



# City of Somerville

## EMPLOYMENT APPLICATION

### An Equal Opportunity/Affirmative Action Employer

In compliance with the Federal and State 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 AND ATTACH A RESUME, IF AVAILABLE.**

**PERSONAL DATA**

Last Name		First Name		Middle Initial	
Home Address - Number & Street			City	State	Zip Code
Home Phone (Area Code + Number) (     )		Cell Phone (Area Code + Number) (     )		E-Mail Address	
Position Desired			How were you referred to the City?		
Availability (Please "X" all days/shifts you are available to work) <b>Days:</b> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> <b>Shifts:</b> Day <input type="checkbox"/> Evening <input type="checkbox"/> Overnight <input type="checkbox"/>					
Have you ever been employed by the City of Somerville?    Yes <input type="checkbox"/> No <input type="checkbox"/>			Do you have any relatives working for the City of Somerville? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Name of Employee(s):		
Are you under 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>			If yes, state your age		
Are you legally authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Veteran of the U.S. Military Service Yes <input type="checkbox"/> No <input type="checkbox"/>		Type of Discharge & Date		Are you currently active? Yes <input type="checkbox"/> No <input type="checkbox"/>	

**EDUCATION/QUALIFICATIONS**

School	Name	Course of Study	Years Completed	Diploma or Degree
High School or Equivalent			1 2 3 4	
College or University			1 2 3 4	
Graduate School			1 2 3 4	
Other			1 2 3 4	
Additional Training or Skills (Computer, Special License, Language Fluency)				
Professional Affiliations				

**EMPLOYMENT HISTORY**

Please list your most recent position first and account for all periods of time. You may include volunteer, internship, or military experience. If you have a resume, you may attach it and leave this section blank.

May we contact your current employer?      Yes     No

Employer		Job Title	
City, State	Dates Employed		
	From	To	
Supervisor		Phone (Area Code + Number) (      )	
Reason for Leaving		Work Performed	

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City, State	Dates Employed		
	From	To	
Supervisor		Phone (Area Code + Number) (      )	
Reason for Leaving		Work Performed	

Employer		Job Title	
City, State	Dates Employed		
	From	To	
Supervisor		Phone (Area Code + Number) (      )	
Reason for Leaving		Work Performed	

**PROFESSIONAL REFERENCES**

Please provide three professional references below

Name	Position	Relationship to you
Phone (Area Code + Number) (      )	Cell Phone (Area Code + Number) (      )	E-Mail Address

Name	Position	Relationship to you
Phone (Area Code + Number) (      )	Cell Phone (Area Code + Number) (      )	E-Mail Address

Name	Position	Relationship to you
Phone (Area Code + Number) (      )	Cell Phone (Area Code + Number) (      )	E-Mail Address

**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 the regulations of the employer.

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

# Applicant Data Record

As employers/governmental contractors, we comply with government regulations, including affirmative action responsibilities where they apply. Solely to help us comply with government record keeping, reporting and other legal requirements, we request that you please fill out the applicant Data Record. We appreciate your cooperation. This data is for periodic government reporting and will be kept in a **Confidential File** separate from the Application for Employment. **YOUR COOPERATION IS VOLUNTARY.**

(PLEASE PRINT)

DATE: \_\_\_\_\_

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

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Number Street City State Zip Code

## Voluntary Survey

Government agencies at times require periodic reports on the sex, ethnicity, handicapped, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only. **SUBMISSION OF INFORMATION IS VOLUNTARY.**

**Sex/Gender:** M  F  MTF  FTM

**Race/Ethnic Group:** White  Black  Hispanic

American Indian/Alaskan Native  Asian/Pacific Islander

**Check if any of the following are applicable:**

Vietnam Era Veteran  Disabled Veteran  Handicapped

Veteran