



# City of Somerville Employment Application

In compliance with Federal and State Equal Employment Laws, Equal opportunity will be afforded to all applicants regardless of race, color, sex, age, religious creed, disability, national origin, ancestry, sexual orientation, marital status, military status or any other legally protected status. It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

PLEASE PRINT ALL INFORMATION ON BOTH SIDES OF THIS APPLICATION, PLEASE ATTACH A RESUME, IF AVAILABLE			
<b>Date of Application:</b>		<b>Name (please print):</b>	
<b>Address: Street</b>		<b>City</b>	<b>State      Zip Code</b>
<b>Home Phone:</b>		<b>Cell Phone:</b>	<b>Alternate Phone:</b>
<b>Social Security Number:</b>		<b>E-mail address:</b>	
<b>How were you referred to the City?</b>			
<b>Have you ever been employed here before? If yes, when?</b>		<b>On what date would you be available for work?</b>	
<b>Are you employed now?</b>		<b>May we contact your present employer?</b>	
<b>Are you under 18 years of age?</b>	<b>If yes, state your age:</b>	<b>Have you filed an application here before? If yes, Date?</b>	
<b>Are you on a lay-off and subject to recall?</b>		<b>Are you legally authorized to work in the U. S.?</b>	
<b>Have you been convicted of a felony within the last 5 years?</b>			
<b>Have you been convicted of a felony within the last 5 years other than a first conviction for drunkenness, simple assault, affray, speeding, a minor traffic violation or disturbance of the peace? (Conviction will not necessarily disqualify applicant from employment.)</b>			
<b>If yes, please explain</b>			
<b>Veteran of the U.S. Military service?</b>	<b>Type of discharge &amp; date?</b>	<b>Are you currently active?</b>	

Last Name:

First Name:

Position applied for:

Indicate languages you speak, read, and/or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

Give name, address and telephone number of three references that are not related to you.

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**Education**

School	Name	Course of Study	Years Completed	Did you Graduate?	Diploma or Degree
High School or Equivalent			1 2 3 4	Yes No	
College or University			1 2 3 4	Yes No	
Graduate School			1 2 3 4	Yes No	
Other			1 2 3 4	Yes No	
Additional training or skills (Computer, special license)					
Professional Affiliations					

Have you ever been terminated or asked to resign from a job? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

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How many days have you lost from work or school due to illness during the past five years? \_\_\_\_\_

State any additional information you feel may be helpful to us in considering your employment.

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

## Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names that indicate race, color, religion, gender, national origin, handicap or other protected status.

<b>Employer</b>	<b>Telephone #</b>	<b>Dates Employed</b>		<b>Work Performed</b>
Address		From	To	
Job Title		<b>Hourly Rate/Salary</b>		
Supervisor		Starting	Final	
Reason for Leaving				
<b>Employer</b>	<b>Telephone #</b>	<b>Dates Employed</b>		
Address		From	To	
Job Title		<b>Hourly Rate/Salary</b>		
Supervisor		Starting	Final	
Reason for Leaving				
<b>Employer</b>	<b>Telephone #</b>	<b>Dates Employed</b>		
Address		From	To	
Job Title		<b>Hourly Rate/Salary</b>		
Supervisor		Starting	Final	
Reason for Leaving				
<b>Employer</b>	<b>Telephone #</b>	<b>Dates Employed</b>		
Address		From	To	
Job Title		<b>Hourly Rate/Salary</b>		
Supervisor		Starting	Final	
Reason for Leaving				

**If you need additional space, please continue on a separate sheet of paper.**

**Special Skills and Qualifications:**

Summarize special skills and qualifications acquired from employment or other experience.

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

**Applicant's Statement**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. The applicant understands that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR PERSONNEL DEPARTMENT USE ONLY**

Position(s) applied for is open:

Position(s) considered for: \_\_\_\_\_  
\_\_\_\_\_

**Notes:**

