

City of Lynn Massachusetts

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Personnel Director

PERSONNEL DEPARTMENT



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EMPLOYMENT APPLICATION

The City of Lynn is an Affirmative Action and Equal Opportunity Employer. All applicants shall receive equal consideration and treatment in employment without regard to race, color, religion, ancestry, national origin, age, disability, sexual orientation, military status, marital status, familial status, genetic information, or any other status prohibited by law.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire. 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.

INSTRUCTIONS:

- Please PRINT clearly in ink or use a typewriter. Pencil is not acceptable.
- Do not leave sections blank. If a question does not apply, indicate it is not applicable. Incomplete forms may not be accepted.
- Completed applications will remain active with The City of Lynn for six (6) months from the date received.
- After 6 months, applicants must submit a new application in order to be considered for future positions.

I. PERSONAL DATA

Today's Date: _____ Position: _____

First Name: _____ Middle: _____ Last Name: _____

Address: _____
Street Apt # City State Zip

Email Address: _____

Home Phone: () _____ Alternate Phone: () _____

Have you ever been employed anywhere under any other name(s)? Yes No

Have you previously worked for City of Lynn, Lynn Public Schools, Lynn Housing Authority or Lynn Water & Sewer? Yes No

If Yes, list dates and department name: _____

How were you referred to us?

Walk In

Internet/Social Media

Newspaper

Employee Name: _____

II. EDUCATION/TRAINING Based on job requirements, you may be required to provide copies of transcripts, degree(s) or professional certification(s).

Did you graduate from high school? Yes No If No, did you earn your General Education Degree (GED)? Yes No

Please give the name and address of your high school/GED institution: _____

Please circle the highest education level you have completed: 8th 9th 10th 11th 12th 13th 14th 15th 16th or more

Please list below all undergraduate/ graduate degrees you have earned or are in the process of earning as well as any professional certifications you may have earned:

College/University	City, State, Phone #	Graduated Y/N	Type of Degree Obtained (please note if in process)

Type, Skill, Certification	Issued By	Notes

IV. EMPLOYMENT The applicant may include in such history any verified work performed on a volunteer basis.

Employer: _____ Number of Years Employed: _____

Type of Business: _____ Position: _____

Address: _____

Business Phone: () _____ Supervisor: _____

Reason for Leaving: _____

Describe the essential duties & responsibilities of the position:

Employer: _____ Number of Years Employed: _____

Type of Business: _____ Position: _____

Address: _____

Business Phone: () _____ Supervisor: _____

Reason for Leaving: _____

IV. EMPLOYMENT (Continued)

Describe the essential duties & responsibilities of the position:

Employer: _____ Number of Years Employed: _____

Type of Business: _____ Position: _____

Address: _____

Business Phone: () _____ Supervisor: _____

Reason for Leaving: _____

Describe the essential duties & responsibilities of the position:

Employer: _____ Number of Years Employed: _____

Type of Business: _____ Position: _____

Address: _____

Business Phone: () _____ Supervisor: _____

Reason for Leaving: _____

Describe the essential duties & responsibilities of the position:

V. VETERAN'S PREFERENCE (If applicable) If claiming preference, please mark the appropriate box. Documentation substantiating your claim (Form DD214) must be furnished at the time you submit your Application.

Branch of Service _____

Branch of Service _____

Branch of Service _____

While in military service, were you ever convicted by general court-martial? Yes No

If Yes, please explain _____

VI. GENERAL INFORMATION Please note that the City may request an applicant's driver's record as part of the pre-employment background check.

If the position for which you are applying requires the operation of a city vehicle or equipment, you must accurately answer the following questions because your driving record will be confirmed with the Department of Motor Vehicles.

Do you possess a valid Massachusetts Driver's License? Yes No

If Yes, Mass Operator's License # _____

Mass Commercial Driver's License # _____

CDL Class: A B C D

Endorsements: H N P T X F CMV E CMV

Do you possess a valid Driver's License from another state? Yes No

If Yes, list state: _____

VII. SIGNATURE Please read the following carefully before signing! This Application must be signed in order to be considered.

By my signature below, The City of Lynn has my authorization to thoroughly investigate my work, criminal and personal history that is job-related. I authorize The City of Lynn to obtain college or university transcripts and employment references from my current and former employers and will hold no person, or organization liable for giving or receiving information during this investigation. I understand that if I am applying for a position that may require driving a vehicle, a driving record check will be conducted through the Department of Motor Vehicles. I also agree to submit to a medical examination and/or drug/alcohol test as required.

I understand that any misrepresentation on this application may be reason for immediate dismissal, and that permanent employment depends on satisfactory replies from references, a favorable report on my medical examination where required, and successful completion of a probationary period of employment. I also understand that any offer of employment or appointment and any conditions thereto are contingent and become final only upon appointment. I further understand that pursuant to the provisions of the Immigration Reform and Control Act of 1986 I will be required to complete an Employment Eligibility Verification form (I-9) and submit specific document(s) that establish my identity and employment eligibility after an offer of employment is made

Applicant's Signature

Date

Lynn City Charter

City Residence Requirement

Section 8 - 11

Every person who is appointed to a city office and every person who is employed on a permanent full time basis by the city not a resident of the city at the time of such appointment or employment shall within six months following such appointment or employment establish his ordinary and usual place of residence within the city or such appointment shall be deemed to be vacated or forfeited.

I hereby acknowledge receipt on this date of a copy of Section 8-11, Page 45, of The Lynn City Charter. The title of this Section is "CITY RESIDENCE REQUIRED."

I have read and fully understand the contents therein.

I understand that if I am not now a resident of The City of Lynn, I must move into the city within six months of this date. I also understand that I must continue to be a resident for the duration of my employment with the city. If I fail to move into the city within six months specified or if I move out of the city of Lynn at any time thereafter my employment shall be deemed to be vacated or forfeited.

Signed

Date

Witnessed

Date

**COMPLETION OF THIS FORM IS OPTIONAL
TO BE USED BY THE CITY OF LYNN FOR EEO/AA REPORTING REQUIREMENTS**

AN INVITATION

The City of Lynn as part of its commitment to equal employment opportunity and to its affirmative action program invites all applicants to provide the following information.

Your participation is voluntary and opting not to provide the information will have no bearing on our employment decision. The data is confidential and will be filed separately. It will be available only to authorized personnel for research, reporting, and evaluation purposes. Your cooperation is appreciated.

POSITION APPLIED FOR _____

DATE COMPLETED _____

GENDER

(Please check one of the options below)

_____ Female _____ Male

RACE/ETHNICITY

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

___ Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

___ White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

___ Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

___ Native Hawaiian or Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

___ Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

___ Native American or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

___ Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

___ I do not wish to disclose.