

City of Greenfield, Massachusetts

EMPLOYMENT APPLICATION

Applicants are considered for all positions without regard to race, color, religion, gender orientation, national origin, age, marital, veteran, or active military status; genetic information, sexual orientation (which shall not include persons whose sexual orientation involves minor children as the sex object), the presence of a non-job related medical condition or handicap, or any other legally protected status. The City of Greenfield only hires individuals authorized for employment in the United States.

If you are submitting a Resume and cover letter as substitution for any portion of this application you may write "See Resume". In doing so, you are expressly certifying that any statements and information contained therein are incorporated into the application and the conditions of your affixed Applicant signature. You MUST complete information herein that your Resume does not provide.

Position Applying For: _____ **Date of Application:** _____

Schedule Desired: () Full Time () Part Time () Temporary () Seasonal Are you on layoff subject to recall? _____

Are there any hours, shifts or days you cannot or will not work? _____

Are you willing to work overtime as required? _____

Are you able to meet regular attendance & punctuality requirements of the job? _____

Where did you hear about the position? () City Website () Indeed () LinkedIn () Newspaper _____ () Other _____

PERSONAL INFORMATION

 (Last Name) (First Name) (Middle Name) (Also Known As)

 (Present Street Address) (City) (State) (Zip)

 (Home Phone) (Cell Phone) (Email address)

For applicants for jobs that require driving:

Do you have a valid MA Driver's License? Number _____ Class _____ Expiration Date _____

Do you have a valid CDL? Yes ___ No ___ List valid endorsements: _____

Do you have a valid Class B CDL permit? Yes ___ No ___

(You may be required to provide a copy of your driving record and disclose repeated or significant traffic violations.)

EDUCATION

TYPE OF SCHOOL	NAME & LOCATION OF SCHOOL	DEGREE/AREA OF STUDY	NO. OF YEARS COMPLETED	GRADUATED (Check One)
HIGH SCHOOL				() Yes () No
COMMUNITY COLLEGE				() Yes () No
COLLEGE				() Yes () No
GRADUATE SCHOOL				() Yes () No
TECHNICAL SCHOOL				() Yes () No
OTHER				() Yes () No

TRAINING & PROFESSIONAL LICENSES OR CERTIFICATIONS

List job-related licenses or certificates you possess, academic and professional activities and achievements, publications, or technical-professional associations you are a member of. You may exclude those which indicate race, color, sex, gender orientation, age, religion, national origin or sexual orientation status.	Date Awarded

SKILLS

Describe specialized training, skills or qualifications applicable to position applied for: (include machinery or equipment able to operate)

Indicate any foreign languages you can speak, read and/or write either fluently or conversationally:

EMPLOYMENT HISTORY

Starting with your present or last job list *all* paid, volunteer, full or part-time work, military service, and summer jobs performed during the last 10 years (include work performed more than 10 years ago if it applies to the job you want). Use the back of the application and/or additional sheets of plain paper if you need more space.

Are you currently employed? Yes () No () May we contact you present employer? () Yes () No

Name and Address of Employer & Date of Employment	Position & Duties	Reason for Leaving
Phone: Dates (From/To):		
Phone: Dates (From/To):		
Phone: Dates (From/To):		
Phone: Dates (From/To):		
Phone: Dates (From/To):		

Is there any additional information involving a change of your name or assumed name that will permit us to check your work record? If yes, please explain: _____

Have you ever been employed by the City of Greenfield before? () Yes () No If Yes, please indicate what department, when, and the position(s): _____

Reasons for leaving: _____

List names of relatives or acquaintances now employed by the City of Greenfield: _____

Have you ever been fired from a job, quit a job after being told you would be fired, or left a job by mutual agreement following allegations of misconduct or for unsatisfactory performance: () Yes () No If Yes, please explain on separate sheet.

Having reviewed job description duties are you capable of performing all job duties? Yes () No (). If no, which duties are you not capable of performing? _____

Are you authorized for employment in the U.S. and can you provide proof of citizenship or legal right to work? Yes () No ()

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes () No ()

Have you served in the Armed Forces? Yes () No () Branch: _____ Discharge Status: _____ Rank: _____

REFERENCES

Please list three employment-related references who know your work skills. Do **not** list relatives or friends.

Name	Address	Phone	Place of Employment	Position Held
1.				
2.				
3.				

COMPUTER SKILLS

	BEGINNER LEVEL	INTERMEDIATE	ADVANCED	# YEARS
Word Processing / Outlook				
Excel / Spreadsheets				
Databases				
Graphics / Web Maintenance				
Typing / Keyboard				
Other:				

Additional Information or Comments:

APPLICANT'S CERTIFICATION AND AGREEMENT
Please Read this Statement Carefully

I understand this application is not a contract of employment. I understand to be employed I must be lawfully authorized to work in the United States, and in accordance with the Immigration Reform and Control Act of 1986 I must produce documentation which establishes my identity and authorization to work in the United States. I understand I may be required to successfully complete a medical or psychological examination, including a urine drug analysis, before employment and/or as a condition of continued employment, and to submit to such lawful examinations, medical, substance abuse, or other, as may be required by the City of Greenfield.

