



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

December 22, 2016

# Application for Employment

*An equal opportunity employer*

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

## PERSONAL

<b>PERSONAL</b>		
<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

<i>Do you currently work for the City of Melrose?</i>  <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
Please note that Massachusetts General Law Chapter 268A restricts a current municipal employee from performing services for and receiving compensation from another municipal department.	
If yes:	<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>

## EMPLOYMENT AUTHORIZATION

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

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

**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*



## CITY OF MELROSE

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### AUTHORIZATION FOR RELEASE OF INFORMATION

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

As an applicant for employment with the City of Melrose, I consent to have a back ground investigation made as to my fitness for the position to which I applied. I understand that any information received will be reported to the Hiring Manager and may impact my application. I agree to give any further information, which may be required, regarding my past history.

I authorize and request, every person, firm, company, corporation, government agency, or institution, having control of any documents, records and other information pertaining to me, to furnish to the City of Melrose any such information, including documents, records, files or any pertinent data; and to permit the City of Melrose or any of its agents or representatives to inspect and make copies of such documents, records, and other information.

I hereby release, discharge and exonerate the City of Melrose, its agents and representatives, and any person so furnishing information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigation made by or on behalf of the City of Melrose.

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