



Application for Employment

City of Quincy
1305 Hancock Street
Quincy, MA 02169

THIS APPLICATION MUST BE COMPLETELY FILLED OUT AND SIGNED. List below all present and past employment, beginning with your most recent employment and describe all periods of employment including self-employment, unemployed periods and military service. Employment history must be complete. Use additional sheets if necessary.

Please attach a resume to this application.

The City of Quincy is a Drug Free Workplace /Equal Opportunity Employer

Date: _____ Position(s) applied for: _____

Name: _____

Last First M.I. Social Security #

Present Address: _____

No. Street City State Zip Code

Phone # where you can be reached: _____ Email address: _____

Would you work Full time ☐ Part time? ☐ Did we previously employ you? Yes ☐ No ☐

If yes, when and in what capacity? _____

Are you an U.S. Citizen? ____ If not, Alien Registration or Visa Certification Form _____

If your application were considered favorably, when would you be able to work? _____

RECORD OF EDUCATION

High School	College	Other (Specify)
Name/Address of School	Name/Address of School	Name/Address of School
Course of Study:	Course of Study:	Course of Study:
Check Last Year Completed 1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	List Diploma or Degree:

Type(s) of computer(s) _____ Typing Speed _____ WPM Steno Speed _____

Indicate any other experience, skills or qualifications not mentioned in this application _____

MILITARY**If you are claiming Veteran's Preference – A copy of your DD214 MUST be attached.**

Were you in the U.S. Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what Branch? _____	Rank at discharge? _____	Type of Discharge? _____
List duties in the service including special training: 		Are you claiming Veteran's Preference? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has the state or a political subdivision of the state including municipalities ever employed you? Yes <input type="checkbox"/> No <input type="checkbox"/>		Date of duty: (Include month/day/year) From: ____/____/____ To: ____/____/____	

APPLICANT DRIVING HISTORY**Please print information EXACTLY as shown on driver's license**

Driver's License #	State in which issued?	County in which issued?	Type: CDL (class) Operator	Name and address if different from application:	If you have not held a Mass. License for the past three years, please give the state in which it was issued.
Is your license currently valid? Yes : <input type="checkbox"/> No: <input type="checkbox"/>	Has your license expired? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Has your license(s) ever been revoked? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Has your license(s) ever been suspended? Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, give complete details.		
List all traffic citations received within the last (7) years. For each offense, give date, description of offense, city and/or state in which offense occurred and disposition of case.			Have you ever completed a Defense Driving Course? Yes: <input type="checkbox"/> No <input type="checkbox"/> If yes, give complete details: (month/day/year)		

LENGTH OF EMPLOYMENT

Company Name (most recent)				Mailing Address		City	State
From: Month		Year	To: Month	Year	Salary		Reason for Leaving
Type of Business		Your Title		Name and Title of Supervisor			Phone #
Can we contact supervisor if presently employed? _____ Yes _____ No							
Duties: (Describe, in detail, the nature of the work personally performed by you)							

Company Name				Mailing Address		City	State
From: Month		Year	To: Month	Year	Salary		Reason for Leaving
Type of Business		Your Title		Name and Title of Supervisor			Phone #
Duties: (Describe, in detail, the nature of the work personally performed by you)							

Company Name				Mailing Address		City	State
From: Month		Year	To: Month	Year	Salary		Reason for Leaving
Type of Business		Your Title		Name and Title of Supervisor			Phone #
Duties: (Describe, in detail, the nature of the work personally performed by you)							

Company Name				Mailing Address		City	State
From: Month		Year	To: Month	Year	Salary		Reason for Leaving
Type of Business		Your Title		Name and Title of Supervisor			Phone #
Duties: (Describe, in detail, the nature of the work personally performed by you)							

LEGAL

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.

Have you **EVER** been convicted of or pled guilty, no contest or nolo contendere to a felony crime?

Yes: ☐ No: ☐

If you answered **YES** to the above question, please give details below:

Date	Where Arrested (City, State)	Nature of Charge	Penalty/Disposition

EMPLOYMENT APPLICATION CERTIFICATION

I hereby certify that all of the facts and information listed on this employment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in my dismissal.

I hereby authorize the City to investigate all statements contained in this application; to interview the references and previous employers listed in this application. I authorize the references and previous employers listed to give the City all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to the City, including, but not limited to, any liability defamation or invasion of privacy.

If I am offered employment, I understand that such an offer will be conditional upon satisfactory results of a background investigation and/or medical examination or inquiry, including a drug screen test. If then employed, I understand that I will be required to serve a six- (6) month training period.

Applicable to applicants with CDL licenses only: I further understand and voluntarily agree as a condition of employment or my continued employment, that I may be requested by the City to submit to a urinalysis or other drug or alcohol screen test and that my failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for employment, or if I am then employed, may result in disciplinary action including the possibility of termination of employment.

I certify that I have read, understand and agree with the above.

Date _____ Signature of Applicant _____

The City of Quincy is an equal opportunity employer that supports and encourages the concept of diversity in the workplace. ALL job candidates are treated equally throughout the employment process. To assist the country in monitoring their program, you are requested to provide the following information. **THIS INFORMATION IS VOLUNTARY.** Completing or not completing this survey has no effect on the processing of your application.

ETHNIC GROUP: Please identify yourself in terms of the groups below:

- ☐ **White** – (not of Hispanic origin): All persons having origins in any of original peoples of Europe, North Africa, or the Middle East.
- ☐ **Black** – (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
- ☐ **Hispanic** – All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.
- ☐ **Asian** – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- ☐ **Native American** – All persons having origins in any of the original peoples of North America, and who maintain culture identification through tribal affiliation or community recognition.