



Human Resources  
 City of Melrose  
 562 Main Street,  
 Melrose MA 02176  
 8/26/2010

# Application for Employment

*An equal opportunity employer*

Date: \_\_\_\_\_

## PERSONAL

<b>PERSONAL</b>				
Last Name		First Name		Middle
Current Address (Number, Street, Apartment)			Permanent Address (Number, Street, Apartment)	
City, State Zip	Telephone Number		City, State Zip	Telephone Number
Position Desired			Date Available	

## EMPLOYMENT HISTORY

Are you currently employed <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you previously applied for a position with the City of Melrose? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when?
Have you ever been employed by the City of Melrose? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when?

## EMPLOYMENT AUTHORIZATION

Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
If accepted for employment, you will be required to provide documentation proof of identity and authorization within 72 hours of hire.

**Fill out thoroughly – Do not say “See Resume”**

**WORK EXPERIENCE**

*Please list most recent position first.*

Name of Employer	Date started Month/Year	Date Left Month /Year	Responsibilities:   Reason for leaving:
Address    State	Zip		
Supervisor’s name and title	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	
Telephone	Starting Salary	Ending Salary	
Name of Employer	Date started Month/Year	Date Left Month /Year	Responsibilities:   Reason for leaving:
Address    State	Zip		
Supervisor’s name and title	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	
Telephone	Starting Salary	Ending Salary	
Name of Employer	Date started Month/Year	Date Left Month /Year	Responsibilities:   Reason for leaving:
Address    State	Zip		
Supervisor’s name and title	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	
Telephone	Starting Salary	Ending Salary	
Name of Employer	Date started Month/Year	Date Left Month /Year	Responsibilities:   Reason for leaving:
Address    State	Zip		
Supervisor’s name and title	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	
Telephone	Starting Salary	Ending Salary	

**VOLUNTEER/COMMUNITY/NON-PAID EXPERIENCE**

*Please include dates*


**EDUCATION**

	<i>Address</i>	<i>Major</i>	<i>Degree or Diploma</i>
HIGH SCHOOL			
COLLEGE			
GRADUATE SCHOOL			

<b>Referred By:</b>	Advertisement	Employment Agency	Other (Please explain)
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It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

**CERTIFICATION**

*(Please read carefully before signing)*

I hereby affirm that the information provided on this application (and any resume submitted) is true and complete. I understand that any false or misleading representation or omissions may disqualify me from further consideration for employment and may result in dismissal if discovered at a later date.

I understand that completion of this application does not assure me of a position with the City of Melrose (“the City”). I also understand that neither this application nor any other document constitutes a contract of employment for a specific term and that any employment relationship that may be established may be “at will” and may be terminated at any time, with or without cause, by me or the City. I understand that no representative of the City has any authority to enter into any agreement for employment with me contrary to the foregoing.

I hereby authorize the City to investigate all information pertinent to my application in order to determine my qualifications for employment. I hereby authorize all persons and organizations having information relevant to my application to provide that information to the City and I hereby agree to hold harmless the City and all those providing information to it from any liability arising out of or as a result of the provision or use of such information. I understand that any offer of employment may be rescinded if my references are inadequate or unacceptable to the City.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*