City of Lowell
Employment Application

Date Registered _____

Civil Service # _____

NAME _____ SS# _____

ADDRESS _____ PHONE # _____

TOWN _____ STATE _____ ZIP CODE _____

Is this your mailing address? If not: _____

Are you a veteran? _____ Years of service _____ Attach DD214

POSITION APPLYING FOR: _____

If you are registering for a civil service job, your name will be placed on a list. You will receive a card in the mail with your civil service number on it. When inquiring about your position on the civil service lists, please use your civil service number.

YOUR CIVIL SERVICE NUMBER IS VALID FOR 5 YEARS.

It is your responsibility to inform this office when you have a change in address.

Employment History *(list most recent first)*

1. _____ From: _____ To: _____
Name of employer | Address/Phone | Position held | Dates employed

2. _____ From: _____ To: _____
Name of employer | Address/Phone | Position held | Dates employed

3. _____ From: _____ To: _____
Name of employer | Address/Phone | Position held | Dates employed

4. _____ From: _____ To: _____
Name of employer | Address/Phone | Position held | Dates employed

Educational Background

High School | Location | Years completed | Course of Study

College | Location | Years completed | Degree/Course of Study

Other | Location | Years completed | Degree/Course of Study

Any other training or verifiable volunteering pertinent to position applied for?

Employment References (Name, Address, Phone, Relationship or how known)

1. _____
2. _____
3. _____

Licenses: list any licenses, registrations or certificates related to position(s) sought:

License | Issuing Agency | Expiration Date

Revised 4/2000

What languages do you:	Read	Speak	Write	Fluency:	Fair	Good	Excellent
English	☐	☐	☐		☐	☐	☐
Spanish	☐	☐	☐		☐	☐	☐
French	☐	☐	☐		☐	☐	☐
Khmer	☐	☐	☐		☐	☐	☐

Office & Computer Skills:

COMPUTERS	OPERATING SYSTEMS	SOFTWARE	TYPING SPEED

Are you under 18 or over 70 years of age? ☐ Yes ☐ No

Are you collecting retirement from the City or State? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, Date: _____ Offense: _____ Action Taken: _____

Jurisdiction: _____

Within the past five years, have you been convicted of, or released from incarceration for a misdemeanor which was not a first offense for drunkenness, simple assault, speeding, a minor traffic violation, an affray, or disturbing the peace? ☐ Yes ☐ No

Are you currently, or have you ever, been employed by the City of Lowell or any of it's entities?

☐ Yes ☐ No If yes, where and when? _____

Optional Information

Response to the following is voluntary. Failure to provide the information requested will not adversely affect your application. Circle one:

I am: Male Female

I am: White Black Hispanic Asian American Indian Alaskan Native Cape Verdean

Date of Birth: _____

BEFORE SIGNING BELOW, PLEASE READ THE FOLLOWING STATEMENT CAREFULLY

The City of Lowell is an equal opportunity/affirmative action employer. Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, marital or veteran status or the presence of non-job related medical condition or disability.

Note: 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.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application or made during an interview(s) may result in rejection of this application or in my dismissal if I am hired. I authorize investigation of all statements contained herein and the references listed may be necessary to determine my fitness, skills and qualifications for employment.

I certify that I am a citizen of the U.S. or an alien authorized by Visa or immigration status to work in the U.S. I understand that it is the City's intent and obligation to provide a drug-free, healthful, safe and secure work environment. I certify that I am not currently using any illegal drugs and that I am not using any legally controlled drugs in an illegal manner. The City of Lowell is a drug-free, smoke-free workplace.

Signed: _____ Date: _____

In case of emergency, contact: Name _____

Address & Phone # _____