





**CITY OF WESTFIELD PERSONNEL DEPARTMENT**

59 COURT STREET / WESTFIELD, MA 01085

413 / 572-6207 WEBSITE: [www.ci.westfield.ma.us](http://www.ci.westfield.ma.us)

**ADDENDUM to  
LABOR SERVICE APPLICATION**

**INSTRUCTIONS:** Please read carefully and answer every question in full. In addition, to the information required below, please provide any other information you think would be helpful to us in considering you for employment.

DATE OF APPLICATION: \_\_\_\_\_ SOCIAL SECURITY#: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle

HOW WERE YOU REFERRED TO US: City Employee \_\_\_\_\_ Walk-In \_\_\_\_\_  
Advertisement: \_\_\_\_\_ Website: \_\_\_\_\_ Civil Service: \_\_\_\_\_ Posting: \_\_\_\_\_ Other: \_\_\_\_\_

NAME OF REFERRAL SOURCE: \_\_\_\_\_

**GENERAL INFORMATION (Please Circle YES or NO)**

ARE YOU UNDER 18 YEARS OF AGE? YES NO

HAVE YOU APPLIED FOR A POSITION WITH THE CITY BEFORE? YES NO

If Yes, When And What Position? \_\_\_\_\_

HAVE YOU EVER WORKED FOR THE CITY OF WESTFIELD BEFORE? YES NO

ARE YOU A UNITED STATES CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THIS COUNTRY UNDER FEDERAL LAW? YES NO

DO YOU HAVE A VALID MASSACHUSETTS DRIVER'S LICENSE? YES NO

*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.*

**EDUCATIONAL BACKGROUND:**

SCHOOL Name and Location	DATES From / To	COURSE OF STUDY	GRADUATE Yes / No	DEGREE OR DIPLOMA

**JOB-RELATED LICENSES AND CERTIFICATIONS: (Please List)**

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

**EMPLOYMENT HISTORY:**

LIST ALL FULL-TIME AND PART-TIME EMPLOYMENT HELD IN THE PAST TEN (10) YEARS. YOU MAY INCLUDE ANY VERIFIED WORK PERFORMED ON A VOLUNTEER BASIS. CONTINUE ON A SEPARATE SHEET, IF NECESSARY.

**CURRENT/MOST RECENT**

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE#: \_\_\_\_\_

EMPLOYED: From: \_\_\_\_\_ Mo./Yr. To: \_\_\_\_\_ Mo./Yr.

SALARY: Start: \_\_\_\_\_ End: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

JOB DUTIES & RESPONSIBILITIES: \_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

\_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

CONTACT: YES / NO IF NOT, REASON: \_\_\_\_\_

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EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE#: \_\_\_\_\_

EMPLOYED: From: \_\_\_\_\_ Mo./Yr. To: \_\_\_\_\_ Mo./Yr.

SALARY: Start: \_\_\_\_\_ End: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

JOB DUTIES & RESPONSIBILITIES: \_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

\_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

CONTACT: YES / NO IF NOT, REASON: \_\_\_\_\_

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EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE#: \_\_\_\_\_

EMPLOYED: From: \_\_\_\_\_ Mo./Yr. To: \_\_\_\_\_ Mo./Yr.

SALARY: Start: \_\_\_\_\_ End: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

JOB DUTIES & RESPONSIBILITIES: \_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

\_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

CONTACT: YES / NO IF NOT, REASON: \_\_\_\_\_

**HAVE ANY OF THE FOLLOWING HAPPENED IN THE LAST TEN (10) YEARS:**

<b><u>Code#</u></b>	<b><u>Termination Reason</u></b>
1	Fired From A Job.
2	Quit A Job By Mutual Agreement Following Allegations Of Misconduct.
3	Left A Job By Mutual Agreement Following Allegations Of Misconduct.
4	Left A Job By Mutual Agreement Following Allegations Of Unsatisfactory Performance.
5	Left A Job For Other Reason Under Unfavorable Circumstances.

