



*City of Marlborough:*  
*140 Main Street*  
*Marlborough, Massachusetts 01752*

**2019 APPLICATION FOR SEASONAL EMPLOYMENT**

**PLEASE READ BEFORE COMPLETING FORM:**

The City of Marlborough is an Equal Opportunity Employer. The City of Marlborough does not discriminate in hiring or employment on the basis of race, color, religion, sex, sexual orientation, gender identity and expression, age, genetic information, national origin, ancestry, disability, veteran status or membership in the armed services, marital status or any other protected category under federal or state law.

**PLEASE PRINT.** All questions should be answered clearly, completely, accurately and neatly in your own handwriting. If you need more space, please attach a separate sheet. Return entire completed and signed application to the Human Resources Department of City Hall, 140 Main Street, Marlborough, MA 01752. If you should have any questions regarding this form, please contact the Human Resources Department at 508-460-3706.

**PERSONAL INFORMATION**

NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_

PERMANENT ADDRESS  
(IF DIFFERENT FROM CURRENT ADDRESS): \_\_\_\_\_

EMAIL: \_\_\_\_\_

PLEASE CHECK ONE OF THE FOLLOWING:

- I AM A NEW APPLICANT  
HOW WERE YOU REFERRED TO US? \_\_\_\_\_
- I AM RE-APPLYING

DO YOU HAVE ANY RELATIVES WORKING FOR THE CITY OF MARLBOROUGH? IF YES, PLEASE LIST THEIR NAME(S) AND RELATIONSHIP TO YOU: \_\_\_\_\_

**OPTIONAL: IF YOU HAVE A RESUME, PLEASE ATTACH IT TO THIS APPLICATION.**

**2019 APPLICATION FOR SEASONAL EMPLOYMENT**

(Continued)

**EMPLOYMENT DESIRED**

PLEASE CHECK THE BOX(ES) WHICH APPLY TO YOU:

SUMMER (**DEADLINE IS APRIL 1, 2019**)

DATES AVAILABLE: \_\_\_\_\_

WINTER (**DEADLINE IS NOVEMBER 1, 2019**)

DATES AVAILABLE: \_\_\_\_\_

TYPE OF WORK DESIRED? \_\_\_\_\_

AGE (CHECK ONE)

\_\_\_ At least 14 years but not yet 16

SECOND CHOICE: \_\_\_\_\_

\_\_\_ Between 16 and 18 years old

DATE AVAILABLE: \_\_\_\_\_

\_\_\_ 18 years old or older

**EDUCATION**

SCHOOL/COLLEGE CURRENTLY ATTENDING: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_

SCHOOL/COLLEGE ATTENDING IN FALL: \_\_\_\_\_ GRADE IN FALL \_\_\_\_\_

EXTRACURRICULAR ACTIVITIES WHILE IN SCHOOL: \_\_\_\_\_

HONORS RECEIVED, VOLUNTEER OR COMMUNITY SERVICE OR OTHER QUALIFICATIONS YOU HAVE WHICH YOU FEEL ARE RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING (IE: CPR, FIRST AID, ETC.) \_\_\_\_\_

I AUTHORIZE THE INVESTIGATION OF MY REFERENCES AND RELEASE THE CITY OF MARLBOROUGH FROM ANY AND ALL LIABILITY RESULTING FROM SUCH INVESTIGATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF REQUESTED INFORMATION IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND THAT EMPLOYMENT, IF OFFERED PRIOR TO RECEIPT OF REFERENCES AND PRE-EMPLOYMENT MEDICAL CLEARANCE, WILL BE CONDITIONAL UNTIL THESE REPORTS ARE SATISFACTORILY COMPLETED. I ALSO UNDERSTAND THAT THIS EMPLOYMENT APPLICATION AND OTHER CITY DOCUMENTS ARE NOT CONTRACTS OF EMPLOYMENT AND THAT ANY INDIVIDUAL WHO IS HIRED MAY VOLUNTARILY LEAVE EMPLOYMENT UPON PROPER NOTICE AND MAY BE TERMINATED BY THE EMPLOYER AT ANY TIME FOR ANY REASON.

**PLEASE NOTE: THESE SEASONAL POSITIONS ARE NON-SMOKING.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Please return this ORIGINAL 4-page document to:**

**Human Resources Department**

**City of Marlborough**

**140 Main Street**

**Marlborough, MA 01752**



*City of Marlborough:*  
*140 Main Street*  
*Marlborough, Massachusetts 01752*

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)  
ACKNOWLEDGEMENT FORM**

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, AND LICENSING.

The **City of Marlborough** is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, and current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant, or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the **City of Marlborough** to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the **City of Marlborough** with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The **City of Marlborough** may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that **City of Marlborough** must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 4 of this Acknowledgement Form is true and accurate.

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APPLICANT SIGNATURE

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POSITION APPLYING FOR

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TODAY'S DATE



*City of Marlborough:*  
*140 Main Street*  
*Marlborough, Massachusetts 01752*

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)  
APPLICATION FORM**

**PLEASE PRINT**

\_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME OR OTHER NAME(S) BY WHICH YOU HAVE BEEN KNOWN)

\_\_\_\_\_  
DATE OF BIRTH PLACE OF BIRTH

SOCIAL SECURITY NUMBER (Last Six Numbers Only - Required): XXX --- -- \_\_\_\_\_

SEX:  MALE  FEMALE

DRIVER'S LICENSE or ID NUMBER: \_\_\_\_\_ STATE OF ISSUE: \_\_\_\_\_

\_\_\_\_\_  
MOTHER'S MAIDEN NAME FATHER'S FULL NAME

**CURRENT AND FORMER ADDRESSES:**

\_\_\_\_\_  
STREET NUMBER & NAME CITY/TOWN STATE, ZIP

\_\_\_\_\_  
STREET NUMBER & NAME CITY/TOWN STATE, ZIP

**FOR HUMAN RESOURCES DEPARTMENT:**

THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM(S) OF GOVERNMENT ISSUED IDENTIFICATION:

\_\_\_\_\_  
REQUESTED BY: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

PRINT NAME: \_\_\_\_\_