions you have held. Start with your present or last employer. You may include military service and any verifiable work performed as an intern or volunteer. We ( ) may ( ) may not contact your present employer. Employer Address Title Telephone **Dates Worked** Supervisor Salary Received Reason for Leaving Description of Primary duties: **Employer** Address Title Telephone Dates Worked Supervisor Salary Received Reason for Leaving Description of Primary duties: Employer Address Title Telephone Supervisor **Dates Worked** Salary Received Reason for Leaving Description of Primary duties: Address **Employer** Telephone Title Supervisor **Dates Worked** Salary Received Reason for Leaving Description of Primary duties:

VII. Employment History (Please do not write "see" resume)

VIII. Business References (a minimum of 3 references required, please do not write "see resume")

Name	Address	Phone	Relationship							
Name	Address	Phone	Relationship							
Name	Address	Phone	Relationship	_						
X. Employment of Minors										
The City of Salem is subject to	certain child labor provisions regar			ge of 18.						
Further, an Employment Permit of	or Educational Certificate may be re	quired, depending	on your age.							
Are you under age 18? If yes, pl	ease indicate your age: Ca	n you furnish a work	permit?							
VI Dra Employment Dhysical F	Evenination and dwg testing.									
XI. Pre-Employment Physical E All offers of employment are cor		ion, where required	d. Satisfactory fitness to per	rform the						
All offers of employment are conditional upon a physical examination, where required. Satisfactory fitness to perform the essential duties of the position is a condition of employment. All offers of employment are conditional upon the satisfactory										
completion of a pre-employment condition of employment in the C	drug test, where required. Satisfa	ctory completion o	of a required drug or alcohol	test is a						
condition of employment in the C	ity of Salem.									
XIV. Signature	C OF THE ARRIVATION FORM	DEFORE CIONING	_							
	S OF THIS APPLICATION FORM I of this application by the City of Sal									
B. The information I have provide	ded is true and complete. I under	stand misrepresen	ntation or omission of any f							
	ner materials or as provided during		justification for refusal of em	nployment						
or can be justification for termination from employment, if employed.  C. I understand any offer of employment I receive from the City of Salem is contingent upon my successful completion of										
the pre-employment screening process including but not limited to the City of Salem receiving satisfactory references, a										
satisfactory criminal history and Criminal Offense Record Inquiry if required, satisfactory verification of driver's license or certifications where required and satisfactory completion of any required post-offer pre-employment drug test or physical										
examination.	a satisfactory completion of any re	quired post-oner p	pre-employment drug test o	n priysicai						
	for employment, the City of Sale									
among other things, my prior characteristics.	employment, military record, ed	lucation, characte	r, general reputation and	personal						
	whatever steps deemed necessar	y to obtain inform	nation regarding my qualific	cations for						
employment including contacting my present and former employers, by contacting individuals listed as business, educational or personal references, and by contacting other individuals to provide or further clarify information about me.										
	es, and by contacting other individu present and former employers and									
from any and all liability for dama	iges arising from furnishing the requ	uested information.								
	City of Salem, I understand that as									
	formation, that I may be required to at the City may request a Criminal (									
	ense(s) or certification(s) as require									
	nduct a CORI check on me as a c									
	CORI Request Form reflecting my a potential claims associated with th									
	on with the City. As a condition of									
	especially if this employee has be									
and an employment physical in reasonable accommodations, if n	order to allow us to have the n	ecessary informat	tion for making a proper de	ecision or						
H. I understand that the City of S	Salem is an at-will employer. If emp			erminated						
with or without cause at any time	unless there is an applicable barga	aining unit contract	provision.							
My signature certifies I have read	d and agree with statements above	and all statements	in this application for emplo	yment.						
,		2 2 2 2 3 3 3 7 7 7 7 7 7 7 7 7 7 7 7 7		, , , , , , ,						

Applicant's signature

Applicant's printed name and date