



City of Marlborough:
140 Main Street
Marlborough, Massachusetts 01752

2017 APPLICATION FOR SEASONAL EMPLOYMENT

PLEASE READ BEFORE COMPLETING FORM:

The City of Marlborough does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, handicap, veteran status, gender or age. No question in this application is intended to secure information to be used for such discrimination.

PLEASE PRINT. All questions should be answered clearly, completely, accurately and neatly in your own handwriting. If you need more space, please attach a separate sheet. Return entire completed and signed application to the Human Resources Department of City Hall, 140 Main Street, Marlborough, MA 01752. If you should have any questions regarding this form, please contact the Human Resources Department at 508-460-3705.

PERSONAL INFORMATION

NAME: _____

CURRENT ADDRESS: _____ PHONE NUMBER: _____

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

PERMANENT ADDRESS
(IF DIFFERENT FROM CURRENT ADDRESS): _____

EMAIL: _____

PLEASE CHECK ONE OF THE FOLLOWING:

- ☐ I AM A NEW APPLICANT
HOW WERE YOU REFERRED TO US? _____
- ☐ I AM RE-APPLYING

DO YOU HAVE ANY RELATIVES WORKING FOR THE CITY OF MARLBOROUGH? IF YES, PLEASE LIST THEIR NAME(S) AND RELATIONSHIP TO YOU: _____

OPTIONAL: IF YOU HAVE A RESUME, PLEASE ATTACH IT TO THIS APPLICATION.

2017 APPLICATION FOR SEASONAL EMPLOYMENT
(Continued)

EMPLOYMENT DESIRED

PLEASE CHECK THE BOX(ES) WHICH APPLY TO YOU:

☐ SUMMER (**DEADLINE IS APRIL 1, 2017**)

DATES AVAILABLE: _____

☐ WINTER (**DEADLINE IS NOVEMBER 1, 2017**)

DATES AVAILABLE: _____

TYPE OF WORK DESIRED? _____

AGE (CHECK ONE)

____ At least 14 years but not yet 16

SECOND CHOICE: _____

____ Between 16 and 18 years old

DATE AVAILABLE: _____

____ 18 years old or older

EDUCATION

SCHOOL/COLLEGE CURRENTLY ATTENDING: _____ CURRENT GRADE: _____

SCHOOL/COLLEGE ATTENDING IN FALL: _____ GRADE IN FALL _____

EXTRACURRICULAR ACTIVITIES WHILE IN SCHOOL: _____

HONORS RECEIVED, VOLUNTEER OR COMMUNITY SERVICE OR OTHER QUALIFICATIONS YOU HAVE WHICH YOU FEEL ARE RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING (IE: CPR, FIRST AID, ETC.) _____

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.

PLEASE NOTE: THESE SEASONAL POSITIONS ARE NON-SMOKING.

SIGNATURE

DATE

Please return this ORIGINAL 4-page document to:

**Human Resources Department
City of Marlborough
140 Main Street
Marlborough, MA 01752**



City of Marlborough:
140 Main Street
Marlborough, Massachusetts 01752

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

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

The **City of Marlborough** is registered 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, and current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant, or current licensee, 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 Marlborough** 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 Marlborough** with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The **City of Marlborough** may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that **City of Marlborough** 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 Page 4 of this Acknowledgement Form is true and accurate.

APPLICANT SIGNATURE

POSITION APPLYING FOR

TODAY'S DATE



City of Marlborough:
140 Main Street
Marlborough, Massachusetts 01752

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
APPLICATION FORM**

PLEASE PRINT

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR OTHER NAME(S) BY WHICH YOU HAVE BEEN KNOWN)

DATE OF BIRTH

PLACE OF BIRTH

SOCIAL SECURITY NUMBER (Last Six Numbers Only - Required): _____ XXX --- -- _____

SEX: _____ MALE _____ FEMALE

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

FOR HUMAN RESOURCES DEPARTMENT:

THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM(S) OF GOVERNMENT ISSUED IDENTIFICATION:

REQUESTED BY: _____

SIGNATURE OF CORI AUTHORIZED EMPLOYEE

PRINT NAME: _____