



APPLICATION INCLUDES CORI REQUEST FORM – MUST COMPLETE ALL PAGES

Name: _____ SS#: _____
First Middle Last

Address: _____ Tel#: _____
Street # Street Name City State Zip

When will you be available to begin work? _____

Have you ever been employed by the City of Haverhill? _____ (If yes, please list below dates and position(s) held)

From: _____ To: _____ Position: _____
 From: _____ To: _____ Position: _____

Have you ever had First Aid Training? (please indicate when) _____

Have you ever had CPR training? (please indicate when) _____

**NOTE: THIS APPLICATION DOES NOT SIGNIFY THAT THERE WILL BE OPENINGS.
 THIS IS ONLY IN ANTICIPATION OF SUCH OPENINGS.**

<p>PLEASE CHECK (✓) POSITION(S) DESIRED (ANTICIPATED OPENINGS)</p> <p><input type="checkbox"/> Laborer (16 yrs or older)</p> <p><input type="checkbox"/> Asst. Supervisor (Must be 18 yrs or older)</p> <p><input type="checkbox"/> Youth Supervisor (18 yrs or older)</p> <p><input type="checkbox"/> Lifeguard (Must have certificate)</p> <p><input type="checkbox"/> Head Lifeguard (Certified Lifeguard at least 21 yrs of age)</p> <p><input type="checkbox"/> Waterfront Director</p>	<p>PLEASE CHECK (✓) POSITION(S) DESIRED (ANTICIPATED OPENINGS)</p> <p><input type="checkbox"/> Tennis Instructor</p> <p><input type="checkbox"/> Recreation Camp Director (Must be Certified Teacher)</p> <p><input type="checkbox"/> Assistant Camp Director (Must be Certified Teacher)</p> <p><input type="checkbox"/> Teacher Support Personnel (Must be ESP, Bachelor's Degree or Teacher Certified)</p> <p><input type="checkbox"/> Clerical</p>
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List experience with children and/or course related studies (for **Recreation** positions):

EXPERIENCE

Employer/Tel#	Dates Employed	Reason for leaving
_____	_____	_____
Employer/Tel#	Dates Employed	Reason for leaving
_____	_____	_____

COURSE RELATED STUDIES

Title:	School	Date	Did you pass the course?
_____	_____	_____	_____
Title:	School	Date	Did you pass the course?
_____	_____	_____	_____

SCHOOLING

Name/Location of School	Course of Study	#Yrs Completed	Did you graduate?	Degree/Diploma
_____	_____	_____	_____	_____
Name/Location of School	Course of Study	#Yrs Completed	Did you graduate?	Degree/Diploma
_____	_____	_____	_____	_____

Return application to: HUMAN RESOURCES DEPARTMENT, City Hall, 4 Summer Street, Room #306, Haverhill, MA 01830

BACKGROUND AUTHORIZATION

Name of Applicant: _____

Position Desired: _____

PLEASE LIST AT LEAST TWO (2) WORK RELATED OR PERSONAL REFERENCES.

1) Company: _____

Supervisor: _____

Address: _____

Telephone#: _____

Email: _____

2) Company: _____

Supervisor: _____

Address: _____

Telephone#: _____

Email: _____

3) Company: _____

Supervisor: _____

Address: _____

Telephone#: _____

Email: _____

Signature: _____ Date: _____

In lieu of an actual signature, by submitting this online application I hereby acknowledge that the statements and information furnished by me in this application are true and complete. I understand that I will be subject to immediate dismissal or refusal to hire if at any time the City of Haverhill discovers any falsification, omission, or misrepresentation of fact(s) in this application.



Haverhill

Human Resources Department, Room 306
Denise McClanahan, HR Director -dmccclanahan@cityofhaverhill.com
Sheila Pelczar, HR Technician -spelczar@cityofhaverhill.com
HR: (978) 374-2357 - Benefits: (978) 374-2311 - Fax: (978) 374-2343

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT,
VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES

The City of Haverhill is recognized under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the **CITY OF HAVERHILL** to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the **CITY OF HAVERHILL** with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER AND LICENSING PURPOSES ONLY: The **CITY OF HAVERHILL** may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the **CITY OF HAVERHILL** must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on the backside of this Acknowledgement Form is true and accurate.

Signature

Date

SUBJECT INFORMATION:

LAST NAME FIRST NAME MIDDLE NAME SUFFIX

Maiden Name (or other name(s) by which you have been known)

DATE OF BIRTH PLACE OF BIRTH LAST SIX DIGITS OF SSN

SEX: _____ HEIGHT: ____ ft. ____ in. EYE COLOR: _____ RACE: _____

DRIVER'S LICENSE OR ID NUMBER: _____ STATE OF ISSUE: _____

MOTHER'S MAIDEN NAME FATHER'S FULL NAME

CURRENT AND FORMER ADDRESSES:

STREET NUMBER & NAME CITY/TOWN STATE ZIP

STREET NUMBER & NAME CITY/TOWN STATE ZIP

STREET NUMBER & NAME CITY/TOWN STATE ZIP

The above information was verified by reviewing the following forms(s) of government issued identification:

VERIFIED BY:

Name of Verifying Employee (Please Print)

Signature of Verifying Employee