

CITY OF NORTH ADAMS, MASSACHUSETTS

EMPLOYMENT APPLICATION

Position applying for							
APPLICANT INFORMATION							
Last name		First		M.I.		Date	
Street address						Apartment/Unit #	
City		State		Zip			
Phone		E-mail address					
Date available		Are you 18 or older?		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
						If you are not over 18, please provide DOB	
Have you ever worked for the city?		Yes <input type="checkbox"/>		No <input type="checkbox"/>		If so, when?	
Do you have any family member working for the city?		Yes <input type="checkbox"/>		No <input type="checkbox"/>		If yes, please list their name(s) and department(s) below	
Name(s)		Department(s)					

EDUCATION							
High School		Address					
From		To		Did you graduate?		Degree/major/field of study	
				Yes <input type="checkbox"/>		No <input type="checkbox"/>	
College		Address					
From		To		Did you graduate?		Degree/major/field of study	
				Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Other		Address					
From		To		Did you graduate?		Degree/major/field of study	
				Yes <input type="checkbox"/>		No <input type="checkbox"/>	

EMPLOYMENT HISTORY – Please provide details of your three most recent jobs							
Company		Phone					
Address		Supervisor					
Job title							
Responsibilities							
From		To		Reason for leaving			
May we contact your previous supervisor for a reference?		Yes <input type="checkbox"/>		No <input type="checkbox"/>			

EMPLOYMENT HISTORY <i>continued</i>					
Company				Phone	
Address				Supervisor	
Job title					
Responsibilities					
From		To		Reason for leaving	
May we contact your previous supervisor for a reference?				Yes <input type="checkbox"/>	No <input type="checkbox"/>

Company				Phone	
Address				Supervisor	
Job title					
Responsibilities					
From		To		Reason for leaving	
May we contact your previous supervisor for a reference?				Yes <input type="checkbox"/>	No <input type="checkbox"/>

Have you ever been asked to resign from a position? If yes, please explain					

REFERENCES - <i>Please provide three professional references</i>					
Full name				Relationship	
Company				Phone	
Address					
Full name				Relationship	
Company				Phone	
Address					
Full name				Relationship	
Company				Phone	
Address					

MILITARY SERVICE					
Branch				From	To
Rank at discharge				Type of discharge	
If other than honorable, explain					

SPECIAL SKILLS OR APTITUDES

Please list all skills and aptitudes that make you a strong candidate for employment

If applicable to position applying for

Typing speed	(words per minute)	Do you use shorthand?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how many words per minute?
Describe computer skills and experience level (novice/amateur/proficient)					
List software that you are familiar with and your experience level (novice/amateur/proficient)					
State driver's license number		State		Expiration	Class
List any special licenses or certifications that you have					
List any memberships to professional organizations					

DISCLAIMER, AGREEMENT, AND SIGNATURE

I understand and acknowledge that all statements made in this application are true and complete under pains and penalties of perjury. If this application leads to employment, I understand that I authorize the City of North Adams to investigate all statements made as part of this application and to secure any necessary information from all prior employers, references, educational institutions and law enforcement agencies. I release all of those persons, employers' references, institutions and agencies from any and all liability arising from their giving and receiving information about my employment history, academic credentials, qualifications or criminal record. I understand that any false answers or statements or misrepresentations by omission made by me as part of my application will be sufficient reason for rejection of my application or for my immediate dismissal should one be discovered after I am employed. 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 and failure to submit proof will result in termination of employment. I understand that all appointments are "at-will" and/or may require a probationary period and that I must demonstrate my ability for continued employment. 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 nothing in this employment application or in my communication with any City employee or official is intended to create an employment contract between the City and me. Employment is not guaranteed for a definite period of time and that some positions regarded as part-time and/or temporary are paid for actual hours worked and are not entitled to benefits offered to full-time positions (except FICA and Workers' Compensation). There is nothing to keep me from fulfilling the duties of the job for which I have applied.

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

Signature	Date
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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 any employment which limits or adversely affects employment opportunities, because of political or religious opinions or affiliations, or because of race, color, sex, gender identity, genetic information, sexual orientation, national origin, ancestry, marital status, military 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, or any other protected class under the law, is prohibited.

VOLUNTARY AFFIRMATIVE ACTION REQUEST FORM

The City of North Adams as part of its commitment to Affirmative Action / Equal Employment Opportunity policies, invites you to provide the following information. All applicants will be considered without regard to race, color, religion, sex, gender identity, genetic information, sexual orientation, national origin, age, marital status, veteran status, medical condition or disability, handicap of a qualified handicapped person unless based upon a bona fide occupational qualification, or any other protected class under the law. The information is voluntary and refusal to provide it will not have any bearing on our employment decision. The data is confidential and will be filed separately. It will be available only to authorized personnel and is used to further the City's Affirmative Action / Equal Employment Opportunity policies. Your cooperation is appreciated.

1. Position title: _____

2. Gender: Male Female

3. Ethnic origin:

White - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black - All persons having origins in any of the black racial groups of Africa.

Hispanic - All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.

Asian or Pacific Islander - All persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

American Indian or Alaskan Native - All persons having origins in any of the original people of North America maintaining cultural identification through tribal affiliations or community recognition.

Cape Verdean - All persons having origins on the Cape Verde Islands.

4. National origin: _____

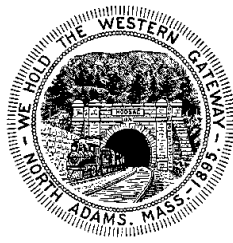
5. Veteran status: Yes No

Disabled veterans

Veterans who served on active duty during a war, campaign, or expedition for which a campaign badge has been authorized

Veterans with an Armed Forces Service Medal "pursuant to Executive Order 12985 (61 FR 1209)"

Recently separated veterans



CITY OF NORTH ADAMS, MASSACHUSETTS
CORI REQUEST FORM

The City of North Adams has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for the City of North Adams.

I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant/Employee signature

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

Employee name _____
Last name First name Middle initial Maiden name

D.O.B. _____ Social Security number _____ *ID Theft Index PIN _____

State driver's license number _____ Sex _____ Race _____

Father's name _____
Last name First name

Mother's name _____
Last name First name Maiden name

*The above information was verified by reviewing the following form of government issued photographic identification.

Requested by _____
Signature of CORI authorized employee

*The CHSB Identity Theft Index PIN number is to be completed by those applicants that have been issued an Identity Theft Index PIN number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.

ALL CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.