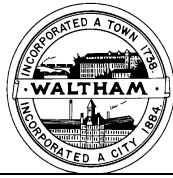


CITY OF WALTHAM
 119 School Street
 Waltham, MA 02451
 (781) 314-3355
 Fax (781) 314-3358



EXEMPT POSITION
 CIVIL SERVICE APPLICATION
 CIVIL SERVICE # _____

Please print or type **Affirmative Action/Equal Opportunity Employer** *Today's Date:*

Personal Information

Name (last)		(first)		(middle)	
Home Address (no. & street, apt)		(city)		(state) (zip)	
Home Phone (include area code)	Cell Phone (include area code)	Eligible to work in U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security No.		
Previously Employed by CITY OF WALTHAM? Yes <input type="checkbox"/> No <input type="checkbox"/>	Department & Position	Email address		Are you at least 18 yrs of age? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Education and Academic Record

College/School/Business/Tech	Location	Dates		Course/ Major	Degree		GPA
		From	To		Type	Year	
High School	Location	From	To	Course/ Major	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>		GPA

List Any License(s) and/or Certification(s) Required or Related to Position Applying For:			
Type:	Number:	State:	Expiration Date:
Type:	Number:	State:	Expiration Date:

Foreign Language Proficiencies	Personal Achievements
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Military Service – Please provide a copy of DD214 for Civil Service positions

Branch and Organization	Veteran Status Yes <input type="checkbox"/> No <input type="checkbox"/>
Specialized Training	
Are you the widowed, unremarried spouse or parent of a veteran who died from a service connected disability incurred during wartime service? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Employment Preference

Type of Employment Desired		Date Available
Work Preferred:	First Choice	Second Choice
I will accept: Full Time Yes <input type="checkbox"/> No <input type="checkbox"/>	Part Time Yes <input type="checkbox"/> No <input type="checkbox"/>	Temporary Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any relatives who are City employees? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide name and department	

PLEASE COMPLETELY FILL OUT BOTH THE FRONT AND BACK OF THIS FORM – USE ADDITIONAL SHEETS IF NECESSARY

