



# CITY OF FALL RIVER

ONE GOVERNMENT CENTER  
FALL RIVER, MA 02722  
508-324-2661

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.

*Please answer all questions. Print in black or blue ink.*

## PERSONAL INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number and Street City/Town State Zip Code

Telephone (\_\_\_\_) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Cell Phone Number (\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

Emergency Notification: \_\_\_\_\_

Name	Address	Relationship	Telephone Number
Are you over the age of 18?	Yes _____ No _____		

Can you perform the essential functions of the job with or without reasonable accommodations? Yes \_\_\_ No \_\_\_  
(see job description)

Are you a United States citizen or do you have the legal right to work in the United States? Yes \_\_\_ No \_\_\_

## GENERAL INFORMATION

Position or Type of Work Desired: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Availability: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary \_\_\_\_\_ Seasonal \_\_\_\_\_

Referral source: Bulletin Board \_\_\_\_\_ City Web-site \_\_\_\_\_ 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	Years Completed	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 and/or type of discharge: \_\_\_\_\_

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: \_\_\_\_\_ Salary/Rate of Pay: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Title and Duties: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Employed From: \_\_\_\_\_ Ending: \_\_\_\_\_ Salary/Rate of Pay: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Title and Duties: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Employed From: \_\_\_\_\_ Ending: \_\_\_\_\_ Salary/Rate of Pay: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Title and Duties: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Employed From: \_\_\_\_\_ Ending: \_\_\_\_\_ Salary/Rate of Pay: \_\_\_\_\_

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 in order 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:** \_\_\_\_\_

**Please Print Name:** \_\_\_\_\_