

Last Name:

First Name:

Position Applying for:



City of Malden Employment Application

Please Check all that Apply:

Municipal Administration Technical/Trades Parking Enforcement

Custodian Traffic Supervisor (Crossing Guard)

Other: _____

PLEASE PRINT ALL INFORMATION ON BOTH SIDES OF THIS APPLICATION, PLEASE ATTACH RESUME, IF AVAILABLE			
Date of Application:		Name (please print):	
Address: Street	City:	State:	Zip Code:
Home Phone:	Cell Phone:	Alternative Phone:	
Social Security Number:	Drivers License Number:		
How were you referred to the City of Malden?	E-Mail Address:		
Have you been employed here before? If yes when?	Are you willing to except Temporary work?		
Are you employed now?	May we contact your present employer?		
Are you under 18 years of age?	If yes state age:	Have you filled an application here before? If yes, Date?	
Have you been convicted of a felony within the last 5 years?			
If yes, please explain			
Veteran of the U.S. Military service?		Are you currently active?	
Type of discharge & date?			

Indicate languages you speak, read and/or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

Give name, address and telephone number of three references that are not related to you.

1. _____
2. _____
3. _____

Education

School	Name	Course of Study	Years Completed	Did you Graduate?	Diploma or Degree
High School or Equivalent					
College or University					
Graduate School					
Other					
Additional training or skills (Computer, special license)					
Professional Affiliations					

Have you ever been terminated or asked to resign from a job? _____

If yes, please explain. _____

How many days have you lost from work or school due to illness during the past year? _____

State any additional information you feel may be helpful to us in considering your employment.

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names that indicate race, color, religion, gender, national origin, handicap or other protected status.

EMPLOYER:	Telephone #	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				
EMPLOYER:	Telephone #	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				
EMPLOYER:	Telephone #	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualification: _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 1 year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. The applicant understands that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and employee in writing. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

