



TOWN OF AUBURN

104 Central Street
Auburn, MA 01501
(508) 832-7720

An equal opportunity employer.

EMPLOYMENT APPLICATION

PERSONAL

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Telephone No. _____ Social Security Number _____
(Area Code)

Driver's License Number _____ State _____ Expiration Date _____

Are you a citizen of the United States? Yes No

JOB INTEREST/SKILLS

Position(s) applied for _____ Salary Desired _____

Have you applied for a position here before? Yes No If yes, when? _____

Type of employment requested Full Time Part Time Temporary Summer

Date you could begin working _____ Typing Speed (WPM) _____

Military Status _____

Summarize any other special skills or qualifications

EDUCATION			
Type of School	Name and Location	Course Of Study	Degree, Diploma, Certificate and Honors Received
High School			
College or University			
Other Education			
Other Education			

EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)			
1. Name of Employer _____			
Address _____			
(Street)	(City)	(State)	(Zip)
Position Held _____			
Supervisor and Title _____			
Employed: From _____ To _____			
Starting Salary _____		Ending Salary _____	
Work Performed			

Reason for leaving _____			
May we contact this employer? _____			

2. Name of Employer _____

Address _____
(Street) (City) (State) (Zip)

Position Held _____

Supervisor and Title _____

Employed: From _____ To _____

Starting Salary _____ Ending Salary _____

Work Performed

Reason for leaving _____

May we contact this employer? _____

3. Name of Employer _____

Address _____
(Street) (City) (State) (Zip)

Position Held _____

Supervisor and Title _____

Employed: From _____ To _____

Starting Salary _____ Ending Salary _____

Work Performed

Reason for leaving _____

May we contact this employer? _____

Attach additional sheets as necessary

REFERENCES			
Name	Relationship	Home Phone	Daytime Phone

ACKNOWLEDGEMENT

I certify that the answers given by me in this application are correct to the best of my knowledge. I understand that any falsification of this application, whether intentional or accidental, is grounds for disqualification of employment consideration, or dismissal from employment if I am hired. I authorize the **Town** to contact any and all of the references I have listed above to obtain previous employment information or any other pertinent information that they may have. Further, I release the above-mentioned references from any and all liability for any damages that may result from information collected by the **Town**. Verification of eligibility to work in the United States must be satisfied for an offer to be made.

Applicant's Signature _____ Date _____