



CITY OF EVERETT, MASSACHUSETTS

484 Broadway Everett, MA 02149

An Equal Opportunity/Affirmative Action Employer

PERSONAL DATA Please **print** answers, if not applicable write N/A in blank. Additional sheets will be provided if needed.

Name (Last, First, Middle)		Date	Email Address	
Address (Street, City, State, Zip)			Telephone Number	
Are you a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, do you have authorization to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you have a valid Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, what Class? A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D (auto) <input type="checkbox"/>		Have you taken any Civil Service Exams? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Civil Service Exams taken:				
If related to anyone employed by the City of Everett, give name, relationship and department:				
In case of emergency notify (name, address, phone):			Home Number:	
			Mobile Number:	

JOB INTEREST/AVAILABILITY

Position(s) desired:	Application is for: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <input type="checkbox"/>
How were you referred to the City of Everett? Advertisement _____ Referral _____ Walk-in _____ Other _____	

EDUCATION RECORD

High School/Vocational School (City, State, Zip)	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Course	
College (City, State, Zip)	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Major	Degree
Graduate School/Additional Schooling (City, State, Zip)	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Field	Degree
Please list languages, computer skills, typing skills etc.:			
Please list any specialized licenses, training and/or certifications, etc.:			

EMPLOYMENT RECORD (List most recent position first, you may include unpaid experience)

Have you ever been, or are you currently employed by the City of Everett or any other city, town, county, state or U.S. Government? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, by whom were you employed?		When? From: _____ To: _____	
Employer's Name	City, State, Zip	Dates Employed From: _____ To: _____	Position		
Briefly describe your responsibilities:					
Reason for leaving	Supervisor	Telephone	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Employer's Name	City, State, Zip	Dates Employed From: _____ To: _____	Position		
Briefly describe your responsibilities:					
Reason for leaving	Supervisor	Telephone	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Employer's Name	City, State, Zip	Dates Employed From: _____ To: _____	Position		
Briefly describe your responsibilities:					
Reason for Leaving	Supervisor	Telephone	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		

READ CAREFULLY BEFORE SIGNING: I understand that permanent employment depends upon the result of satisfactory replies from my references, a favorable report of my physical examination, the completion of a probationary period and a Civil Service appointment if applicable. I hereby authorize the City of Everett to contact any of my previous employers or to contact schools, companies, credit bureaus, corporations, law enforcement agencies, persons and educational institutions to supply information concerning my background. I also hereby release any of the above from any liability and responsibility arising from their doing so.

I hereby also give my permission, as a condition of employment or a part of my duties relating to employment for the release of all appropriate background information regarding my credit history, criminal record history, driving history or other sources of information which is permissible by all governing laws pertaining to employment, insurance or credit history. I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

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. M.G.L. C.149 S. 19B

Date _____ Applicant's Signature _____