IF YES, BEGIN WITH THE MOST RECENT OCCURRENCE, PROVIDING DATE FIRED, QUIT, OR LEFT AND THE EMPLOYER IDENTITY, AND A DETAILED EXPLANATION:

<b>DATE (Month/Year)</b>	<b>CODE #</b>	<b>EMPLOYER'S NAME &amp; ADDRESS</b>	<b>DETAILED EXPLANATION</b>

**(Please Circle YES or NO)**

ARE YOU PRESENTLY ON LAY-OFF AND SUBJECT TO RECALL?      YES    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

**REFERENCES:**

IT IS PREFERRED THAT REFERENCES BE INDIVIDUALS WHO KNOW YOUR WORK SKILLS. PERSONAL REFERENCES ARE ALSO ACCEPTABLE.

<b>NAME</b>	<b>OCCUPATION</b>	<b>RELATIONSHIP</b>	<b>ADDRESS</b>	<b>TELEPHONE#</b>

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

PLEASE READ CAREFULLY – 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.

**SEALED RECORD NOTICE:**

**READ CAREFULLY**

AN APPLICANT FOR EMPLOYMENT WITH A SEALED RECORD ON FILE WITH THE COMMISSIONER OF PROBATION MAY ANSWER "NO RECORD" WITH RESPECT TO AN INQUIRY HEREIN RELATIVE TO PRIOR ARRESTS, CRIMINAL COURT APPEARANCES, OR CONVICTIONS.

IN ADDITION, ANY APPLICANT FOR EMPLOYMENT MAY ANSWER "NO RECORD" WITH RESPECT TO ANY INQUIRY RELATIVE TO PRIOR ARRESTS, COURT APPEARANCE, AND ADJUDICATION IN ALL CASES OF DELINQUENCY OR AS A CHILD IN NEED OF SERVICES WHICH DID NOT RESULT IN A COMPLAINT TRANSFERRED TO THE SUPERIOR COURT FOR CRIMINAL PROSECUTION. PLEASE PROVIDE THE FOLLOWING INFORMATION, UNLESS IT HAS BEEN OFFICIALLY ANNULLED, EXPUNGED, OR SEALED BY A COURT:

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

If Yes, Provide Full Details: \_\_\_\_\_

WERE YOU CONVICTED OF A MISDEMEANOR WITHIN THE PAST FIVE (5) YEARS WITH THE EXCEPTION OF A FIRST CONVICTION FOR DRUNKENNESS, SIMPLE ASSAULT, SPEEDING, FOR TRAFFIC VIOLATIONS, AFFRAY OR DISTRUBANCE OF THE PEACE?

YES NO

If Yes, Provide Full Details: \_\_\_\_\_

**AGREEMENT:**

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY**

I HEREBY AFFIRM THAT I HAVE READ AND UNDERSTAND THIS APPLICATION AND THAT THE INFORMATION WHICH I HAVE PROVIDED ON THIS APPLICATION (AND ACCOMPANYING RESUME OR OTHER MATERIAL, IF ANY) IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AGREE THAT ANY OMISSION OR FALSIFIED INFORMATION MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT AND MAY BE CONSIDERED JUSTIFICATION FOR MY IMMEDIATE DISMISSAL IF DISCOVERED AT A LATER DATE.

I HEREBY AUTHORIZE PERSONS, SCHOOLS, CURRENT EMPLOYER (IF APPLICABLE) AND PREVIOUS EMPLOYERS AND ORGANIZATIONS NAMED IN THIS APPLICATION (AND ACCOMPANYING RESUME, IF ANY) TO PROVIDE THE CITY OF WESTFIELD'S PERSONNEL DEPARTMENT WITH ANY RELEVANT INFORMATION THAT MAY BE USEFUL IN ARRIVING AT AN EMPLOYMENT DECISION. I HEREBY RELEASE SAID PERSONS AND ENTITIES AND THE CITY OF WESTFIELD FROM ANY AND ALL LIABILITY FOR PROVIDING THIS INFORMATION.

SIGNATURE OF

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

FORWARD COMPLETED APPLICATION TO:

PERSONNEL DIRECTOR  
CITY OF WESTFIELD  
PERSONNEL DEPARTMENT  
59 COURT STREET  
WESTFIELD MA 01085