



Town of Arlington
PERSONNEL DEPARTMENT
730 Massachusetts Avenue
Arlington, MA 02476

APPLICATION FOR EMPLOYMENT**
PLEASE PRINT OR TYPE (Fill in all required information)

A. GENERAL INFORMATION

List position (s) for which you are applying:

First _____ Middle _____ Last Name _____

No. & Street _____

Town _____ State _____ Zip Code _____

Phone No. _____ Business Phone (if permissible to use) _____

Email Address _____

Date of Birth _____ (Optional- will be required to be furnished upon employment.)

Have you ever been employed by the Town before? Yes No
If yes, when and for what department? _____

Do you have any relatives employed by the Town? Yes No
If yes, please name them. _____

Are you a United States citizen?
If no, specify type of visa or work permit.

U.S. Military Service Data for Veteran's Preference:
Have you ever served in the Armed Forces of the United States (Army, Navy, Air Force, Marines, or Coast Guard)? Yes No
If yes, attach a photocopy of your discharge form (DD214)

Are you the widowed or un-remarried spouse or parent of a veteran who died from a service-connected disability incurred in war time service? (WWI, WWII, Korean or Vietnam Conflicts, or Persian Gulf?)
Yes No

List all Civil Service Exams Taken: Passed _____ Failed _____

Do you hold a valid Mass. Driver's License?
Yes No If yes, which class?

A B C D

List any machines and equipment you are trained to operate:

Personal Computer Experience (list software programs):

Other Special Skills you have that relate to the position (s) for which you are applying:

B. EMPLOYMENT REFERENCES

Please list three persons whom we can contact, other than your immediate supervisors, who are able to evaluate your professional knowledge and ability, and/or your work record.

	1	2	3
Name			
Title			
Company			
Address			
Phone			

NOTE: It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. Any employer who violates this law shall be subject to criminal penalties and civil liability.

** Applicants for certain positions may be required to complete a Supplemental Application for Employment in addition to this form.

EOE/ADA



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PLEASE COMPLETE ALL ITEMS ON THIS PAGE EVEN IF A RESUME IS ATTACHED

C. EDUCATION: CIRCLE THE NUMBER CORRESPONDING TO HIGHEST LEVEL OF EDUCATION COMPLETED.

Elem – High School 8 9 10 11 12	Post H.S. Voc/Tech 1 2 3	College 1 2 3 4 5	Graduate School 1 2 3 4
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High school equivalency diploma (GED) date earned _____ Granting agency _____
List in reverse chronological order (Present or last shown first) all Colleges and Universities, Technical, Vocational, and Trade Schools and High Schools attended.

Name of School	Address	Dates Attended from/to	Major Subject (s)	Diploma/Degree (If none, no. of credits)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

List certifications, licenses, registrations, applicable courses, and membership in Trade Associations or societies.

D. EXPERIENCE

Describe below all work experience in the past 5 years or your most recent 3 jobs, whichever will provide the most complete information about your work history. You may include any verifiable work performed on a volunteer basis. You may also provide information beyond 5 years or 3 jobs. (Use additional sheets of paper if necessary.)

1. Name of firm _____ Summary of your duties and responsibilities
 Address _____
 Your job title _____
 Supervisor (name and title) _____
 Telephone No. _____
 Employed From: _____ To: _____
Month/Year Month/Year
 Full Time _____ ; if part time Hours/Weekly _____
 May we contact this employer? Yes No
Reason for leaving

2. Name of firm _____ Summary of your duties and responsibilities
 Address _____
 Your job title _____
 Supervisor (name and title) _____
 Telephone No. _____
 Employed From: _____ To: _____
Month/Year Month/Year
 Full Time _____ ; if part time Hours/Weekly _____
 May we contact this employer? Yes No
Reason for leaving:

3. Name of firm _____ Summary of your duties and responsibilities
 Address _____
 Your job title _____
 Supervisor (name and title) _____
 Telephone No. _____
 Employed From: _____ To: _____
Month/Year Month/Year
 Full Time _____ ; if part time Hours/Weekly _____
 May we contact this employer? Yes No
Reason for leaving:

E. STATEMENT

The following statement must be read and signed in order for your application to be accepted and considered. I understand that employment with the Town of Arlington depends upon the result of satisfactory replies from my references, past employers, and a favorable report on my physical examination, should one be requested; the satisfactory completion of a probationary period and a Civil Service appointment if applicable.
 I hereby certify that my application form and any attachments to it contain no false information and are complete to the best of my knowledge. I am aware that if an investigation reveals misrepresentation or falsification, my application will be rejected, my name will be removed from any registers or lists, and if already employed, I may be immediately dismissed, and I may be disqualified from applying for any position with the Town of Arlington in the future. I hereby release any person or firm from any and all liability for damages pertaining to information supplied during the investigation of and processing of this application.

Signature of Applicant (do not print) _____ /Date / _____