



CITY OF WESTFIELD

Received: _____
Labor Service No: _____

APPLICATION FOR EMPLOYMENT

Rev. 2016

Qualified applicants are considered for positions without regard to race, color, religion, creed, sex, national origin, age, marital status, sexual orientation or handicap.

INSTRUCTIONS: Please read the application carefully and answer every question printing neatly.

Date of Application: _____ Position(s) Applying For: _____

Name: _____

_____ Last First Middle

Address: _____
Street City State / Zip Code

Telephone: Home: _____ Cell: _____ Email: _____

How were you referred to us: Advertisement Website Walk-In Other: _____

Name of referral source: _____

I will accept: Full Time Part Time Temporary Seasonal Date available for work: _____

Are you currently employed? Yes No May we contact your current employer? Yes No

GENERAL INFORMATION

If you are under 18 years of age, can you provide required proof of your eligibility to work: Yes No

Have you ever been employed by the City of Westfield? Yes No

If yes, what department? _____ From: ___/___/___ to ___/___/___

List names of relatives now employed by the City of Westfield: _____

Do you have a right to be legally employed in the United States: Yes No (Proof required upon hire.)

Have you ever served in the Armed Forces? Yes No If yes, attach a copy of your discharge (DD214).

EDUCATIONAL DATA

| School Name/Location | Course of Study | Graduated Yes or No | Degree Received |
|----------------------|-----------------|---------------------|-----------------|
| | | | |
| | | | |
| | | | |

Special skills, Qualifications, Licenses, Certifications: (Please List)

If applicant is applying for a position which requires a valid MA driver's license and/or special permit including operating a City vehicle or conducting any City business using your own personal vehicle, please indicate the

In accordance with the Immigration Reform and Control Act of 1986, you will be requested, before being hired, to produce documentation which establishes your identity and your authorization to work in the United States.

classification of license/permit which you currently possess: _____

EMPLOYMENT HISTORY

List all full-time and part-time employment held, listing most recent experience first. You may include any verified work performed on a volunteer basis and/or military assignments. A resume or supplement sheet may be included, however, this section must be completed.

Employer Name: _____

Address: _____ Telephone No: _____

Employed: From: ___/___/___ to ___/___/___

Job Title: _____ Supervisor's Name: _____

Work Performed: _____

Reason for leaving: _____

Employer Name: _____

Address: _____ Telephone No: _____

Employed: From: ___/___/___ to ___/___/___

Job Title: _____ Supervisor's Name: _____

Work Performed: _____

Reason for leaving: _____

Employer Name: _____

Address: _____ Telephone No: _____

Employed: From: ___/___/___ to ___/___/___

Job Title: _____ Supervisor's Name: _____

Work Performed: _____

Reason for leaving: _____

If any of the following happened in the last ten (10) years, please include in the following chart:

Code # Termination Reason

- 1 Fired From A Job.
- 2 Quit or Left A Job By Mutual Agreement Following Allegations Of Misconduct.
- 3 Left A Job By Mutual Agreement Following Allegations Of Unsatisfactory Performance.
- 4 Left A Job For Other Reason Under Unfavorable Circumstances.

| DATE (Month/Year) | CODE # | EMPLOYER'S NAME & ADDRESS | DETAILED EXPLANATION |
|----------------------|--------|---------------------------|-------------------------|
| | | | |
| | | | |
| | | | |

Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Based on the applicable job description, are you able to perform the essential functions of the job with or without reasonable accommodation?

- Without accommodation
- Yes, with accommodation(s) as follows: _____

- No

Should you be offered employment, would you consent to a medical examination, as a condition of employment, conducted solely for the purpose of determining whether you are, with reasonable accommodation, capable of performing the essential functions of the job? Yes No

PROFESSIONAL REFERENCES

Please list only individuals who know your **work skills**. Non-relatives preferred.

| | | |
|---------------|----------|--------|
| Name: | Address: | Email: |
| Relationship: | Phone: | |
| Name: | Address: | Email: |
| Relationship: | Phone: | |
| Name: | Address: | Email: |
| Relationship: | Phone: | |

APPLICANT'S STATEMENT

Applicants for seasonal/temporary employment should be aware of current state laws which exempt the City from paying unemployment compensation benefits to those employees who work seasonal positions in duration of sixteen (16) weeks or less. Please refer to the applicable job description to verify the expected length of employment related to the position for which you are now applying.

My signature below verifies that I have provided the City of Westfield with complete and truthful information as requested on this employment application. I understand that any falsification or intentional omission of information is grounds for immediate discharge.

I authorize the City of Westfield to investigate my previous employment, educational background and references. I authorize persons listed as professional references and my previous employers (unless otherwise noted) to provide information concerning me to the City of Westfield. I further release the City of Westfield and its agents from any and all liability, which may arise due to an employment history inquiry to any of my previous employers for which I have authorized information to be released.

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.

The City of Westfield recognizes many different union agreements and Civil Service requirements. Unless other wise stated on the applicable job description, all persons are employed on an "at-will" basis. Consequently, the City of Westfield has the right to change the terms or conditions of employment, including discharging an employee without notice and without cause. No one has the authority to offer or grant any persons employment on any other terms unless specified in writing by employment contract, collective bargaining agreement or Civil Services mandate.

Signature

Date

EQUAL OPPORTUNITY INFORMATION

The information listed below is requested as part of the City of Westfield's equal opportunity/affirmative action program to provide statistical information in compliance with Federal and State regulations. **Your response is strictly voluntary and will not result in any adverse treatment.** The data is confidential, it will be available only to authorized personnel. Your cooperation is appreciated.

Date of birth: _____

- Ethnic Origin: White Black Hispanic
- Asian/Pacific Islander American Indian or Alaskan Native
- Cape Verdean
- Gender: Male Female



CORI REQUEST FORM

The City of Westfield's Personnel Department has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for the position of _____, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant / Employee Signature

APPLICANT/ EMPLOYEE INFORMATION (PLEASE PRINT)

Last Name First Name
MI

Maiden Name OR Alias Name Place of Birth
DOB

Last 6 digits of Social Security # Mother's Maiden Name

Current Address _____

Former Address _____

Sex _____ Height ____ft ____ in Weight _____ Eye Color _____

Driver's License Number _____ State _____

FOR PERSONNEL USE ONLY:

NOTE: *THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION*

(Please write in & initial which Government Issued Photographic Identification was viewed)

REQUESTED BY: _____
Signature of CORI Authorized Employee / Date