



# CITY OF SPRINGFIELD, MASSACHUSETTS

## APPLICATION FOR EMPLOYMENT

*Applicants for employment are considered without regard to race, religion, color, national origin, age, sex, disability, or sexual orientation.*

*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.*

### General Information

Date: \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source

☐ Newspaper \_\_\_\_\_ ☐ Friend ☐ Relative ☐ Employment Agency

☐ www.springfieldcityhall.com ☐ Walk-in ☐ Other \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address:

Street Name & Number City State Zip Code

Outside 50 States:

Territory or Province Country Postal Code

Home Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

If under 18, can you provide a work permit? ☐ Yes ☐ No

Have you ever filed an application with the City before? ☐ Yes ☐ No If Yes, give date: \_\_\_\_\_

Have you ever been employed with the City before? ☐ Yes ☐ No If Yes, give date: \_\_\_\_\_

Are you currently employed? ☐ Yes ☐ No If Yes, may we contact your employer? ☐ Yes ☐ No

Are you a United States Citizen? ☐ Yes ☐ No If No, do you have a valid work permit? ☐ Yes ☐ No

Employment Desired: ☐ Full-Time ☐ Part-Time ☐ Shift Work ☐ Temporary

When are you available to start work? \_\_\_\_\_ ☐ Seasonal

Are you on a lay-off and subject to re-call? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

EDUCATION				
Type of School	Name of School	Location (complete mailing address)	Number of Years Completed	Major & Degree
High School				
College				
Graduate School				
Business or Trade School				
Professional School				

Special Honors

COMPUTER SKILLS (Only for positions which require computer skills)

Check off computer skills with which you are proficient (any version)

☐ PC User
☐ Windows
☐ MS Word
☐ MS Excel
☐ MS Access

☐ MS Publisher
☐ Macintosh User
☐ E-mail
☐ Internet
☐ MS Visio

☐ Web Page Design/Maintenance
☐ Other (please list)

DRIVER'S LICENSE (Only for positions which require driving)

Do you have a valid driver's license? ☐ Yes ☐ No

Do you have a valid commercial license? ☐ Yes ☐ No

Driver's license number \_\_\_\_\_ State of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you had any motor vehicle accidents during the past three years? ☐ Yes ☐ No If Yes, how many? \_\_\_\_\_

Have you had any moving violations during the past three years? ☐ Yes ☐ No If Yes, how many? \_\_\_\_\_

MILITARY

Are you a veteran of the United States military service? ☐ Yes ☐ No If Yes, what branch? \_\_\_\_\_

If Yes, Date Entered? \_\_\_\_\_ Date Discharged \_\_\_\_\_ Honorable Discharge? ☐ Yes ☐ No

If Yes, please describe any special skills or training acquired while in the service: \_\_\_\_\_

OTHER SPECIAL SKILLS

Please list other special skills you may have, e.g. fluency in other languages, licenses, special training required for the position (s) for which you are applying, etc.

\_\_\_\_\_

\_\_\_\_\_

**WORK EXPERIENCE**

Please list your work experience beginning with your **most recent** job. If you were self-employed, give firm name. Attach additional sheets if necessary. If you are attaching a resume that includes the information below, you do not need to complete this section.

☐ Please check here if resume is attached.

<b>MOST RECENT EMPLOYER</b>  <div></div>	Dates Employed From _____ To _____
Address _____ _____	Supervisor _____ Telephone _____
Job Title _____	Reason For Leaving _____
Work Performed _____ _____	

<b>EMPLOYER</b>  <div></div>	Dates Employed From _____ To _____
Address _____ _____	Supervisor _____ Telephone _____
Job Title _____	Reason For Leaving _____
Work Performed _____ _____	

<b>EMPLOYER</b>  <div></div>	Dates Employed From _____ To _____
Address _____ _____	Supervisor _____ Telephone _____
Job Title _____	Reason For Leaving _____
Work Performed _____ _____	

## REFERENCES

Please list two references other than relatives or previous employers.

Organization: \_\_\_\_\_

Organization: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

City/Town: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

## WAIVERS AND DISCLOSURES

**Please read each section carefully and sign where indicated.**

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of the City. I understand that "at-will" status may not apply to those with union contracts or those in civil service positions.

## CERTIFICATION OF TRUTH AND ACCURACY

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

## NOTIFICATION AND AUTHORIZATION TO REQUIRE A PRE-EMPLOYMENT MEDICAL EXAMINATION

I hereby certify that, if hired, I will disclose any limitations I have that may impact my ability to perform the essential functions of the job. I understand that I may also be required to undergo a pre-employment physical by the City's designated health practitioner.

## NOTIFICATION AND AUTHORIZATION TO REQUIRE A PRE-EMPLOYMENT DRUG TEST

I understand that I may be subject to a pre-employment drug test, and hereby authorize an agent for the City of Springfield, to conduct such test. I understand that passing the drug test may be a condition of employment. I acknowledge that a positive drug test can be grounds for withdrawing an offer of employment, or discharge if I have been hired.

## MASSACHUSETTS LAW

Under Massachusetts law, it is unlawful 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.

**PLEASE SIGN HERE** \_\_\_\_\_

**DATE** \_\_\_\_\_

The City of Springfield is committed to the principle of equal opportunity and employment. The City does not discriminate on the basis of race, religion, color, national origin, age, sex, disability, or sexual orientation, in admission to, access to, or treatment in, or employment in its programs and activities. The following person has been designated to handle inquiries regarding the City's non-discrimination policies: Director of Human Resources and Labor Relations, City of Springfield, 36 Court Street, Springfield, MA 01103.

## Thank you for applying to the City of Springfield

Please submit your completed application, along with optional resume and/or cover letter, via email to **recruiter@springfieldcityhall.com** or by fax to **413-787-6572**, or by regular mail to City of Springfield, Attention: Human Resources, 36 Court Street, Springfield, MA 01103