



CITY OF HAVERHILL EMPLOYMENT APPLICATION FULL-TIME & PART-TIME

Prospective employees will receive consideration without discrimination because of race, sex, color, pregnancy, religion, national origin, sexual orientation, disability, age, veteran status or any other class protected by federal or state law.

I. PERSONAL INFORMATION (PLEASE PRINT)

FIRST NAME	LAST NAME	MIDDLE INITIAL		
ADDRESS	CITY	STATE	ZIP	
HOME PHONE #	CELL PHONE #	EMAIL ADDRESS		
Have you been employed by the City of Haverhill? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please list date(s) and department(s): _____				
Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(Proof of citizenship or immigration status will be required upon employment)				

II. INTERESTED POSITION (Multiple positions will require separate applications)

<u>Position Title</u>	<u>Job #</u>	<u>Date Available</u>

III. EDUCATION

HIGH SCHOOL NAME	ADDRESS	<input type="checkbox"/> Yes <input type="checkbox"/> No	GRADUATE?	DATES FROM /TO	DEGREE/DIPLOMA
COLLEGE	ADDRESS	<input type="checkbox"/> Yes <input type="checkbox"/> No	GRADUATE?	DATES FROM /TO	DEGREE/DIPLOMA
OTHER SCHOOLS	ADDRESS	<input type="checkbox"/> Yes <input type="checkbox"/> No	GRADUATE?	DATES FROM /TO	DEGREE/DIPLOMA

IV. MILITARY SERVICE

Have you ever served in the Armed Forces of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes (must provide copy of DD-214 with initial application), what branch and what dates? _____
Briefly describe your duties: _____		
Current duty status and/or type of discharge: _____		

V. DRIVER'S LICENSE

Some positions require a valid Massachusetts Driver's License. If you wish to be considered for such a job, please complete this section.	
Do you have a valid Massachusetts Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what class? _____	
List other types of valid license(s): _____	

VI. EMPLOYMENT HISTORY

Account for at least the past 10 years including periods of unemployment and/or military. Start with your **current** employer. Include full-time and part-time employment. Attach additional sheets if necessary. You may include volunteer work experience. Please explain any gaps in your employment history.

COMPANY NAME	TELEPHONE #:		
ADDRESS	CITY	STATE	ZIP
JOB TITLE AND DUTIES		FROM	TO
NAME OF SUPERVISOR	REASON FOR LEAVING		

COMPANY NAME	TELEPHONE #:		
ADDRESS	CITY	STATE	ZIP
JOB TITLE AND DUTIES		FROM	TO
NAME OF SUPERVISOR	REASON FOR LEAVING		

COMPANY NAME	TELEPHONE #:		
ADDRESS	CITY	STATE	ZIP
JOB TITLE AND DUTIES		FROM	TO
NAME OF SUPERVISOR	REASON FOR LEAVING		

COMPANY NAME	TELEPHONE #:		
ADDRESS	CITY	STATE	ZIP
JOB TITLE AND DUTIES		FROM	TO
NAME OF SUPERVISOR	REASON FOR LEAVING		

May we contact your present employer? ☐ Yes ☐ No

VII. SPECIAL SKILLS

Computer/Office Skills Please indicate level - Basic/Intermediate/Expert		Special Licenses (for Laborer positions)	Y or N
Microsoft Word		CDL License	
Microsoft Excel		Hoisting License	
Microsoft Access		HAZ MAT Endorsement	
Microsoft Outlook			
Typing skills		Other skills	
Computer use			
Internet use			
Other:			

VIII. REFERRAL

How were you referred to us? (Check all that apply):

Newspaper Ad ☐ School ☐ Current Employer ☐ City Employee ☐ Agency ☐ Other ☐ Website ☐

READ CAREFULLY BEFORE SIGNING

1. I understand that receipt of this application does not imply that I will be employed by the City of Haverhill.
2. 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 in this application.
3. I authorize the City of Haverhill to conduct a background inquiry to verify the statements and information on this application, other documentation that I have provided, and other areas that may include prior employment, consumer credit, criminal convictions, motor vehicle history, and other reports. I authorize all previous employers or other persons who have knowledge of me, or my records, to release such information to the City of Haverhill. I hereby release any individual, agency and the City of Haverhill from all claims or liabilities whatever that may arise from the disclosure of such information.

My signature certifies that I have read and agree with the statements above.

Signature

Date

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

REFERENCE FORM

Name of Applicant: _____

Position Desired: _____

YOU MUST PROVIDE AT LEAST TWO WORK-RELATED REFERENCES.

Dept. Head /Interviewer
(Indicate ref. reached)

1. Company: _____ ☐

Supervisor: _____

Address: _____

Telephone #: _____

Email: _____

2. Company: _____ ☐

Supervisor: _____

Address: _____

Telephone #: _____

Email: _____

3. Company: _____ ☐

Supervisor: _____

Address: _____

Telephone #: _____

Email: _____

4. Company: _____ ☐

Supervisor: _____

Address: _____

Telephone #: _____

Email: _____