

Joseph H. Ariscoll
Personnel Director

City of Lynn, Massachusetts

PERSONNEL DEPARTMENT

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

Maria R. Chambers
Administrative Assistant



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, or familial status.

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 _____

Name: _____
Last First Middle

Address: _____
Street Apt # City State Zip

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

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

If Yes, list name(s): _____

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

If Yes, list dates and department name: _____

How were you referred to us?
Walk In
Internet
Newspaper
Employee Name: _____
Other (list) _____

Are you a citizen of the United States? Yes No Are you a permanent resident? Yes No

Are you currently authorized to work in the U.S.? Yes No If your work authorization is based on non-immigrant visa (F 1, H-1, TN, L-1, E, G) please list type: _____

II. EDUCATION (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, have you ever earned 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 and graduate degrees you have earned or are in the process of earning:

College/University	City, State, Phone #	Date(s) Attended	Type of Degree Obtained (please note if in process)

III. TRAINING Please list all training, certifications or licenses you have related to the position(s) for which you are applying:

Type, Skill, Certification	Issued By	Date(s) taken	Notes

IV. EMPLOYMENT (continued)

Employer: _____ Dates of Employment From: _____ Through _____
Month/Year Month/Year

Type of Business: _____ Position: _____

Address: _____
Street Apt # City State Zip

Business Phone: () _____ Supervisor: _____

Reason for Leaving: _____

Starting Salary: \$ _____ per _____ Ending Salary: \$ _____ per _____

Describe the essential duties & responsibilities of the position:

Employer: _____ Dates of Employment From: _____ Through _____
Month/Year Month/Year

Type of Business: _____ Position: _____

Address: _____
Street Apt # City State Zip

Business Phone: () _____ Supervisor: _____

Reason for Leaving: _____

Starting Salary: \$ _____ per _____ Ending Salary: \$ _____ per _____

Describe the essential duties & responsibilities of the position:

Employer: _____ Dates of Employment From: _____ Through _____
Month/Year Month/Year

Type of Business: _____ Position: _____

Address: _____
Street Apt # City State Zip

Business Phone: () _____ Supervisor: _____

Reason for Leaving: _____

Starting Salary: \$ _____ per _____ Ending Salary: \$ _____ per _____

Describe the essential duties & responsibilities of the position:

Have you ever applied for or received Workers Compensation benefits? Yes No

If Yes, please explain:

V. VETERAN'S PREFERENCE (If applicable) If you are 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. A record of conviction(s) will not necessarily disqualify you from employment. Each situation is considered individually. Withholding or falsifying information may result in: (a) exclusion from further consideration, or (b) if hired, immediate discharge.

Have you ever been convicted of an offense against the law, forfeited collateral, or are you now under charges for any offense against the law? Yes No

If Yes, please explain:

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: _____

Have you been cited for any violations in which points were assessed against your license in the past five (5) years? Yes No

If Yes, list state: _____

Has your Drivers License been suspended or revoked in the past five (5) years? Yes No

If Yes, please list violations and period of time: _____

VI. 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.

Applicant's Signature

Date

THE CITY OF LYNN IS AN EQUAL OPPORTUNITY EMPLOYER

Please 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.

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application as well as termination from employment at any time in the future if I become employed by The City of Lynn.

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

Signature

Date

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

AN INVITATION

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

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.

The information is voluntary and refusal to provide it will not have any bearing on our employment decision. The data is confidential and will be filed separately. It will be available only to authorized personnel or research, reporting and evaluation purposes. The information is needed to document the hiring practices of The City of Lynn and to assess the effectiveness of its affirmative action program. Your cooperation is appreciated.

Position Applied For

Date

SEX	AGE	ORIGIN	HANDICAP
Male	under 16	White	Mental
Female	16 - 39	Black	Physical
	40 - 69	Hispanic	None
	70+	Asian or Pacific Islander	
		American Indian/Alaskan Native	
		Cape Verdean	

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

CORI REQUEST FORM

Lynn, City of has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for a position in the City of Lynn, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant/Employee Signature

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

ADDRESS:

TELEPHONE:

REQUESTED BY:

SIGNATURE OF CORI AUTHORIZED EMPLOYEE

CHSB USE ONLY

RECORD ATTACHED: _____

NO RECORD: _____