



# City of Easthampton, Massachusetts Application for Employment

**Instructions: Complete all sections (even if using a resume). Be sure to sign/date.**  
**Please print!**

How did you hear of job?  newspaper  web site posting  friend/relative  walk in  
 other (please specify) \_\_\_\_\_

## Personal Information

Date of Application: \_\_\_\_\_ Position applying for: \_\_\_\_\_

Name: \_\_\_\_\_  
Last
First
MI

Address: \_\_\_\_\_  
Number and Street
Town
State
Zip

Telephone Number: \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

If hired, can you provide proof of citizenship or legal right to work?  Yes  No

If under 18 years of age, can you furnish a work permit?  Yes  No

Have you ever been employed with the City before?  Yes  No

If yes, when? \_\_\_\_\_ In what department? \_\_\_\_\_

Are you available to work?  full time  part time  other

If you were hired, when could you begin work? \_\_\_\_\_

## Education

	<u>Name/Location</u>	<u>Course of Study</u>	<u>Graduate?</u>		<u>Degree</u>
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
College			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other (Business, Technical, etc.)			<input type="checkbox"/> Yes <input type="checkbox"/> No		

## Employment History

(List most current position first.) (Verifiable volunteer work may be included.)

**#1**

Employer's name: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Worked from: \_\_\_\_\_ to: \_\_\_\_\_

Immediate supervisor's name and title: \_\_\_\_\_

Describe the work you performed: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Check here if you do not want us to contact this employer.

**#2**

Employer's name: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Worked from: \_\_\_\_\_ to: \_\_\_\_\_

Immediate supervisor's name and title: \_\_\_\_\_

Describe the work you performed: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Check here if you do not want us to contact this employer.

**#3**

Employer's name: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Worked from: \_\_\_\_\_ to: \_\_\_\_\_

Immediate supervisor's name and title: \_\_\_\_\_

Describe the work you performed: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Check here if you do not want us to contact this employer.

#4

Employer's name: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Worked from: \_\_\_\_\_ to: \_\_\_\_\_

Immediate supervisor's name and title: \_\_\_\_\_

Describe the work you performed: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Check here if you do not want us to contact this employer.

### Special Skills

Summarize all special skills and qualifications acquired from employment or other experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Professional References

Please provide professional and/or business references only.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Business Position: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Business Position: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Business Position: \_\_\_\_\_

Emergency Contact- Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Agreement

The information provided in this application for employment is true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I must be available from time to time to work outside normal business hours as the needs of the department require. Further, if requested, I agree to take a physical examination, given by an appointed City physician, which may include testing for drugs or a psychological examination, as required, and recognize that any offer of employment may be contingent upon the results of such an examination. I also understand that I must be available from time to time to work outside normal business hours, as the needs of the department require.

I understand that nothing contained in this application or in the granting of an interview is intended to create a contract between me and the City for either employment or the provision of any benefits; and further understand that if an employment relationship is subsequently established, I will have the right to terminate my employment at any time and the City will have a similar right.

I authorize investigation of all statements contained in this application and the release of any pertinent information regarding my education, past employment history, and background.

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

I understand that any employment offer by the City is conditional upon my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986 within three days of the date of hire.

I represent that I have read and fully understand the foregoing and seek employment under these conditions.

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

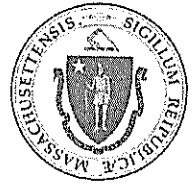
Discrimination against any person in any practice or procedure in advertising, recruitment, referrals, testing, hiring, transfer, promotion or any other term, condition or privilege of employment which limits or adversely affects employment opportunities, because of political or religious opinions or affiliations, or because of race, color, sex, sexual orientation, national origin, marital status, pregnancy, parenthood, age or handicap which is unrelated to the person's occupational qualifications or any other non-merit factor which is not a bona fide occupational qualification is prohibited.

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.

***The City of Easthampton is an Affirmative Action/Equal Opportunity Employer***



THE COMMONWEALTH OF MASSACHUSETTS  
 EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
 Department of Criminal Justice Information Services 200  
 Arlington Street, Suite 2200, Chelsea, MA 02150  
 TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973  
 MASS.GOV/CJIS



**This form is not to be faxed. Please return form to organization .**  
**Criminal Offender Record Information (CORI)**  
**Acknowledgement Form**

To be used by organizations conducting CORI checks for employment or licensing purposes.

\_\_\_\_\_ City of Easthampton \_\_\_\_\_ is registered under the  
 (Organization)  
 provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to  
 \_\_\_\_\_ City of Easthampton \_\_\_\_\_  
 (Organization)

to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing \_\_\_\_\_ City of Easthampton \_\_\_\_\_  
 (Organization)

with written notice of my intent to withdraw consent to a CORI check.

I also understand, that \_\_\_\_\_ City of Easthampton \_\_\_\_\_ may conduct  
 (Organization)  
 subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
*Signature of CORI Subject*

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



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**SUBJECT INFORMATION**  
 Please complete this section using the information of the person whose CORI you are requesting.  
 The fields marked with an asterisk (\*) are required fields.

\* First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 \* Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_  
 Former Last Name 1: \_\_\_\_\_  
 Former Last Name 2: \_\_\_\_\_  
 Former Last Name 3: \_\_\_\_\_  
 Former Last Name 4: \_\_\_\_\_  
 \* Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 \* Last SIX digits of Social Security Number: \_\_\_\_ -- \_\_\_\_  No Social Security Number  
 Sex: \_\_\_\_\_ Height: \_\_\_\_ ft. \_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_  
 Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_  
 Father's Full Name: \_\_\_\_\_  
 Mother's Full Name: \_\_\_\_\_

**Current Address**

\* Street Address: \_\_\_\_\_  
 Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

**SUBJECT VERIFICATION**

The above information was verified by reviewing the following form(s) of government-issued identification:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Verified by:  
 \_\_\_\_\_  
*Print Name of Verifying Employee*

\_\_\_\_\_  
*Signature of Verifying Employee*

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