



CITY OF FALL RIVER
DEPARTMENT OF HUMAN RESOURCES
ONE GOVERNMENT CENTER
FALL RIVER, MA 02722
508-324-2661

GENERAL EMPLOYMENT APPLICATION
AN EQUAL OPPORTUNITY EMPLOYER

Thank you for your interest in employment with the City of Fall River. The City of Fall River is an equal opportunity employer and does not discriminate against any applicant because of race, color, religion, ancestry, genetics, sex, marital status, national origin, age, disability, sexual orientation, or any other class protected by federal, state, or local law.

If you are submitting a resume and cover letter as substitution in completing any portion of this application, you may write "See Resume". In doing so, you are expressly certifying that any statements and information contained therein are incorporated into the application form and the conditions of your affixed applicant signature.

Only complete applications will be accepted. General Employment Applications will be retained for one (1) year.

PERSONAL INFORMATION

Date: _____

Name: _____
Last First Middle

Address: _____
Number and Street City/Town State Zip Code

Phone Number _____ E-mail address: _____

Emergency Notification: _____
Name Address Relationship Phone Number

Are you over the age of 18? Yes _____ No _____

Can you perform the essential functions of the job with or without reasonable accommodation(s)? Yes _____ No _____
(see job description)

Do you have the legal right to work in the United States? Yes _____ No _____

GENERAL INFORMATION

Position or Type of Work Desired: _____ Desired Salary: _____

Referral source: Bulletin Board _____ City Website _____ Newspaper Ad _____ Walk-in _____ Other _____

Name of source: _____

Any relatives employed by the City: Yes _____ No _____

If yes, list name(s) and department(s) _____

Have you previously been employed by the City? Yes _____ No _____ If so, when and what position: _____

EDUCATION

	Name and Address	Diploma/ Degree	Field of Study
High School			
College / University			
Graduate or Professional			
Other Education, i.e. Technical, Trade			

Do you possess the following skills? Please list in detail all that apply.

Specialized Training? Yes ___ No ___ Name of Training/Course: _____

Professional Licenses? Yes ___ No ___ Licenses: _____

Professional Memberships? Yes ___ No ___ Name of Organizations: _____

Computer Software? Yes ___ No ___ Name of Programs: _____

Office Equipment? Yes ___ No ___ Describe Equipment: _____

Other, please describe: _____

REFERENCES

Please give the name of three professional references

<u>Name/Title</u>	<u>Company</u>	<u>Years Acquainted</u>	<u>Telephone No.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MILITARY SERVICE

Have you ever served in the armed forces of the U.S.? Yes ___ No ___

If "YES", what branch and what dates? _____

Current status: _____

DRIVER'S LICENSE

Some positions may require a valid Massachusetts driver's license. If you wish to be considered for such a job, please complete this section.

Do you have a valid Massachusetts driver's license? Yes ___ No ___ If "Yes", what class? _____

List other types of valid licenses: _____

EMPLOYMENT HISTORY

Please list your most recent employer first, and account for any gaps in employment. You may include any verified work performed on a volunteer basis. Attach additional sheets if necessary, or a resume.

Employer's Name: _____

Employer's Address: _____ Telephone Number: _____

Title and Duties: _____

Supervisor's Name and Title: _____ Telephone Number: _____

Employed From: _____ Ending: _____

Reason for Leaving: _____

Employer's Name: _____

Employer's Address: _____ Telephone Number: _____

Title and Duties: _____

Supervisor's Name and Title: _____ Telephone Number: _____

Employed From: _____ Ending: _____

Reason for Leaving: _____

Employer's Name: _____

Employer's Address: _____ Telephone Number: _____

Title and Duties: _____

Supervisor's Name and Title: _____ Telephone Number: _____

Employed From: _____ Ending: _____

Reason for Leaving: _____

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.

CERTIFICATION AND AGREEMENT

Please read carefully before signing.

I CERTIFY that all entries on this application for employment, and attachments, are true and complete. I understand that any falsifications of information herein, material half-truths, misstatements, or omissions, regardless of their time of discovery, may cause forfeiture on my part to any employment with the City of Fall River. I understand that all information on this application is subject to verification, and I consent to the contacting of references, former employers, educational institutions, military record, general reputation, and personal characteristics regarding this application.

I understand and agree that the City of Fall River is an at-will employer and therefore, my employment is for no definite period and that I can be terminated at any time without notice, unless otherwise provided by civil service or a collective bargaining agreement, regardless of the method of wage/salary payment. I understand that an offer of/or employment by the City of Fall River is **conditional upon** satisfactory references, completion of a pre-employment physical exam which includes a drug test, and proof of citizenship or immigration status. I hereby also authorize the City of Fall River to conduct a CORI and/or credit check. Where applicable I agree to sign a CORI and/or Credit Request Form reflecting my authorization of the CORI and/or credit check. As a condition of employment an employee may be required to provide additional or updated information and may require both drug test and employment physical to allow us to have necessary information for making a proper decision or reasonable accommodations, if necessary.

My signature certifies that I have read and agreed with the above statements and all statements contained in this employment application.

Signature of Applicant: _____ **Date:** _____

Print Name: _____