



CITY OF WESTFIELD PERSONNEL DEPARTMENT

59 COURT STREET

WESTFIELD, MA 01085

413 / 572-6207 WEBSITE: www.cityofwestfield.org

APPLICATION FOR EMPLOYMENT

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

INSTRUCTIONS: Please read the application for employment 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.

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.

DATE OF APPLICATION: _____ SOCIAL SECURITY#: _____

NAME: _____
Last First Middle

ADDRESS: _____
Street City State/Zip Code

TELEPHONE#: _____

POSITION(S) APPLYING FOR: _____

TYPE OF WORK SEEKING: Full Time: _____ Part Time: _____ Seasonal: _____

DATE AVAILABLE FOR WORK: _____

HOW WERE YOU REFERRED TO US:

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 DATA:

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

JOB-RELATED LICENSES AND CERTIFICATIONS: (Please List)

MILITARY SERVICE:

IF YOU HAVE EVER SERVED IN ANY BRANCH OF THE ARMED FORCES, INCLUDING THE RESERVES, COMPLETE THE FOLLOWING:

Branch: _____

Service Dates: _____

Place & Date Of Discharge: _____

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: _____

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: _____

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: _____

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: _____

(If need more space, please use the other side of this sheet.)

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

<u>Code#</u>	<u>Termination Reason</u>
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:

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

(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.

NAME	OCCUPATION	RELATIONSHIP	ADDRESS	TELEPHONE#

