



Boston Public Health Commission

Employment Application
 Human Resources, 1010 Mass. Ave. 6th fl, Boston MA 02118

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Please note: residency within the city of Boston is required for all positions.
Proof of residency will be required upon hire.

Position Applied For _____ REQ# _____ Today's Date _____

Last Name _____ First Name _____ Middle Initial _____

Present Address _____ City _____ State _____ Zip _____

Permanent Address _____ City _____ State _____ Zip _____

Telephone Number _____ Social Security Number _____ - _____ - _____

Circle Yes or No or write in the answer for the following questions:

Are you legally able to work in the US?	Yes	No	Are you currently employed?	Yes	No
Permanent Resident of US?	Yes	No	May we contact your current employer?	Yes	No
Veteran of US Armed Forces?	Yes	No	If not a Boston resident, are you able to move?	Yes	No
Have you been employed by the Commission before? If yes, dates and title _____	Yes	No	Date you would be available for work? Hours available for work: (Check one:)		
Do you have relatives employed at the Commission? If yes, name of relative _____	Yes	No	Full-time? _____ Part-time? _____ How many per week _____		
Indicate which foreign languages you speak or write and the degree of fluency			How did you hear about this position?		

Education

	Name and address of school	Course of Study	Years Completed	Diploma Received
High School				
Undergraduate College				
Graduate College				
Technical School/Other				

Employment Experience

Starting with your present position, please supply employment information back 10 years. Include all periods of unemployment. You may also include any verified work performed on a volunteer basis as part of your work history.

Employer	Dates Employed	Work Performed
Address	From To	
Job Title Tel. number		
Supervisor Name	Hourly Salary/Rate	
Reason for leaving	Starting Final	
Employer	Dates Employed	Work Performed
Address	From To	
Job Title Tel. number		
Supervisor Name	Hourly Salary/Rate	
Reason for leaving	Starting Final	
Employer	Dates Employed	Work Performed
Address	From To	
Job Title Tel. number		
Supervisor Name	Hourly Salary/Rate	
Reason for leaving	Starting Final	
Employer	Dates Employed	Work Performed
Address	From To	
Job Title Tel. number		
Supervisor Name	Hourly Salary/Rate	
Reason for leaving	Starting Final	

Please use additional sheets of paper if needed

May we contact the above employers? Yes _____ No _____ Why? _____

Did you serve in the U.S. Armed Forces? Yes _____ No _____ If Yes, what branch? _____

Did you receive an Honorable Discharge? Yes _____ No _____

Describe any additional training, skills and volunteer or extra-curricular activities that are relevant to your application.
