

Phone: 978-620-3060 **Fax:** 978-722-9130

APPLICATION FOR EMPLOYMENT

The City of Lawrence is an equal opportunity employer. We are committed to a policy of non-discrimination in our programs, activities and employment practices. Applicants are considered for all position without regard to race, color, religion, sex, sexual orientation, national origin, age, marital or veteran status, disability (ies) or any other legally protected status. Criminal backgrounds check (CORI) and drug screen will be conducted on applicants who have received a conditional offer of employment. A CORI will not be submitted on an applicant until a job offer has been made and continued employment with the agency is contingent upon a favorable CORI check result.

PERSONAL INFORMATION		TODAY'S DATE
Name(Last)	(First)	(Middle
Address		
(Number and Street) (City/State)	(Zip Code)
Telephone Number	Email Addres	SS
Position(s) Applied For		
How did you learn of this opening? No		
Jo	b Posting \square Internet \square (W	hich Site)
Date Available to Work?	By Whom Were You	Referred?
Do you owe any real estate, water or e	excise taxes to the City of Law	rence? Yes D No D
Do you have any outstanding Parking	Tickets owed to the City of La	wrence? Yes \square No \square
Names & Departments of any relatives	s employed by the City	
Have you ever worked for the City? Y	es No If Yes, Wher	e?
Position Dat	e of Employment	Reason for leaving
Are you authorized to work in the Unite Proof of citizenship or immigration status will be		Yes No No
If employed and you are under 18, car	you furnish a work permit?	Yes ☐ No ☐
Are you a veteran of U.S. Armed Force	es?	Yes ☐ No ☐
If Yes, Branch and dates of service:		



EMPLOYMENT EXPERIENCE

Start with your present or last job. You may include any verified work such as military service assignments and volunteer activities.

Employer	Dates Employed		
Address	Job Title		
Work Performed			
Supervisor	Reason for Leaving		
Employer	Dates Employed		
Address	Job Title		
Work Performed			
Supervisor	Reason for Leaving		
Employer	Dates Employed		
Address	Job Title		
Work Performed			
Supervisor	Reason for Leaving		
	D		
Employer			
Address			
Work Performed			
Supervisor	Reason for Leaving		

If you need additional space, please use another sheet of paper.



REFERENCES

Provide information for three w	ork related references (mandatory).		
Name Company Name		Official Position		
		Telephone Number		
Name		Official Position		
Company Name		Telephone Number		
Name		Official Position Telephone Number		
SCHOOL NAME AND ADDRESS	YEARS COMPLETED	Major	DIPLOMA/DEGREE	
SPECIAL SKILLS AND QUAL List languages you speak: Briefly describe the type of qualifications which should professional affiliations, honors	work for which you a be considered. Inclu	re best qualified. Note de special skills, machir	any details about your	
List professional, trade or busin indicate race, color, religion, se				



CERTIFICATION AND RELEASE

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required by all rules and regulations of the City of Lawrence.

Additionally, in the event of employment, I understand that the first six months of service constitutes a probationary period, unless specified otherwise in Massachusetts General Laws Chapter 31, Section 61. I further understand that during the probationary period, if my performance is judged unsatisfactory, I may be separated from my position without the right of appeal or hearing.

I authorize investigation by the City of all statements contained in this application and hereby release individuals and corporations who are parties thereto from any and all liability and damage resulting from arising out of such investigation. I consent to taking an employment physical examination and drug screen and such future physical examinations as may be required by the City. I authorize the City of Lawrence to conduct a CORI check if I have received a conditional offer of employment and furthermore understand that my continued employment is contingent upon a favorable CORI check result.

I understand that any misrepresentation or omission of essential facts in this application is cause for cancellation of the application or if employed, for immediate separation from the City's service. 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 prosecution or liability.

I understand that, unless indicated otherwise by contractual agreement, all employment in the City of Lawrence is an at-will-employment.

I understand that all data supplied (except those protected by laws) on this application is a matter of public record and will be disclosed upon request.

SIGNATURE	DATE	