

# City of Lowell Employment Application

NAME \_\_\_\_\_ SS# \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_ CELL: \_\_\_\_\_

TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Is this your mailing address? If not: \_\_\_\_\_

Are you a veteran? \_\_\_\_\_ Years of Service \_\_\_\_\_ Attach DD214 \_\_\_\_\_

**Position Applying for:** \_\_\_\_\_

### Employment History (list most recent first)

1. \_\_\_\_\_  
 Employer Name, Address, Telephone # Position Title To From  
 Reason for leaving: \_\_\_\_\_

2. \_\_\_\_\_  
 Employer Name, Address, Telephone # Position Title To From  
 Reason For leaving: \_\_\_\_\_

3. \_\_\_\_\_  
 Employer Name, Address, Telephone # Position Title To From  
 Reason For leaving: \_\_\_\_\_

4. \_\_\_\_\_  
 Employer Name, Address, Telephone # Position Title To From  
 Reason For leaving: \_\_\_\_\_

### Educational Background

High School Name Location Did you Graduate

College Name Location Did you Graduate Degree / Course of Study

Other Location Did you Graduate Degree / Course of Study

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

### Professional References Not Related to you (Name, Address, Phone, Relationship or how known)

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

**Persuant to M.G.L. Chapter 268A, Please indicate if you have any family members employed by the City of Lowell**

\_\_\_\_\_**YES** \_\_\_\_\_**NO**

*If answering yes, please list their name and relationship to you:*

\_\_\_\_\_  
 \_\_\_\_\_

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

LICENSE ISSUING AGENCY EXPIRATION DATE

\_\_\_\_\_  
\_\_\_\_\_

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 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  Other

**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.

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, omissions or misrepresentations on this application or made during an interview(s) may result in rejection of this application or in my dismissal if 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 understand that a pre-placement medical examination, drug and criminal background check is part of the hiring process and agree to cooperate to its conditions. 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.

**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.

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

In case of an emergency, contact: Name: \_\_\_\_\_

Address and Phone # \_\_\_\_\_