



Department of Public Works  
City of Melrose  
72 Tremont Street,  
Melrose MA 02176  
7/9/2020

# Application for DPW Temporary and/or Hourly Employment

*An equal opportunity employer*

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

## PERSONAL

<i>Last Name</i>			<i>First Name</i>			<i>Middle</i>		
<i>Current Address (Number, Street, Apartment)</i>						<i>City, State Zip</i>		
<i>Home Telephone Number</i>		<i>Cell Phone Number</i>		<i>E-Mail Address</i>				
<i>Position Desired (PLEASE LIST)</i>					<i>Date Available</i>			

## City of Melrose Employment History

<p>Do you currently work for the City of Melrose?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Please note that Massachusetts General Law Chapter 268A restricts a current municipal employee from performing services for and receiving compensation from another municipal department.</p>	<p>If yes:</p> <ol style="list-style-type: none"><li>1. What department?</li><li>2. How many hours per week?</li><li>3. Do you want to work for both departments?</li></ol>
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## EMPLOYMENT AUTHORIZATION

<p>Are you authorized to work in the United States?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If accepted for employment, you will be required to provide proof of identity and work authorization within 72 hours of hire.</p>
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**Fill out thoroughly – Do not say “See Resume”**

<b>WORK EXPERIENCE</b>			
<i>Please list most recent position first.</i>			
Name of Employer	Date started Month/Year	Date Left Month /Year	<b>Responsibilities:</b>     <b>Reason for leaving:</b>
Address			
Supervisor's name and title	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	
Employer Telephone			
Name of Employer	Date started Month/Year	Date Left Month /Year	<b>Responsibilities:</b>     <b>Reason for leaving:</b>
Address			
Supervisor's name and title	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	
Employer Telephone			
Name of Employer	Date started Month/Year	Date Left Month /Year	<b>Responsibilities:</b>     <b>Reason for leaving:</b>
Address			
Supervisor's name and title	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	
Telephone			
Name of Employer	Date started Month/Year	Date Left Month /Year	<b>Responsibilities:</b>     <b>Reason for leaving:</b>
Address			
Supervisor's name and title	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	
Employer Telephone			

<b>VOLUNTEER/COMMUNITY/NON-PAID EXPERIENCE</b>
<i>Please include dates</i>

**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*

# This Organization Participates in E-Verify

# Esta Organización Participa en E-Verify



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

## E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

## E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

**888-897-7781**

[dhs.gov/e-verify](https://dhs.gov/e-verify)



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