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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** |
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| 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 |  | Expiration  Date |  |
| License |  | License # | |  | | | Date  Issued |  | Expiration  Date |  |
| License |  | License # | |  | | | Date  Issued |  | Expiration  Date |  |
| 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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