

Human Resources City of Melrose 562 Main Street, Melrose MA 02176

December 22, 2016

Application for Employment

An equal opportunity employer

Date: _____

PERSONAL					
Last Name First Na	me Middle				
Current Address (Number, Street, Apartment)	City, State Zip				
Home Telephone Number Cell Phone Number	E-Mail Address				
Position Desired (PLEASE LIST)	Date Available				
	se Employment History				
	If yes: 1. What department?				
Do you currently work for the City of Melrose?	If yes:				
Do you currently work for the City of Melrose? Yes No Please note that Massachusetts General Law Chapter 268A restricts a current municipal employee from performing services for and receiving compensation from another municip	If yes: 1. What department? 2. How many hours per week? 3. Do you want to work for both departments?				
Do you currently work for the City of Melrose? Yes No Please note that Massachusetts General Law Chapter 268A restricts a current municipal employee from performing services for and receiving compensation from another municip	If yes: 1. What department? 2. How many hours per week? 3. Do you want to work for both departments?				
Do you currently work for the City of Melrose? Yes No Please note that Massachusetts General Law Chapter 268A restricts a current municipal employee from performing services for and receiving compensation from another municip department.	If yes: 1. What department? 2. How many hours per week? 3. Do you want to work for both departments?				

Fill out thoroughly – Do not say "See Resume"

WORK EXPERIENCE							
	Please list m	ost recent position first.					
Name of Employer	Date started Month/Year	Date Left Month /Year	Responsibilities:				
Address							
Supervisor's name and title	Full Time	Part Time	Reason for leaving:				
Employer Telephone							
Name of Employer	Date started Month/Year	Date Left Month /Year	Responsibilities:				
Address	,						
Supervisor's name and title	Full Time	Part Time	Reason for leaving:				
Employer Telephone							
Name of Employer	Date started Month/Year	Date Left Month /Year	Responsibilities:				
Address							
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Telephone							
Name of Employer	Date started Month/Year	Date Left Month /Year	Responsibilities:				
Address							
Supervisor's name and title	Full Time	Part Time	Reason for leaving:				
Employer Telephone							
		UNITY/NON-PAID EXPER	PIENCE				
Please include dates							
	-						

EDUCATION							
	Address	Major	Degree or Diploma				
HIGH SCHOOL							
COLLEGE							
GRADUATE SCHOOL							
	Advertisement	Employment Agency	Other (Please explain)				
Referred By							
Referred By:							
It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment. An							
	<u> </u>	nal penalties and civil liabilit	- ·				
1 ,	3						
CERTIFICATION							
(Please read carefully before	re signing)						
•		s application (and any resu	,				
		resentation or omissions may	= -				
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 hamby outhoring the City to investigate all information maties at the many and in the investigation in the city of the city							
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.							
unacceptable to the City.							
Signature		Date					
0							