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



□ EXEMPT/PROVISIONAL

 \Box civil service application

CIVIL SERVICE #_____

Personal Information Name (last) (rind) (middle) Home Address (no. & street, apt) (city) (state) (2p) Home Phone (include area code) Cell Phone (include area code) Eligible to work in U.S.? Yes Social Security No. Last 4 digits Previously Employed by CITY OF WALTHAM? Department & Position Email address Are you at least 18 yrs of age? Yes No Education and Academic Record Course/ Major Degree GPA Collogo/School/Business/Tech Location Dates Course/ Major Degree GPA High School/Business/Tech Location From To Caurse/ Major Degree GPA High School Location From To Caurse/ Major Did you graduate? GPA List Any License(s) and/or Certification(s) Required or Related to Position Applying For: Number: State: Expiration Date: Frequentiation Date: Type: Number: State: Expiration Date: State: Expiration Date: Type: Number: State: State: Expiration Date: State: Specialized Traini	Please print or type	Affirmative Action/Equal Opportunity Employer Today's Date:								
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Yes No D										
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PLEASE COMPLETELY FILL OUT BOTH THE FRONT AND BACK OF THIS FORM – USE ADDITIONAL SHEETS IF NECESSARY

Employment (Plea	History <u>(Every</u> ase list your th	v section	must be co t recent pos	mpleted in full) itions)	
May we contact your present employer?	Ye	es	No		
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	
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Company				Type of Business	
Telephone	Address				
Position	Department		Hours per Wk	Supervisor	
Start Date	Date Left		Reason for Leaving		
Duties/Major Accomplishments					
References (list thr	ee below, no re	elatives,	preferably s	upervisory/business)	
Reference Name/Relationship 1	elephone	Firm Name		Address	
<u>Read Carefully Before Signing</u> I certify that the above information is true may be reason for immediate dismissal.	and complete to the b	est of my know	wledge; any misrep	resentation 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 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: <u>Labor Service registration</u> 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.