

CITY OF NEWBURYPORT

Newburyport City Hall, 60 Pleasant Street, Newburyport, MA 01950
Tel: 978.465.4413, Fax: 978.465-4402

EMPLOYMENT APPLICATION

FULL-TIME & PART-TIME

Newburyport is an Equal Employment Opportunity Community

POSITION(S) DESIRED _____

PERSONAL DATA *(please print)*

SOCIAL SECURITY NUMBER

LAST NAME

FIRST NAME

MIDDLE

STREET ADDRESS

CITY

STATE

ZIP CODE

MAILING ADDRESS (IF DIFFERENT)

TELEPHONE NUMBER _____ IN EMERGENCY, PLEASE NOTIFY _____

RELATIONSHIP _____ CONTACT TELEPHONE NUMBER _____

ARE YOU A U.S. CITIZEN? YES NO IF NO, DO YOU HAVE A LEGAL RIGHT TO WORK IN U.S.? YES NO

DATE OF MILITARY SERVICE *(attach copy of DD214)* BRANCH TYPE OF DISCHARGE

WERE YOU EVER EMPLOYED BY THE CITY OF NEWBURYPORT? YES (LIST POSITION) _____ NO

NAMES OF RELATIVES EMPLOYED BY THE CITY _____

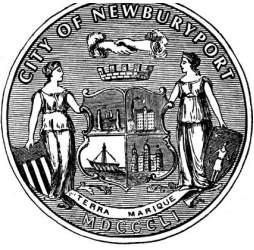
AVAILABILITY *(Please circle all applicable)* FULL-TIME PART -TIME TEMPORARY SUMMER

ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? _____

I AGREE TO ROTATE ALL SHIFTS AS REQUIRED *(signature of applicant)* _____

ARE YOU WILLING TO WORK: DAYS EVENINGS NIGHTS WEEKENDS/HOLIDAYS ANY SHIFT

DAYS AVAILABLE: SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY



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EDUCATION	NAME & ADDRESS	DATES	GRADUATE	LIST DEGREE OR DIPLOMA
HIGH SCHOOL			YES / NO	
COLLEGE			YES / NO	
OTHER			YES / NO	

REGISTRATION & CERTIFICATION *(job related)*

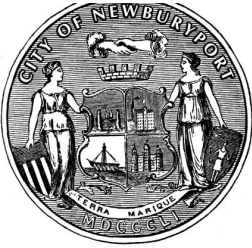
BY	TITLE	STATE	DATE	NUMBER

REFERENCES *(please provide 3; no relatives)*

NAME	ADDRESS	TELEPHONE	KNOWN HOW LONG?

OTHER SKILLS *(specify proficiency, i.e. wpm)*

TECHNICAL
CLERICAL
LANGUAGES <i>(specify read, speak and/or write)</i>



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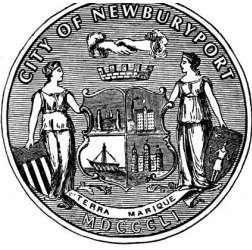
FULL-TIME & PART-TIME

WORK EXPERIENCE *(List employers beginning with the most recent)*

EMPLOYER	PHONE NUMBER	DATES	POSITION
EMPLOYER ADDRESS		SUPERVISOR NAME	
DESCRIPTION OF DUTIES		REASON FOR LEAVING	

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EMPLOYER ADDRESS		SUPERVISOR NAME	
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I hereby authorize the city of Newburyport to contact any school, former place of employment, references and/or persons who may aid the City in determining my suitability for employment. Additionally, I release those contacted from all liability whatsoever of issuing the requested information.

 Signature of Applicant

 Date

I understand that any false statements made as a part of this application will be considered grounds for rejection of my application or cause for dismissal.

 Signature of Applicant

 Date

Applicant: Do not write in this space

INTERVIEW REPORT

APPARENT MOTIVATION			
APPARENT TECHNICAL AND/OR PROFESSIONAL QUALIFICATIONS			
APPARENT PROFICIENCY-LEVEL RELATED EXPERIENCE			
APPARENT POTENTIAL FOR POSITION DESIRED			
APPARENT POTENTIAL FOR ADVANCEMENT			
PROFESSIONAL APPEARANCE	COMMUNICATION SKILLS	PERSONALITY IMPRESSION	
INTERVIEWER	DATE	REVIEWED BY	DATE

REMARKS, NOTES, REFERENCES, ETC.

