



# Application for Employment

*Qualified applicants are considered for all positions without regard to race, age, color, religion, sex, national origin, martial or veterans status or handicap.*

Date of Application \_\_\_\_\_ Position Applied for \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Phone no. \_\_\_\_\_  
No. Street City State Zip

Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, do you posses and Alien Registration Card? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give Alien Registration No. \_\_\_\_\_

Have you ever been employed by the City of Attleboro? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give dates and positions held \_\_\_\_\_

References:	Name	Address	Phone No.
	_____	_____	_____
	_____	_____	_____

Education:	High School	College	Graduate
School	_____	_____	_____

Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
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Diploma/Degree \_\_\_\_\_

Major \_\_\_\_\_

*An Equal Employment Opportunity Employer M/F/H/V*

**Employment Experience: List each job held. Start with your present or last position.  
Exclude groups, which indicate race, color, religion, sex or national origin.**

1. Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_  
Reason for leaving \_\_\_\_\_
  
2. Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_  
Reason for leaving \_\_\_\_\_
  
3. Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_  
Reason for leaving \_\_\_\_\_
  
4. Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**Agreement: I certify that answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination. I understand, also, that I am required to abide by all rules and regulations of the City of Attleboro. I authorize you to make investigations and inquiries of my personal, employment or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.**

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*Signature of Applicant*

*Date Signed*