

# City of Methuen



## APPLICATION

Date: \_\_\_\_\_

Position Applying for: \_\_\_\_\_

### Personal Information (please print)

Name: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_  
(Street) (City) (State) (zip code)

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Date you can begin work: \_\_\_\_\_

Are you available all shifts Yes\_\_\_ No\_\_\_

Have you ever worked for the City of Methuen Yes\_\_\_ No \_\_\_

If Yes, dates: \_\_\_\_\_ Position: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Long Range Goals:

Achievements/Special Skills:

Professional Qualifications

### Education

List from Present to Past

School/Institution	Major or Area of Study	Years completed	Year graduated

MA Professional Trade, Certifications, Driver’s License

License\_\_\_\_\_

License#\_\_\_\_\_

Date Issued\_\_\_\_\_

Exp. Date\_\_\_\_\_

License\_\_\_\_\_

License#\_\_\_\_\_

Date Issued\_\_\_\_\_

Exp. Date\_\_\_\_\_

License\_\_\_\_\_

License#\_\_\_\_\_

Date Issued\_\_\_\_\_

Exp. Date\_\_\_\_\_

Employment History

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving\_\_\_\_\_

Current Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position Held / Duties: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving\_\_\_\_\_

Current Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position Held / Duties: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving\_\_\_\_\_

Current Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position Held / Duties: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving\_\_\_\_\_

Current Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position Held / Duties: \_\_\_\_\_

References

Name	Address	Telephone	Relationship	Years known

# Voluntary Self-Identification Form

The City of Methuen is proud to be an Equal Employment Opportunity employer committed to diversity and inclusion in the workplace. Submission of the following information is voluntary and refusal to provide it will not subject you to any adverse treatment.

1. What is your race/ethnic identity? Please mark the item describing the race/ethnicity category which you primarily identify with.

American Indian or Alaskan Native

Asian

Black or African American

Hispanic or Latino

Native Hawaiian or Other Pacific Islander

White/Caucasian

Two or More Races

I do not wish to self-identify.

2. Gender Identity:

Female

Male

Non-Binary

I do not wish to self-identify.

3. Veteran Status:

I am a protected veteran.

I am not a protected veteran.

I do not wish to self-identify.

4. Disability Status:

Yes, I have a disability.

No, I do not have a disability.

I do not wish to self-identify.

**Applications are accepted for any current posted position. It is the applicant's responsibility to re-submit his/her application for future consideration in a separate position.**

I hereby state that the information given by me in this application is true in all respects. I understand that if I am employed and the information is found to be false in any respect, I will be subject to dismissal without notice at any time. I hereby authorize my former employers to release information pertaining to my record, my work habits, and my work performance while in their employ. I hereby authorize the individuals listed as personal references to release information that may pertain to my work habits or work performance.

I understand that is unlawful in MA 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.

I understand and agree that, if I am offered employment by the City of Methuen, my employment will be for no definite term and that either I or the City of Methuen will have the right to terminate the employment relationship at any time, with or without cause and with or without notice. I also understand this status can only be altered by a written contract of employment that is specific as to all material terms and is signed by me, my union representative (if applicable), and the Mayor.

Statements made in this application are made under the pains and penalties of perjury.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**PLEASE RETURN COMPLETED APPLICATION TO:**

**City of Methuen  
Human Resources  
41 Pleasant St., Rm 206  
Methuen, MA 01844**

**OR**

**Via Email to [HumanResources@methuen.gov](mailto:HumanResources@methuen.gov)**

*The City of Methuen is an equal opportunity/affirmation action employer and service provider. The City of Methuen does not discriminate on the basis of race, color, national origin, ancestry, sex, sexual orientation, religious creed, genetics, veteran status, disability, or age, in our programs, activities, and employment practices. The following person has been designated to handle inquiries regarding the non-discrimination policy: Sandy Almonte, DEI Coordinator, City of Methuen.*

Updated 01.27.25