



City of Somerville

EMPLOYMENT APPLICATION

An Equal Opportunity/Affirmative Action Employer

In compliance with Federal and State laws, equal opportunity will be afforded to all applicants regardless of race, color, sex, gender identity, age, religious creed, disability, national origin, ancestry, sexual orientation, marital status, military status, or any other legally protected status. 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.

PLEASE PRINT ALL INFORMATION ON BOTH SIDES AND ATTACH A RESUME, IF AVAILABLE.

PERSONAL DATA

Last Name		First Name		Middle Initial	
Home Address - Number & Street		City		State	Zip Code
Home Phone (Area Code + Number) ()		Cell Phone (Area Code + Number) ()		E-Mail Address	
Position Desired		Where did you come across this job opportunity?			
Do you <u>currently</u> work for the City of Somerville, MA?		YES <input type="checkbox"/> If yes, what position? _____ NO <input type="checkbox"/>			
Availability (Please "X" all days/shifts you are available to work) Days: S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> Shifts: Day <input type="checkbox"/> Evening <input type="checkbox"/> Overnight <input type="checkbox"/>					
Have you ever been employed by the City of Somerville <u>in the past</u> ? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you have any relatives working for the City of Somerville? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Name of Employee(s):			
Are you currently employed by Somerville Public Schools? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you under 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, state your age	
Are you legally authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Veteran of the U.S. Military Service Yes <input type="checkbox"/> No <input type="checkbox"/>		Type of Discharge & Date		Are you currently active? Yes <input type="checkbox"/> No <input type="checkbox"/>	

EDUCATION/QUALIFICATIONS

School	Name	Course of Study	Completed	Diploma or Degree
High School or Equivalent			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College or University			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Graduate School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Additional Training or Skills (Computer, Special License, Language Fluency)				
Professional Affiliations				

EMPLOYMENT HISTORY

Please list your most recent position first and account for all periods of time. You may include volunteer, internship, or military experience. If you have a resume, you may attach it and leave this section blank.

May we contact your *current* employer? Yes ☐ No ☐

Employer		Job Title	
City, State	Dates Employed		
	From	To	
Supervisor		Phone (Area Code + Number) ()	
Reason for Leaving		Work Performed	

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City, State	Dates Employed		
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City, State	Dates Employed		
	From	To	
Supervisor		Phone (Area Code + Number) ()	
Reason for Leaving		Work Performed	

PROFESSIONAL REFERENCES

Please provide three professional references below. *At least one of these must be a current or previous supervisor.* Family members and friends are considered personal, not professional, references.

Name	Position	Relationship to you
Phone (Area Code + Number) ()	Cell Phone (Area Code + Number) ()	E-Mail Address

Name	Position	Relationship to you
Phone (Area Code + Number) ()	Cell Phone (Area Code + Number) ()	E-Mail Address

Name	Position	Relationship to you
Phone (Area Code + Number) ()	Cell Phone (Area Code + Number) ()	E-Mail Address

APPLICANT'S STATEMENT

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. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. The applicant understands that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and employee in writing. 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 to abide by the regulations of the employer.

Applicant Signature _____

Applicant Data Record

As employers/governmental contractors, we comply with government regulations, including affirmative action responsibilities where they apply. Solely to help us comply with government record keeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation. This data is for periodic government reporting and will be kept in a **Confidential File** separate from the Application for Employment. **YOUR COOPERATION IS VOLUNTARY.**

(PLEASE PRINT)

DATE: _____

Position(s) applied for: _____

Name: _____ Phone: () _____
Last First Middle Initial

Address: _____
Number Street Unit City State Zip Code

Voluntary Survey

Government agencies at times require periodic reports on the gender, race/ethnicity, and other protected status of applicants. This data is for analysis and possible affirmative action only. **SUBMISSION OF INFORMATION IS VOLUNTARY.**

Gender: ☐ Female ☐ Male ☐ Gender Non-Conforming

Veteran: ☐ Yes ☐ No

Race/Ethnic Group: This information is provided to the Equal Employment Opportunity Commission (EEOC) and uses their race and ethnicity report definitions as follows:

Are you of Hispanic or Latino Descent? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race)

Yes ☐ No ☐

☐

White

A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

☐

Black or African American

A person having origins in any of the black racial groups of Africa.

☐

Asian

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐

Native Hawaiian/Pacific Islander

A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐

American Indian/Alaskan Native

A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

☐

Two or More Races Persons who identify with two or more racial categories named above.