



Employment Application Form

FITCHBURG

Massachusetts



Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ E-mail Address: _____

Date Available: _____

Position Applied for: _____

Source of Advertisement: _____

	YES	NO		Full Time	Part Time
Are you eligible to work in the United States?	<input type="checkbox"/>	<input type="checkbox"/>	Employment Desired?	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO	Hours of work (per week) desired?	
Have you ever worked for this organization?	<input type="checkbox"/>	<input type="checkbox"/>		_____

	YES	NO
Have you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, explain:

(Number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, and sentence(s) imposed)

Education

High School _____ Address: _____

Did you graduate? YES ☐ NO ☐ Degree: _____

College _____ Address: _____

Did you graduate? YES ☐ NO ☐ Degree: _____

Other _____ Address: _____

Did you graduate? YES ☐ NO ☐ Degree: _____

Please list any professional licenses, certifications or registrations you currently hold:

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____

Responsibilities:

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____

Responsibilities:

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____

Responsibilities:

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES ☐ NO ☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____

Are you a U.S. Veteran?

YES

☐

NO

☐

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone/Work: _____ Cell: _____

E-Mail Address: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone/Work: _____ Cell: _____

E-Mail Address: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone/Work: _____ Cell: _____

E-Mail Address: _____

Address: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge and that intentional misrepresentations or omissions may be cause for the rejection of my application and that if hired I may be released from employment.

I understand that the City of Fitchburg may require me to successfully complete a pre-employment drug and alcohol test as a condition of employment and that continued employment may be based on the successful completion of similar tests.

I understand that the City of Fitchburg may as part of the hiring process request an investigative consumer report from a third party entity or agency including information concerning my character, general reputation, criminal record, personal characteristics, credit records, and mode of living. I may make a written request to the City to provide me with additional information regarding the nature and scope of any such report.

I understand that employment with the City of Fitchburg is "at will" and nothing in the interview or hiring process, this application, or City of Fitchburg policies are intended to create an employment contract between myself and the City of Fitchburg. Employment may be terminated by either party at any time for any reason with or without notice.

Signature: _____ Date: _____