Drew Russo

Personnel Director

I. Information



City Hall Lynn, Massachusetts, 01901 Tel: (781) 586-6878 Fax: (781) 477-7052

Email: personnel@lynnma.gov

Maria Foglietta Bray

Maria Foglietta Bray Administrative Assistant

City of Lynn Massachusetts PERSONNEL DEPARTMENT

RESERVE EMPLOYMENT APPLICATION

Name:								
Address:								
City: State:						Zip Code:		
Email address:			Cell Phone Number:					
Valid MA Driver's License? YES NO								
II. Educa	tion							
Type of School	Name of School Lo		Loc	Location		Number of Years Attended		Degree/Certification
High School								
College								
Other								
			•		•			
III. EMP								
#1				ecent Employ	yme	nt		
Number of years worked: Cor		mpa	mpany Name:			Telephone Number:		
Titles and Duties:								
Reason For Leavin	ıg:							
Supervisor's Name:					Telephone Number:			
					1			

IV: EMPLOYMENT RECORD						
#2						
Number of years worked:	Company Name:	Telephone Number:				
Titles and Duties:						
Reason For Leaving:						
Supervisor's Name:		Telephone Number:	Telephone Number:			
		·				
#3	IV: EMPLOYM	ENT RECORD				
Number of years worked: Company Name:		Telephone Number:				
Titles and Duties:	<u> </u>					
Reason For Leaving:						
Supervisor's Name:		Telephone Number:				

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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.

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:		
	Applicant's Signature:	Date: