



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	SOCIAL SECURITY #
ADDRESS	CITY	STATE	ZIP
HOME TELEPHONE #		OTHER TELEPHONE#	
In Case of Emergency, please contact:			
FIRST NAME		LAST NAME	TELEPHONE#
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			
<small>(Proof of citizenship or immigration status will be required upon employment)</small>			

II. INTERESTED POSITION(S)

<u>Position(s)</u>	<u>Minimum Salary Requirement</u>	<u>Date Available</u>	<u>FT/PT</u>

III. EDUCATION

HIGH SCHOOL	NAME & ADDRESS	<input type="checkbox"/> Yes <input type="checkbox"/> No GRADUATE?	DATES FROM /TO	DEGREE/DIPLOMA
COLLEGE	NAME & ADDRESS	<input type="checkbox"/> Yes <input type="checkbox"/> No GRADUATE?	DATES FROM /TO	DEGREE/DIPLOMA
OTHER SCHOOLS	NAME & 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.? Yes No If Yes (provide copy of DD-214), 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? Yes No If Yes, what class? _____

List other types of valid license(s): _____

The City of Haverhill is An Equal Opportunity Employer

Scanned Entered/BS
 Date _____
 Done by _____

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.

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

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

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

May we contact your present employer? Yes No

VII. CRIMINAL RECORD

An applicant for employment with: 1) a sealed record on file with the Commissioner of Probation or 2) with prior arrests, court appearances, and adjudications in cases of delinquency or child in need of services, which did not result in a complaint to Superior Court for criminal prosecution, may answer "No Record".

Have you ever been convicted of a felony? Yes No If yes, give details: _____

Within the last five years have you been convicted of a misdemeanor which was not a first conviction of drunkenness, simple assault, speeding, a minor traffic violation, an affray or disturbing the peace?

Yes No If yes, give details: _____

Have you completed a period of incarceration within the past five years for any misdemeanor which was not a first conviction of drunkenness, simple assault, speeding, a minor traffic violation, an affray or disturbing the peace?

Yes No If yes, give details: _____

VIII. SPECIAL SKILLS

List any special skills/training/certifications you have:

IX. 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.

OFFICE USE ONLY	
Date application received	
Screened by	
Selected for initial interview	
Selected for further interview	

BACKGROUND AUTHORIZATION FORM

Name of Applicant: _____

Position Desired: _____

Please list at least two work related references.

Dept. Head
(Indicate ref. was reached)

1. Company: _____

Supervisor: _____

Address: _____

Telephone #: _____

Email: _____

2. Company: _____

Supervisor: _____

Address: _____

Telephone #: _____

Email: _____

3. Company: _____

Supervisor: _____

Address: _____

Telephone #: _____

Email: _____

I hereby authorize the City of Haverhill to contact any school, former/current place of employment, and/or people who may aid the City of Haverhill in determining my suitability for employment. Additionally, I authorize the City of Haverhill to do a Police Background Check and release those contacted from all liability whatsoever of issuing the requested information. I also understand that I must submit to a pre-employment physical to determine whether I am able to perform the essential functions of the position applied for (if applicable). I understand that the pre-employment physical will also consist of drug & alcohol testing.

Date of Birth: _____

Social Security #: _____

Signature: _____

Date: _____