I authorize and understand that the City of Greenfield may investigate my work and personal history which may include a Criminal Offender Record Inquiry (CORI) and/or a Sex Offender Registry Information (SORI) check, and verify data given on this application, on resume or related papers, and/or interviews regarding my education, past employment history and background. I authorize all individuals, schools, and firms named herein, except my current employer, if so noted, to provide any information requested about me and I release them from all liability for damage in providing this information. I understand that the information released is for the City of Greenfield's use only. Conviction of a crime or termination from a job is not an automatic bar to your employment, all circumstances will be considered. I understand that I am not required to take a lie detector test as a condition of employment as it is unlawful in the State of Massachusetts to be required to do so.

The City recognizes many different union agreements and Civil Service requirements. Unless otherwise stated, if I am hired, I agree that my employment and compensation can be terminated with or without cause and for any reason not prohibited by statute at any time with or without prior notice, at the option of the City of Greenfield or myself. I understand that all appointments are probationary and that I must demonstrate my ability for continued employment. I also understand that I must be available from time to time to work outside normal business hours, as the needs of the department require.

I understand that this application for employment will be considered active until the position I am applying for has been filled. I understand if I wish to be considered for future employment, I must inquire regarding re-submitting this application or completing another for any vacant position.

I certify that all the statements herein are true and understand that any falsification or misrepresentation of facts stated or implied shall be sufficient cause for dismissal (whenever discovered) or refusal of employment. I understand, also, that I am required to abide by all rules, policies or regulations of the City of Greenfield.

Applicants for seasonal 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 twenty (20) weeks or less.

Applicant's Signature _____ Date _____
(You must sign and date this Application to be considered for employment)

Completion of this Form is Optional

EQUAL OPPORTUNITY INFORMATION

To be Used by the City of Greenfield's EEO Reporting Requirements

INVITATION

Applicants are considered for all positions without regard to race, color, religion, gender orientation, national origin, age, marital, veteran, or active military status; genetic information, sexual orientation (which shall not include persons whose sexual orientation involves minor children as the sex object), the presence of a non-job related medical condition or handicap, or any other legally protected status.

The City of Greenfield, as part of its commitment to equal employment opportunity invites all applicants to provide the following information.

The information is voluntary and refusal to provide it will not have any bearing on our employment decision. The data is confidential and will be filed separately. It will be available only to authorized personnel for research, reporting and evaluation purposes. The information is needed to document the hiring practices of the City of Greenfield and to assess the effectiveness of its EEO program. Your cooperation would be appreciated but is entirely voluntary.

Position Applied for: _____ Date: _____

Origin: () Black or African American () American Indian or Alaskan Native
() White () Two or more races () Asian
() Native Hawaiian or Pacific Islander () Hispanic or Latino

Sex: () Female () Male

Age: () Under 16 () 16-39 () 40-69 () 70+

Handicap Status: () Mental () Physical () None

Vietnam Era Veteran: () Yes () No

Disabled Veteran: () Yes () No

DEFINITIONS

Origin Data:

The categories below should not be interpreted as scientific or anthropological in nature. They were developed by the Federal government to provide for the collection and use of compatible and exchangeable ethnic data by Federal agencies.

White: (Non Hispanic or Latino) - All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

American Indian or Alaska Native: (Non Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Asian: (Non Hispanic or Latino) - a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Native Hawaiian or Other Pacific Islander: (Non Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Black: (Non Hispanic or Latino) - A person having origins in any of the Black racial groups of Africa.

Hispanic: A person of Mexican, Puerto Rican, Cuban, Central American, South American or other Spanish culture or origin, regardless of race.

Two or More Races: (Non Hispanic or Latino) - Persons who identify with two or more racial categories named above.

Military Data:

Vietnam-era Veteran (41 CFR CH. 61-250.1): A veteran, any part of whose active military, naval or air service was during the period 8/5/64 through 5/7/75, who (1) served on active duty for a period of more than 180 and was discharged or released there from with other than a dishonorable discharge, or (2) was discharged or released from active duty because of a service-connected disability.

Disabled Veteran: (1) A veteran who is entitled to compensation under laws administered by the Veterans Administration for a disability (a) rated at 30% or more, or (b) rated at 10% or 20% in the case of a veteran who has been determined under 38 U.S.C. 1506 vocational Rehabilitation to have a serious employment handicap, or (2) a person who was discharged or released from active duty because of a service-connected disability.

Handicap Data:

A person who either (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment, or (3) is regarded as having such impairment. "Life activities" are defined as those which affect employability. "Substantially limits" means the degree that the impairment affects employability.