



City of Lawrence Application for Employment

EMPLOYMENT EXPERIENCE

Start with your present or last job. You may include any verified work such as military service assignments and volunteer activities.

Employer _____ Dates Employed _____

Address _____ Job Title _____

Work Performed _____

Hourly Rate/Salary: Starting _____ Final _____

Supervisor _____ Reason for Leaving _____

Employer _____ Dates Employed _____

Address _____ Job Title _____

Work Performed _____

Hourly Rate/Salary: Starting _____ Final _____

Supervisor _____ Reason for Leaving _____

Employer _____ Dates Employed _____

Address _____ Job Title _____

Work Performed _____

Hourly Rate/Salary: Starting _____ Final _____

Supervisor _____ Reason for Leaving _____

Employer _____ Dates Employed _____

Address _____ Job Title _____

Work Performed _____

Hourly Rate/Salary: Starting _____ Final _____

Supervisor _____ Reason for Leaving _____

If you need additional space, please use another sheet of paper.



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REFERENCES

Provide information for three work related references (mandatory).

Name _____ Official Position _____

Company Name _____ Telephone Number _____

Name _____ Official Position _____

Company Name _____ Telephone Number _____

Name _____ Official Position _____

Company Name _____ Telephone Number _____

EDUCATION AND/OR MILITARY TRAINING

SCHOOL NAME AND ADDRESS	YEARS COMPLETED	MAJOR	DIPLOMA/DEGREE

SPECIAL SKILLS AND QUALIFICATIONS

List languages you speak: _____

Briefly describe the type of work for which you are best qualified. Note any details about your qualifications which should be considered. Include special skills, machines operated, licenses, professional affiliations, honors and awards, publications, patents, etc.

List professional, trade or business organizations of which you are a member. You may omit those which indicate race, color, religion, sex, national origin, or any other legally protected status.



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CERTIFICATION AND RELEASE

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required by all rules and regulations of the City of Lawrence.

Additionally, in the event of employment, I understand that the first six months of service constitutes a probationary period, unless specified otherwise in Massachusetts General Laws Chapter 31, Section 61. I further understand that during the probationary period, if my performance is judged unsatisfactory, I may be separated from my position without the right of appeal or hearing.

I authorize investigation by the City of all statements contained in this application and hereby release individuals and corporations who are parties thereto from any and all liability and damage resulting from arising out of such investigation. I consent to taking an employment physical examination and drug screen and such future physical examinations as may be required by the City. I authorize the the City of Lawrence to conduct a CORI check if I have received a conditional offer of employment and furthermore understand that my continued employment is contingent upon a favorable CORI check result.

I understand that any misrepresentation or omission of essential facts in this application is cause for cancellation of the application or if employed, for immediate separation from the City's service. 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 prosecution or liability.

I understand that, unless indicated otherwise by contractual agreement, all employment in the City of Lawrence is an at-will-employment.

I understand that all data supplied (except those protected by laws) on this application is a matter of public record and will be disclosed upon request.

SIGNATURE

DATE