



Received: \_\_\_\_\_  
Labor Service No: \_\_\_\_\_

# CITY OF WESTFIELD APPLICATION FOR EMPLOYMENT

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.

Date of Application: \_\_\_\_\_ Position(s) Applying For: \_\_\_\_\_

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

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Facebook URL: \_\_\_\_\_ Twitter URL: \_\_\_\_\_

How were you referred to us?  Advertisement  Website  Walk-In  Other: \_\_\_\_\_

Name of Referral Source: \_\_\_\_\_

You will accept:  Full Time  Part Time  Temporary  Seasonal Date available to start: \_\_\_\_\_

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 currently 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 form (DD214).

### EDUCATIONAL INFORMATION:

<u>School Name</u>	<u>Location (City, State)</u>	<u>Course of Study</u>	<u>Graduated</u>	<u>Degree Received</u>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Special Skills, Qualifications, Licenses, or 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 classification of license/permit which you currently possess: \_\_\_\_\_

*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.*

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**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: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Work Performed:

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Reason for Leaving:

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Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Work Performed:

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Reason for Leaving:

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Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Work Performed:

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Reason for Leaving:

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

- | <u>Code #</u> | <u>Termination Reason</u>  |
|---------------|--|
| 1             | Fired from a job   |
| 2             | 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                        |

<u>Date (Month/Year)</u>	<u>Code #</u>	<u>Employer's Name</u>	<u>Detailed Explanation</u>

**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 the following accommodation(s): \_\_\_\_\_  
\_\_\_\_\_
- 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:**

Name: _____	Address: _____	Phone: _____
Relationship: _____	_____	Email: _____
Name: _____	Address: _____	Phone: _____
Relationship: _____	_____	Email: _____
Name: _____	Address: _____	Phone: _____
Relationship: _____	_____	Email: _____

**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 otherwise 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





**THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services 200**  
Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973  
MASS.GOV/CJIS



**This form is not to be faxed. Please return form to organization .  
Criminal Offender Record Information (CORI)  
Acknowledgement Form**

To be used by organizations conducting CORI checks for employment or licensing purposes.

\_\_\_\_\_ is registered under the  
(Organization)  
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, or 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

\_\_\_\_\_  
(Organization)  
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 \_\_\_\_\_  
(Organization)

with written notice of my intent to withdraw consent to a CORI check.

I also understand, that \_\_\_\_\_ may conduct  
(Organization)  
subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
*Signature of CORI Subject*

\_\_\_\_\_  
*Date*



**THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services**  
200 Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973  
MASS.GOV/CJIS



**SUBJECT INFORMATION**

Please complete this section using the information of the person whose CORI you are requesting.  
The fields marked with an asterisk (\*) are required fields.

\* First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\* Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_

Former Last Name 1: \_\_\_\_\_

Former Last Name 2: \_\_\_\_\_

Former Last Name 3: \_\_\_\_\_

Former Last Name 4: \_\_\_\_\_

\* Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\* Last **SIX** digits of Social Security Number: \_\_\_\_ -- \_\_\_\_  No Social Security Number

Sex: \_\_\_\_\_ Height: \_\_\_\_ ft. \_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

**Current Address**

\* Street Address: \_\_\_\_\_

Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

**SUBJECT VERIFICATION**

The above information was verified by reviewing the following form(s) of government-issued identification:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Verified by:

\_\_\_\_\_  
*Print Name of Verifying Employee*

\_\_\_\_\_  
*Signature of Verifying Employee*

\_\_\_\_\_  
*Date*