



City of Marlborough
140 Main Street
Marlborough, Massachusetts 01752
APPLICATION FOR EMPLOYMENT

Dept. Use Only:

CDL: _____
 Hoisting: _____

IMPORTANT – VARIOUS FEDERAL AND STATE LAWS PROHIBIT DISCRIMINATION OF AGE, SEX, RACE, COLOR, RELIGIOUS CREED, NATIONAL ORIGIN, MARITAL STATUS OR ANCESTRY COMPLETING THE APPLICATION FORM. PLEASE EXCLUDE ANY INFORMATION THE CHARACTER OF WHICH INDICATES THE AGE, RACE, COLOR, RELIGIOUS CREED, NATIONAL ORIGIN OR ANCESTRY OF THE APPLICANT. PERSONS EMPLOYED MAY BE REQUIRED TO PROVIDE VERIFICATION OF INFORMATION REPORTED ON THIS FORM. THIS APPLICATION WILL BE GIVEN EVERY CONSIDERATION. HOWEVER, ITS RECEIPT DOES NOT IMPLY THAT THE APPLICANT WILL BE EMPLOYED.

Please print clearly and answer all questions

PERSONAL INFORMATION

NAME: _____ SOCIAL SECURITY NO.: _____ DATE AVAILABLE: _____

PRESENT ADDRESS: _____ PHONE NUMBER: _____
 PHONE NUMBER: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE NUMBER: _____

PERMANENT (IF DIFFERENT THAN) ADDRESS (PREVIOUS ADDRESS): _____ PHONE NUMBER: _____

IF YOU CANNOT BE REACHED AT THE ABOVE NUMBER, WHERE MAY WE CONTACT YOU?: _____ NAME OF THE PERSON: _____

EMPLOYMENT DESIRED

NOTE: ALL APPLICATIONS FOR THE DEPARTMENT OF PUBLIC WORKS MUST BE ACCOMPANIED BY COPIES OF CURRENT CDL AND HOISTING LICENSES.

TYPE OF WORK DESIRED?: _____ WILL YOU ACCEPT EMPLOYMENT OF: _____ FULL TIME? _____ PART TIME? _____

HOW WERE YOU REFERRED FOR EMPLOYMENT?: _____ ARE YOU 18 YRS. OF AGE OR OLDER? _____ ARE YOU EMPLOYED NOW? _____

MAY WE CONTACT YOUR PRESENT EMPLOYER? _____ YES? _____ IF NO, WHY? _____

IF INFORMATION IS PROVIDED WITHIN A RESUME, PLEASE NOTE IN THE APPLICABLE SECTION TO REFER TO RESUME.

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED 8 9 10 11 12 13 14 15 16 SCHOLASTIC HONORS RECEIVED: _____

	NAME OF SCHOOL	LOCATION (CITY, STATE)	AREA OF CONCENTRATION	DIPLOMA, DEGREE OR CERTIFICATE RECEIVED
GRAMMAR OR GRADE SCHOOL				
HIGH SCHOOL				
COLLEGE				
NURSING EDUCATION				
OTHER EDUCATION				

EXTRACURRICULAR ACTIVITIES WHILE IN SCHOOL: _____

PROFESSIONAL MEMBERSHIPS: _____

HONORS RECEIVED, VOLUNTEER (MGL c. 149, § 52B) OR COMMUNITY SERVICE OR OTHER QUALIFICATIONS YOU HAVE WHICH YOU FEEL ARE RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING: _____

HAVE YOU EVER BEEN IN THE U.S. ARMED FORCES? _____ WHAT IS YOUR PRESENT SELECTIVE SERVICE CLASSIFICATION? _____ ARE YOU PRESENTLY A MEMBER OF RESERVES OR NATIONAL GUARD? _____ IF SO, WHEN IS YOUR ENLISTMENT UP? _____

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

TYPE: _____	ORGANIZATION OR STATE ISSUED: _____	DATE ISSUED: _____	VERIF.
TYPE: _____	ORGANIZATION OR STATE ISSUED: _____	DATE ISSUED: _____	VERIF.

LIST LAST OR PRESENT POSITION FIRST

PRESENT AND FORMER EMPLOYERS	DATES EMPLOYED	SALARY RANGE	POSITION & DUTIES	REASON FOR LEAVING
NAME: _____	FROM	STARTING		
ADDRESS: _____				
SUPERVISOR'S NAME: _____ PHONE: _____	TO	ENDING		
NAME: _____	FROM	STARTING		
ADDRESS: _____				
SUPERVISOR'S NAME: _____ PHONE: _____	TO	ENDING		
NAME: _____	FROM	STARTING		
ADDRESS: _____				
SUPERVISOR'S NAME: _____ PHONE: _____	TO	ENDING		
NAME: _____	FROM	STARTING		
ADDRESS: _____				
SUPERVISOR'S NAME: _____ PHONE: _____	TO	ENDING		

PLEASE EXPLAIN ALL PERIODS OF UNEMPLOYMENT: _____

DO YOU CONSIDER YOURSELF ABLE TO PERFORM ALL OF THE DUTIES REQUIRED BY THE JOB(S) FOR WHICH YOU ARE MAKING APPLICATION WITHOUT ENDANGERING YOURSELF, OTHER EMPLOYEES OR CITIZENS? YES: _____ NO: _____

IF NO, PLEASE EXPLAIN: _____

IF YOUR FORMER EMPLOYMENT REFERENCES, EDUCATION OR MILITARY SERVICE ARE UNDER A NAME OTHER THAN INDICATED ON FRONT OF APPLICATION, PLEASE INDICATE BELOW:

MIDDLE LAST: _____ FIRST: _____ INITIAL: _____

I AUTHORIZE THE INVESTIGATION OF MY REFERENCES AND RELEASE THE CITY OF MARLBOROUGH FROM ANY AND ALL LIABILITY RESULTING FROM SUCH INVESTIGATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF REQUESTED INFORMATION IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND THAT EMPLOYMENT, IF OFFERED PRIOR TO RECEIPT OF REFERENCES AND PRE-EMPLOYMENT MEDICAL CLEARANCE, WILL BE CONDITIONAL UNTIL THESE REPORTS ARE SATISFACTORILY COMPLETED. I ALSO UNDERSTAND THAT THIS EMPLOYMENT APPLICATION AND OTHER CITY DOCUMENTS ARE NOT CONTRACTS OF EMPLOYMENT AND THAT ANY INDIVIDUAL WHO IS HIRED MAY VOLUNTARILY LEAVE EMPLOYMENT UPON PROPER NOTICE AND MAY BE TERMINATED BY THE EMPLOYER AT ANY TIME FOR ANY REASON.

DATE SIGNED

"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."
MGL Ch.149, Section 19B