



**CITY OF BOSTON**  
**EMPLOYMENT APPLICATION**  
**An Equal Opportunity / Affirmative Action Employer**



In compliance with Federal and State Equal Employment Laws, Equal opportunity will be afforded to all applicants regardless of race, color, sex, age, religious creed, disability, national origin, ancestry, sexual orientation, marital status, ex-offender status, prior psychiatric treatment or military status. 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.

**Please note that as a condition of employment you must be a resident of the City of Boston on the day of employment and remain a resident for the duration of your employment with the City.**

**PERSONAL DATA**

|   |  |            |  |                 |  |
|---|--|------------|--|-----------------|--|
| <b>PLEASE PRINT AND COMPLETE ALL INFORMATION ON BOTH SIDES OF THIS APPLICATION, PLEASE ATTACH A RESUME, IF AVAILABLE.</b> |  |            |  |                 |  |
| Name: Last  |  | First      |  | Middle Initial  |  |
| Social Security Number  |  |            |  |                 |  |
| Date of Application:  |  | Posting #: |  | Position Title: |  |
| Address: Street   |  | City       |  | State           |  |
| Zip Code  |  |            |  |                 |  |
| Home Phone: (Area Code & Number)  |  |            | Work Phone: (Area Code & Number)             |                 |  |
| How were you referred to the City?  |  |            |  |                 |  |
| Have you any relatives working for the City of Boston or County of Suffolk? Yes _____ No _____                            |  |            |  |                 |  |
| Have you ever worked for the City of Boston or County of Suffolk? Yes _____ No _____                                      |  |            |  |                 |  |
| Are you legally authorized to work in the U.S.? Yes ___ No ___  |  |            | Veteran of U.S. Armed Forces? Yes ___ No ___ |                 |  |
| What was your attendance record at your prior place of employment?  |  |            |  |                 |  |

**EDUCATION**

| School  | Name & Address of School | Course of Study | Years Completed |   |   |   | Did you Graduate?     | Diploma or Degree |
|---|--------------------------|-----------------|-----------------|---|---|---|-----------------------|-------------------|
|   |                          |                 | 1               | 2 | 3 | 4 |                       |                   |
| High School or Equivalent   |                          |                 |                 |   |   |   | yes _____<br>no _____ |                   |
| College or University   |                          |                 |                 |   |   |   | yes _____<br>no _____ |                   |
| Graduate School   |                          |                 |                 |   |   |   | yes _____<br>no _____ |                   |
| Other   |                          |                 |                 |   |   |   | yes _____<br>no _____ |                   |
| Additional training or skills (languages, computer skills, special licenses, certifications, etc.): |                          |                 |                 |   |   |   |                       |                   |
| Professional Affiliations:  |                          |                 |                 |   |   |   |                       |                   |

