

**City of Salem – Department of Public Services**  
**Seasonal Application - 2021**  
**5 Jefferson Avenue. Salem, Massachusetts 01970**  
**Phone: 978-744-3302**  
[www.salem.com](http://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 Resource Department.

**I. Contact Information**

Name: \_\_\_\_\_

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

Telephone: Home- \_\_\_\_\_ Cell - \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: (Name) \_\_\_\_\_ (phone) \_\_\_\_\_

Have you ever been employed by the City of Salem? \_\_\_\_\_ Position Held/ Years of Service: \_\_\_\_\_

**III. Education**

School	Name, City, State	Years Attended	Degree
High School			
College			
Graduate School			
Trade, Business, Night Course			
Military Service			
Other			

**IV. Licenses (Please list all licenses related to the position you seek)**

Do you have a valid driver's license (Class D Auto)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, enter expiration date \_\_\_\_\_

Do you have a valid CDL license (Class A or B)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, enter expiration date \_\_\_\_\_

Do you have a valid Hydraulic license? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, enter expiration date \_\_\_\_\_

What other valid licenses or certifications do you possess (job related)

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

**v. Office Skills (if applicable)** Check the column that you feel best describes your knowledge:

	Beginner	Intermediate Level	Advanced Level
Microsoft Word			
Microsoft Excel			
Microsoft Power Point			

**VI. Special Skills**

Please list any other skills or abilities you feel are relevant:

\_\_\_\_\_

**VII. Certifications**

Do you have First Aid Certification? \_\_\_\_\_ If yes, enter expiration date \_\_\_\_\_

Do you have CPR Certification? \_\_\_\_\_ If yes, enter expiration date \_\_\_\_\_

**VIII. Employment History**

Please account for the most recent positions that you have held. 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
Telephone	Position Held
Supervisor	Dates Worked
	Reason for Leaving

Description of Primary Duties:

\_\_\_\_\_

\_\_\_\_\_

Employer	Address
Telephone	Position Held
Supervisor	Dates Worked
	Reason for Leaving

Description of Primary Duties:

\_\_\_\_\_

\_\_\_\_\_

Employer	Address
Telephone	Position Held
Supervisor	Dates Worked
	Reason for Leaving

Description of Primary Duties:

\_\_\_\_\_

\_\_\_\_\_

**IX. References** (Please list 3 references, at least one must be a business reference)

Name	Address	Phone	Relationship

**X. Employment of Minors**

The City of Salem is subject to certain child labor provisions regarding the employment of persons under the age of 18. Further, an Employment Permit or Educational Certificate may be required, depending on your age.

Are you under the age of 18? If yes, please indicate your age: \_\_\_\_\_ Can you furnish a work permit? \_\_\_\_\_

**XI. Signature**

CAREFULLY READ ALL PARTS OF THIS APPLICATION FORM BEFORE SIGNING

- A. I understand the acceptance of this application by the City of Salem does not imply that I will be employed.
- B. The information I have provided is true and complete. I understand misrepresentation or omission of any fact in my application, resume, or in any other materials or as provided during interviews, can be justification for refusal of employment 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 and satisfactory verification of driver's license or certifications where required.
  - D. In processing my application for employment, the City of Salem may verify information provided by me concerning among other things, my prior employment, military record, education, character, general reputation and persona characteristics.
  - E. I authorize the City to take whatever steps deemed necessary to obtain information regarding my qualification 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.
  - F. I hereby release the City, my present and former employees and all individuals contacted for factual information about me from any and all liability for damages arising for furnishing the requested information.
  - G. If offered a position with the City of Salem, I understand that as a condition of employment, the City may request a Criminal offense Record Inquiry (CORI) on me, investigate my driving record or verify my license(s) or certification(s) as required for employment at any time during my employment. I hereby authorize the City to conduct a CORI check on me as a condition of applying for a position with the City, where applicable, and agree to sign a CORI Request Form reflecting my authorization of the CORI check. I further release the City and its agents from any and all potential claims associated with the City's performing a CORI check on me in connection with my application for a position with the City.
  - H. I understand that the City of Salem is an at-will employer. If employed, I understand my employment may be terminated with or without cause at any time unless there is an applicable bargaining unit contract provision.
- My signature certifies I have read and agree with statements above and all statement in this application for employment.

\_\_\_\_\_  
 Applicant's printed name and date

\_\_\_\_\_  
 Applicant's Signature



**This section to be used by Human Resource and the Department of Public Services ONLY.**

**Position Offered:** \_\_\_\_\_ **Munis number:** \_\_\_\_\_

**Rate of Pay:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_