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| **For Office Use** |  |
| Position #       | Position Title        |
| Start Date       | Empl ID #       |
| Facility       |
| [ ]  Long-term seasonal OR [ ]  Short-term seasonal |
| [ ]  Retirement OR [ ]  OBRA |

**REQUIRED:**

**Please submit a separate form for each position.**

First consideration will be given to those applicants that apply within the first 14 days.

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| **POSITION TITLE:**       |
| **FACILITY LOCATION** (s)       | **Position ID#**      |
| **YOUR LAST NAME**       | **FIRST**       | **MI**    |
| **ARE YOU AUTHORIZED TO** **WORK IN THE U.S. ON AN UNRESTRICTED BASIS?**   |
| **ARE YOU OVER AGE 18?**  |
| **STREET**       | **CITY**       | **STATE**      | **ZIP**       |
| **HAS THIS ADDRESS CHANGED THIS YEAR?**  |
| **HOME PHONE #**        | **CELL PHONE #**       |
| **PERSONAL E-MAIL ADDRESS**       |
| **EARLIEST DATE AVAILABLE**        |
| *If hired will you hold another job or attend school?* \* GENDER: [ ]  MALE [ ]  FEMALE (\* = optional)\* ETHNIC/RACIAL GROUP: [ ]  WHITE [ ]  BLACK [ ]  HISPANIC [ ]  ASIAN [ ]  NATIVE AMERICAN (If Native American, please attach documentation of tribal affiliation) [ ]  OTHER (If other, please specify)       ARE YOU A VIETNAM VETERAN? (see below) A person (1) who: (a) served on active duty for a period of more than 90 days, any part of which occurred between August 4, 1964 and May 7, 1975 and was discharged or released with other than a dishonorable discharge; or (b) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975. |

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| **Name of School** | **Location****City State** | **Course of Study** | **Graduation Year** | **Degree**(abbrev.) | **Presently** **Enrolled** |
|       |       |      |       |       |       |  |
|       |       |      |       |       |       |  |
|       |       |      |       |       |       |  |
| List any additional education or training:       |

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| **General Information**Are you willing to work rotating shifts, including nights, weekends, and holidays ?  |
| Do you have a driver’s license?  | Do you have use of an automobile?  |
| **CERTIFICATIONS & LICENSES**List any professional licenses, registrations or certifications you possess: |
| License |       | License # |       | Date Issued |       | ExpirationDate |       |
| License |       | License # |       | Date Issued |       | ExpirationDate |       |
| License |       | License # |       | Date Issued |       | ExpirationDate |       |
| Have you ever worked previously with any State, County, City or Town Agency (including the former MDC or |
| DEM)?  | If YES, which State, County, City or Town Agency?       |
| Are you currently employed by the Commonwealth of Massachusetts? If YES, where?       |
| If not employed by the Commonwealth, are you currently employed? If YES, where?       |
| Are you currently receiving a pension?  | If YES, is it a State Pension?  |
| How were you referred to this agency?       |

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| EMPLOYMENT EXPERIENCE COMPLETE ALL INFORMATION IN FULL(A resume may not be substituted but may be included as a supplement) Begin with your most recent employment, including any present employment. Your present employer will not be contacted without your permission. You may include any verifiable work performed on a volunteer basis. Any gaps in employment must be briefly explained. |
| **Company Name**  | May we contact?  |
| Street Address        | Telephone       | Specific Duties      |
| City        |  State       | Postal Code      |
| Job Title       |
| Supervisor       |
| Dates Employed  | FROM:        | TO:        | SALARY:       |

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| **Company Name**  | May we contact?  |
| Street Address        | Telephone        | Specific Duties       |
| City        | State       | Postal Code      |
| Job Title      |
| Supervisor      |
| Dates Employed  | FROM:        | TO:        | SALARY:       |
| **Company Name**  | May we contact?  |
| Street Address        | Telephone        | Specific Duties       |
| City        | State       | Postal Code      |
| Job Title      |
| Supervisor      |
| Dates Employed  | FROM:        | TO:        | SALARY:       |

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| **WORK FACILITY LOCATION:** Please indicate your preference (below) if there is more than one Position for this Job Posting. |
| **Work Facility** | **Your Preference,** where **5 = MOST PREFERRED and 1 = LEAST**  |
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| **MISCELLANEOUS JOB RELATED INFORMATION:** |  |
| ENGLISH Language Ability | Simple Conversation: | Simple Reading: | Read & Speak Fluently:  |
| Other than English, List LANGUAGE(s) (below) that you speak, read or write, including Sign Language and Braille:  |
| **Other Languages** | **SPEAKING Ability**  | **READING Ability** | **WRITING Ability** |
|  | High | Low | High | Low | High | Low |
|       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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| **Please note the Massachusetts General Laws, Chapter 30, Section 21 states: “A person shall not, at the same time, receive more than one salary from the Treasury of the Commonwealth.” I certify that the above information is correct and understand that inquiries may be made in connection with processing this application if hired. I understand that any false statement could result in dismissal.** |
| **I agree to the conditions of employment, and to have my bi-weekly paycheck Direct Deposited into a bank of my choice, if I am a Long Term Seasonal Employee.****I also understand that if I am a Long Term Seasonal Employee and if I voluntarily end my employment prior to the approved End Date or withdraw my retirement funds, my rights to recall will be forfeited.****I also understand that if I am a Short-Term Seasonal Employee, my work schedule may depend on the area workload and weather conditions and a 40-hour workweek may not be guaranteed.** **Signature Date**  |
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