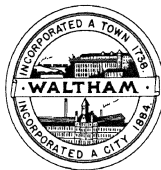


CITY OF WALTHAM
POSITION
 119 School Street
 Waltham, MA 02451
 (781) 314-3355
 Fax (781) 314-3358



☐ EXEMPT/PROVISIONAL

☐ CIVIL SERVICE APPLICATION

CIVIL SERVICE # _____

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

**Employment History (Every section must be completed in full)
(Please list your three most recent positions)**

May we contact your present employer?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Company				Type of Business	
Telephone		Address			
Position	Department	Hours per WK	Supervisor		
Start Date	Date Left	Reason for Leaving			
Duties/Major Accomplishments					
Company				Type of Business	
Telephone		Address			
Position	Department	Hours per Wk	Supervisor		
Start Date	Date Left	Reason for Leaving			
Duties/Major Accomplishments					
Company				Type of Business	
Telephone		Address			
Position	Department	Hours per Wk	Supervisor		
Start Date	Date Left	Reason for Leaving			
Duties/Major Accomplishments					

References (list three below, no relatives, preferably supervisory/business)

Reference Name/Relationship	Telephone	Firm Name	Address

Read Carefully Before Signing

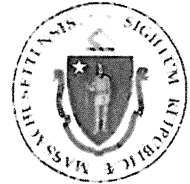
I certify that the above information is true and complete to the best of my knowledge; any misrepresentation of information on this application may be reason for immediate dismissal. I authorize you to review my character and ability to perform the job for which I am applying. I understand that in carrying out the review, reports may be solicited from previous employers, schools, credit bureaus, Registry of Motor Vehicles, personal and other references, but that no attempt will be made to contact my present employer or law enforcement agencies to see if I have been convicted of a felony unless specifically authorized by me to do so. I hereby release them from all liability for damages for providing this information. I also recognize that I will be required to complete the City's employment forms, complete and pass a pre-employment physical and complete and pass pre-employment drug/alcohol testing as well as a probationary period. 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.

Note: Labor Service registration is valid for five years and is subject to all provisions of Civil Service Law and Rules. If you wish to renew your registration for one five-year extension, you must notify the City of Waltham Personnel Department in writing no earlier than six months before, or no later than six months after the fifth anniversary of your registration. Failure to provide such notification will result in removal from the Labor Registration List.

Signature of Applicant _____ Date _____



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services 200
Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



This form is not to be faxed. Please return form to organization.

**Criminal Offender Record Information (CORI)
Acknowledgement Form**

To be used by organizations conducting CORI checks for employment or licensing purposes.

City of Waltham

is registered under the

(Organization)

provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to

City of Waltham

(Organization)

to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing

City of Waltham

(Organization)

with written notice of my intent to withdraw consent to a CORI check.

I also understand, that City of Waltham may conduct
(Organization)

subsequent CORI checks within one year of the date this Form was signed by me.

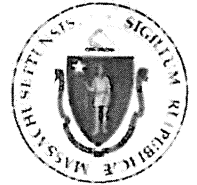
By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last SIX digits of Social Security Number: _____ -- _____ ☐ No Social Security Number

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date