



CITY OF NEWBURYPORT
 Newburyport City Hall, 60 Pleasant Street,
 Newburyport, MA 01950

An Equal Opportunity/Affirmative Action Employer

PLEASE PRINT AND COMPLETELY FILL OUT FRONT AND BACK OF THIS FORM. WRITE N/A IF NOT APPLICABLE – USE ADDITIONAL SHEETS IF NECESSARY

Personal Data

Name (Last, First, Middle)		Date	Email Address	
Address (Street, City, State, Zip)			Telephone Number (With Area Code)	
Is this a Civil Service Application? Yes <input type="checkbox"/> Civil Service # _____ No <input type="checkbox"/>	Are you authorized to work in United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever been employed by the City of Newburyport or any other city, town, county, state or U.S. Government? Yes <input type="checkbox"/> No <input type="checkbox"/>	Department	Position		

Education and Academic Record

School/Location	No. of Years Attended	Course/Major/Field	Did You Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of Degree Earned
High School/Vocational School (City, State, Zip)			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College/Technical Program (City, State, Zip)			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Graduate/Additional Schooling (City, State, Zip)			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please list any specialized licenses, Board of Registry Certificates, etc.:

Type:	Number:	State:	Expiration Date:
Type:	Number:	State:	Expiration Date:

Please list any technical, computer, language, pc skills :

Do you have a valid Driver's License? Yes No If yes, what Class? A B C D (auto)

Military Service – Please Provide a Copy of DD214 for Civil Service Positions

Branch and Organization	Veteran Status Yes <input type="checkbox"/> No <input type="checkbox"/>
Specialized Training	Type of Discharge:

Are you the widowed, unremarried spouse or parent of a veteran who died from a service connected disability incurred during wartime service?
 Yes No

Job Interest/Availability

How Did You Hear about this Position? Advertisement If yes, where? _____ Walk-in Referral Other: _____			
Type of Employment Desired	Are you at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Available	
Full Time (Over 20 hours) Yes <input type="checkbox"/> No <input type="checkbox"/>	Part Time (Less than 20 hours) Yes <input type="checkbox"/> No <input type="checkbox"/>	Temporary Yes <input type="checkbox"/> No <input type="checkbox"/>	Seasonal/Summer Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any relatives who are City employees? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide name and department		

Employment History
Please List Your Three Most Recent Positions
Complete Each Section In Full

Company Name			Type of Business
Telephone Number	Address		
Position	Department	Hours per WK	Manager/Supervisor
Dates of Employment From: To:	Reason for Leaving		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>

Briefly Describe Your Responsibilities:

Company Name			Type of Business
Telephone Number	Address		
Position	Department	Hours per Wk	Manager/Supervisor
Dates of Employment From: To:	Reason for Leaving		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>

Briefly Describe Your Responsibilities:

Company Name			Type of Business
Telephone Number	Address		
Position	Department	Hours per Wk	Manager/Supervisor
Dates of Employment From: To:	Reason for Leaving		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>

Briefly Describe Your Responsibilities:

List Three Professional References
(Supervisory/Business – No Relatives Please)

Reference Name/Relationship	Contact Number:	Company/Business Name	Address (Street, City, Zip)

Read Carefully All Parts of the Application Before Signing.

- A. I understand that acceptance of this application by the City of Newburyport does not imply that I will be employed.
- B. The information that I have provided is true and complete. I understand that misrepresentation or omission of any fact in my application, resume, or in any materials or as provided during interviews, can be justification for refusal of employment or can be justification for termination of employment, if employed.
- C. I understand that any conditional offer of employment that I receive from the City of Newburyport is contingent upon my successful completion of the pre-employment screening process, which may include, but not be limited to, the following: the City of Newburyport receiving satisfactory references, a satisfactory criminal history, Criminal Offense Record Inquiry and Sex Offender Registry Information , if required, satisfactory verification of driver's license or certifications where required and satisfactory completion of any required post-offer pre-employment drug test or physical examination. The same requirements may apply if I am a candidate for a civil service position with the City. The extent to which the above information will be requested will depend upon the nature of and the requirements for the particular position.
- D. In processing my application for employment, the City of Newburyport may verify all of the information provided by me concerning, among other things, my prior employment or military record, education, character, general reputation and personal characteristics.
- E. I authorize the City of Newburyport to take whatever steps deemed necessary to obtain information regarding my qualifications for employment including contacting my present and former employers, by contacting individuals listed as business, educational or personal references, and by contacting other individuals to provide or further clarify information about me. I understand that my CURRENT employer will only be contacted after notifying me and receiving my express permission.
- F. If conditionally offered employment by the City of Newburyport, or if I am a candidate for a civil service position within the City, I understand that as a condition of employment, I may be required to furnish additional or updated medical information regarding my ability to safely perform the essential functions of my position with or without reasonable accommodation, that I may be required to undergo a physical examination for this same purpose, that I may be subject to drug and/or alcohol testing, that the City may request a Criminal Offense Record Inquiry (CORI check) on me and/or Sexual Offense Registry Information (SORI check) on me, investigate my driving record or verify my license(s) or certification(s) as required for employment at any time during my employment. The extent to which the above information will be requested will depend upon the nature of and the requirements of the particular position.
- G. I understand that the City of Newburyport is an at-will employer. If employed, I understand that my employment may be terminated with or without cause at any time unless there is an applicable bargaining unit contract provision.

My signature certifies that I have read and agree with the above statements and all statements contained in this application for employment:

Applicant's Name (Please Type or Print)

Applicant's Signature

Date