



## Application for Employment

Ipswich is an Equal Employment Opportunity Community

**Please answer all questions -- Print in ink or type**

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### **IMPORTANT**

Instructions for completing the Town of Ipswich's  
Employment Application Form

1. Type or print clearly in black or blue ink.
2. Answer every question fully and accurately. Please do not write, "see resume".
3. As an applicant for employment, the Town will review, if applicable
  - a. Criminal Offender Record Information (C.O.R.I.) and;
  - b. Sex Offender Record Information (S.O.R.I.)
4. If an offer of employment is made to you, the Town may identify that it is contingent upon the results of a medical exam and/or a background check.
5. False or materially inaccurate information on this application will be cause for disqualification for employment or dismissal at any time after employment. Offers of employment are only made in writing by the appointment authority for that specific position.
6. Read the entire application carefully before signing.
7. Return completed application to the Human Resources office unless job posting instructs otherwise.
8. If you would like to be considered for another open position in the future, you must call our office and identify what position you originally applied for and what position you would now like to have your application considered for.
9. We only accept applications when a position is available.
10. Completed applications for open positions will be kept on file for one year.





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### AVAILABILITY

Please check all that apply:  Full-Time     Part-Time     Temporary     Summer

On what date would you be available for work? \_\_\_\_\_

Are you willing to work:  Days     Evenings     Nights     Weekends/Holidays     Any Shift  
 Weekdays     Weekends

### EDUCATION

	Name & Address	Years Completed	Graduate	Field of Study
High School				
College				
Graduate/Professional				
Other				

List subjects of special study or research work:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any activities, memberships or certifications (exclude the name of any organization which indicates the race, color, ancestry, creed, religion, sex, national origin, age, marital, or veteran status, handicap, disability or sexual orientation of its members):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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### REFERENCES:

List below three individuals, not related to you, who can describe your qualifications for this position:

Name & Title	Name & Address of Work Place	Telephone	Years Acquainted
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**\*\*PLEASE DO NOT WRITE BELOW THIS LINE\*\***

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Reference number one called:  YES  NO

Date: \_\_\_\_\_ Person Calling: \_\_\_\_\_ Who did you speak with: \_\_\_\_\_

Remarks:

\_\_\_\_\_

\_\_\_\_\_

Reference number two called:  YES  NO

Date: \_\_\_\_\_ Person Calling: \_\_\_\_\_ Who did you speak with: \_\_\_\_\_

Remarks:

\_\_\_\_\_

\_\_\_\_\_

Reference number three called:  YES  NO

Date: \_\_\_\_\_ Person Calling: \_\_\_\_\_ Who did you speak with: \_\_\_\_\_

Remarks:

\_\_\_\_\_

\_\_\_\_\_



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### EMPLOYMENT HISTORY

In the space below, give a complete record of your employment beginning with your present or most recent employment. Account for all periods including self-employment, unemployment and military service (list type of separation). You may also include any work performed on a volunteer basis. Use additional sheets if necessary.

Employer:	Phone:	Description of Duties:
Address:	Dates Employed From: To:	
Job Title:	Salary Starting: Final:	
Supervisor:		
Reason for Leaving:		
Employer:	Phone:	Description of Duties:
Address:	Dates Employed From: To:	
Job Title:	Salary Starting: Final:	
Supervisor:		
Reason for Leaving:		
Employer:	Phone:	Description of Duties:
Address:	Dates Employed From: To:	
Job Title:	Salary Starting: Final:	
Supervisor:		
Reason for Leaving:		



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### PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

1. It is a violation of Massachusetts General Law to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law is subject to criminal penalties and civil liability.
2. I understand that any offer of employment that I receive from the Town of Ipswich is contingent upon my successful completion of the pre-employment screening process including but not limited to the Town of Ipswich receiving satisfactory references, a satisfactory criminal history and Criminal Offense Record Inquiry (CORI check) and/or Credit check 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. The Town may waive the any of the aforementioned under certain circumstances.
3. If you are not authorized to work in the United States please do not apply. United States law (Immigration Reform and Control Act of 1996) prohibits the Town from hiring any person who is not a United State citizen or an alien specifically allowed by the United States government to work in the United States
4. I hereby release the Town, my present and former employers and all individuals contacted for factual information about me, from any and all liability for damages arising from furnishing the requested information.
5. I authorize investigation of all statement contained in this application for employment as may be necessary in arriving at an employment decision, including contacting present and former employers. I certify that all statements made by me on this application are true, complete and correct to the best of my knowledge. I understand that misrepresentation or omission of facts called for is a cause for dismissal.

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Signature of Applicant

Date

**\*\*PLEASE DO NOT WRITE BELOW THIS LINE\*\***

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Application Received on: \_\_\_\_\_ By: \_\_\_\_\_

This applicant: Received an interview Did not receive an interview

Notification of Application Status sent on: \_\_\_\_\_ Via: \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

Hiring Date: \_\_\_\_\_

Start Date: \_\_\_\_\_

Position: \_\_\_\_\_

Department: \_\_\_\_\_