

# Winter Application City of Haverhill



Name: \_\_\_\_\_  
First Last Email

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.**

**PLEASE CHECK (✓) POSITION(S) DESIRED  
 (ANTICIPATED OPENINGS)**

☐ Park Ambassador **\$16-\$18**

EMPLOYMENT HISTORY		
Employer/Tel#	Dates Employed	Reason for leaving
Employer/Tel#	Dates Employed	Reason for leaving
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**Return application to: HUMAN RESOURCES DEPARTMENT, City Hall, 4 Summer Street, Room #306, Haverhill, MA 01830**  
 (OVER) → SIDE 1 OF 2

## **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.