



TOWN OF AUBURN
EMPLOYMENT APPLICATION
104 CENTRAL ST. AUBURN, MA 01501
An equal opportunity employer

PERSONAL INFORMATION

Name _____
(Last) (First) (Middle)

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

Previous Addresses within the last 10 years:

(Street) (City) (State) (Zip)

(Street) (City) (State) (Zip)

(Street) (City) (State) (Zip)

Daytime Phone No. ____ - ____ - ____ Alternative Phone No. ____ - ____ - ____

Email Address _____

What is the best way to contact you? _____

Social Security Number ____ - ____ - ____

Driver's License Number _____ State _____ Expiration Date _____

Are you a citizen of the United States? Yes No

Military Status _____

EDUCATION

Name of School / University Degree / Diploma

School Address City State/Zip Phone#

Name of School / University Degree / Diploma

School Address City State/Zip Phone#

Name of School / University Degree / Diploma

School Address City State/Zip Phone#

Name of School / University Degree / Diploma

School Address City State/Zip Phone#

EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)

1. Name of Employer _____

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

Position Held _____

Supervisor Name and Title _____

Employed: From _____ To _____
Month/ Year Month/Year

Work Performed:

Reason for leaving (Excluding Medical): _____

May we contact this employer? Yes No

2. Name of Employer _____

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

Position Held _____

Supervisor Name and Title _____

Employed: From _____ To _____
Month/ Year Month/Year

Work Performed:

Reason for leaving (Excluding Medical): _____

May we contact this employer? Yes No

3. Name of Employer _____

Address _____

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

Position Held _____

Supervisor Name and Title _____

Employed: From _____ To _____
Month/ Year Month/Year

Work Performed:

Reason for leaving (Excluding Medical): _____

May we contact this employer? Yes No

REFERENCES:

**Please include at least two professional references*

Name: _____
(Last) (First) (Middle)

Relationship: _____

Home Phone: _____ - _____ - _____ Daytime Phone: _____ - _____ - _____

Email Address: _____

Best time to contact: _____

Best way to contact: Email Phone

Name: _____
(Last) (First) (Middle)

Relationship: _____

Home Phone: _____ - _____ - _____ Daytime Phone: _____ - _____ - _____

Email Address: _____

Best time to contact: _____

Best way to contact: Email Phone

Name: _____
(Last) (First) (Middle)

Relationship: _____

Home Phone: _____ - _____ - _____ Daytime Phone: _____ - _____ - _____

Email Address: _____

Best time to contact: _____

Best way to contact: Email 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 _____

PLEASE ATTACH THE FOLLOWING:

- Cover letter
- Resume
- Copy of College Transcript (if applicable)
- Copy of any certifications / licensure (if applicable)
- Recommendation Letters (Optional)