

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



**EXEMPT/PROVISIONAL**  
 **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"/>	
Previously Employed by CITY OF WALTHAM? Yes <input type="checkbox"/> No <input type="checkbox"/>		Department & Position		Email address	
				Social Security No. Last 4 digits	
				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
--------------------------------	-----------------------

**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  No

**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** \_\_\_\_\_