

Date of application: \_\_\_\_\_ Position applying for: \_\_\_\_\_

## City of Easthampton, Massachusetts **Application for Employment**

Instructions: Complete all sections (even if using a resume). Be sure to sign/date. Please Print!

How did you hear of job? \_\_\_\_\_ ad \_\_\_\_\_ posting \_\_\_\_\_ friend/relative \_\_\_\_\_ other

### Personal Information

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Expected wage: \_\_\_\_\_

If hired, can you provide proof of citizenship or legal right to work? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you under 18 years of age? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how old are you? \_\_\_\_\_

Have you ever been employed with the City before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when? \_\_\_\_\_ In what department? \_\_\_\_\_

Are you available to work? \_\_\_\_\_ full time \_\_\_\_\_ part time \_\_\_\_\_ other

If you were hired, when could you begin work? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please specify: \_\_\_\_\_

Have you been convicted of a misdemeanor in the last five years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes please specify: \_\_\_\_\_

Note: You are not required to furnish information for any offense listed in sealed records or first conviction for simple assault, speeding, minor traffic violations, or disturbance of the peace. Conviction will not be an absolute bar to employment

### Education

High School	<u>Name/Location</u>	<u>Course of Study</u>	<u>Graduate?</u>	<u>Degree/Date</u>
			____ Yes ____ No	
College			____ Yes ____ No	
Graduate School			____ Yes ____ No	
Other (Business, Technical, etc.)			____ Yes ____ No	

# Employment History

(List most current position first) (verifiable volunteer work may be included)

**#1**

Employer's name: \_\_\_\_\_ Ending salary: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Worked from: \_\_\_\_\_ To: \_\_\_\_\_

Immediate supervisor's name and title: \_\_\_\_\_

Describe the work you performed: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Check here id you do not want us to contact this employer

**#2**

Employer's name: \_\_\_\_\_ Ending salary: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Worked from: \_\_\_\_\_ To: \_\_\_\_\_

Immediate supervisor's name and title: \_\_\_\_\_

Describe the work you performed: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Check here id you do not want us to contact this employer

**#3**

Employer's name: \_\_\_\_\_ Ending salary: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Worked from: \_\_\_\_\_ To: \_\_\_\_\_

Immediate supervisor's name and title: \_\_\_\_\_

Describe the work you performed: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Check here id you do not want us to contact this employer

## #4

Employer's name: \_\_\_\_\_ Ending salary: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Worked from: \_\_\_\_\_ To: \_\_\_\_\_

Immediate supervisor's name and title: \_\_\_\_\_

Describe the work you performed: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Check here if you do not want us to contact this employer

## Special Skills

Describe any specialized training or job-related skills that you have that will help us evaluate your application for employment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Military History

Are you a veteran of the U.S. Armed Forces? \_\_\_\_\_ Yes \_\_\_\_\_ No      If yes, please complete this section.

So you qualify as a "Wartime Veteran"? \_\_\_\_\_ Yes \_\_\_\_\_ No

Branch: \_\_\_\_\_ Rank at discharge: \_\_\_\_\_

Discharge status: \_\_\_\_\_ Present military status: \_\_\_\_\_

Date of service: From: \_\_\_\_\_ To: \_\_\_\_\_

## Additional Information

### TO THE APPLICANT:

Answer the following questions only if you have seen a copy of the position's job description, including the essential functions of the position. Federal laws prohibit discrimination because of age, citizenship, disability, veteran's status, or participation in union activities.

After viewing a written job description, which includes the essential job functions of the position for which you are applying, are you able to perform each of the essential job functions listed for this position?

\_\_\_\_\_ Yes \_\_\_\_\_ No

**Professional References** (Do not include friends or family members.)

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

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Emergency Contact- Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Agreement**

The information provided in this application for employment is true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I must be available from We to time to work outside normal business hours as the needs of the department require. Further, if requested, I agree to take a physical examination, given by an appointed City physician, which may include testing for drugs or a psychological examination, as required, and recognize that any offer of employment may be contingent upon the results of such an examination I understand that any employment offer by the City is conditional upon my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986.

I understand that nothing contained in this application or in the granting of an interview is intended to create a contact between me and the City for either employment or the provision of any benefits; and further understand that if an employment relationship is subsequently established, I will have the right to terminate my employment at any time and the City will have a similar right.

I authorize investigation of all statements contained in this application and the release of any pertinent information regarding my education, past employment history, and background.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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.

----- **Do Not Write Below This Line** -----

Date	Interviewer	Comments

Action taken: \_\_\_\_\_

***Eastmapton is an Equal Opportunity Employer***