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:								
Name       (inst)       (middle)         Home Address       (no. & street, apr)       (city)       (state)       (zip)         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 (TY OF WALTHM?)       Department & Position       Email address       Are you at least. 18 yrs of age?         College/School/Business/Tech       Location       Dates       Course! Major       Degree       GPA         From       To       To       Type       Year       Degree       GPA         High School       Location       From       To       Course! Major       Did you graduate?       GPA         High School       Location       From       To       Course! Major       Did you graduate?       GPA         Yes       and/or Certification(s)       Required or Related to Position Applying For:       State:       Expiration Date:       Type         Type:       Number:       State:       Expiration Date:       State:       Expiration Date:         Foreign Language Proficiencies       Personal Achievements       Yes       No       Course!       State:       Expiration Date:         Specialized Trianing       Are you the widowed, unrematried spouse or	Personal Information									
Home Phone (include area code)       Cell Phone (include area code)       Eligible to work in U.S.?       Last 4 digits         Previously Employed by CITY OF WALTHAM?       Department & Position       Email address       Are you at least 18 yrs of age?         Yes       No       Image: Course/ Major       Degree       CPA         College/School/Business/Tech       Location       Dates       Course/ Major       Degree       CPA         High School       Location       From       To       Course/ Major       Did you graduate?       GPA         High School       Location       From       To       Course/ Major       Did you graduate?       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:       Yes       No         Specialized Training       Are you the widowed, unremaried spouse or parent of a veteran who died from a service-connected disability incurred during wartime service?       Yes       No	Name (last)					(middle)				
Home Phone (include area code)       Cell Phone (include area code)       Eligible to work in U.S.?       Location         Previously Employed by CITY OF WALTHAM?       Department & Position       Email address       Are you at least 18 yrs of age?         Yes       No	Home Address (no. & street ant)			(city)		(state) (zi	n)			
Previously Employed by Critty OF WALTHAM?       Department & Position       Email address       Are you at least 18 yrs of age?         Previously Employed by Yes       No       Education and Academic Record       Yes       No         College/School/Business/Tech       Location       Dates       Course/ Major       Degree       GPA         From       To       Type       Year       Imail address       Parts       Course/ Major       Degree       GPA         High School       Location       From       To       Type       Year       Imail address       GPA         High School       Location       From       To       Ourse/ Major       Did you graduate?       GPA         High School       Location       From       To       Course/ Major       Did you graduate?       GPA         List Ary License(s) and/or Certification(s) Required or Related to Position Applying For: Type:       State:       Expiration Date:       Foreign Language Proficiencies       Personal Achievements         Foreign Language Proficiencies       Personal Achievements       Yes       No       Imail address       Yes       No       Imail address         Specialized Training       Foreign Language Proficiencies       Personal Achievements       Yes       No       Imail address <td< td=""><td>nome Address (no. &amp; street, apt)</td><td></td><td></td><td>(City)</td><td></td><td>(State) (ZI</td><td>p)</td><td></td></td<>	nome Address (no. & street, apt)			(City)		(State) (ZI	p)			
Yes       No       Yes       Yes       No       Yes       No       Yes       No       Yes       No       Yes       No       Yes       No       Yes <t< td=""><td colspan="3">Home Phone (include area code) Cell Phone (include area</td><td colspan="2"></td><td colspan="3"></td></t<>	Home Phone (include area code) Cell Phone (include area									
CITY OF WALTHAM?       Yes       No         Yes       No       Education and Academic Record         College/School/Business/Tech       Location       Dates       Course/ Major       Degree       GPA         From       To       Type       Yes       Yes       GPA         High School       Location       From       To       Type       Yes       GPA         High School       Location       From       To       Course/ Major       Did you graduate?       GPA         High School       Location       From       To       Course/ Major       Did you graduate?       GPA         High School       Location       From       To       Course/ Major       Did you graduate?       GPA         High School       Location       From       To       Course/ Major       Did you graduate?       GPA         Type:       Number:       State:       Expiration Date:       Type:       Expiration Date:       Foreign Language Proficiencies       Personal Achievements         Military Service – Please provide a copy of DD214 for Civil Service positions       Second Choice       Second Choice       Second Choice       Yes       No       Second Choice       Yes       No       Second Choice       Yes       No					Yes No	Last 4 digits				
Yes       No         Yes       No         Education and Academic Record         Course/ Major       Degree       GPA         From       To       Type       Yes       No         Image: School/Business/Tech       Location       From       To       Type       Yes       No         Image: School/Business/Tech       Location       From       To       Course/ Major       Did you graduate?       GPA         Image: School       Location       From       To       Course/ Major       Did you graduate?       GPA         High School       Location       From       To       Course/ Major       Did you graduate?       GPA         High School       Location       From       To       Course/ Major       Did you graduate?       GPA         Yes:       No       Incention Applying For:       State:       Expiration Date:       Type:       No       Image: State:       Expiration Date:       Type:       No       Image: State:       Expiration Date:       Image: State:       Expiration Date:       Image: State:       Expiration Date:       Image: State:       Expiration Date:       Image: State:       Image: State:       Image: State:       Image: State:       Image: State: </td <td></td> <td>artment &amp; Position</td> <td colspan="3">nent &amp; Position Email address</td> <td colspan="3">Are you at least 18 yrs of age?</td>		artment & Position	nent & Position Email address			Are you at least 18 yrs of age?				
College/School/Business/Tech       Location       Dates       Course/ Major       Degree       GPA         From <to< td="">       Type       Year      </to<>	· · · · ·					Yes 🔲 No 🗌				
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High School       Location       From       To       Course/ Major       Did you graduate?       GPA         High School       Location       From       To       Course/ Major       Did you graduate?       GPA         List Any License(s) and/or Certification(s) Required or Related to Position Applying For:       State:       Expiration Date:         Type:       Number:       State:       Expiration Date:         Type:       Number:       State:       Expiration Date:         Foreign Language Proficiencies       Personal Achievements       Veteran Status         Military Service – Please provide a copy of DD214 for Civil Service positions       Veteran Status         Yes       No       Veteran Status       Veteran Status         Yes       No       Course/Major       Date Available         Employment Preference         Type of Employment Desired       Date Available         Work       First Choice       Second Choice       Yes         I will accept: Full Time       Part Time       Temporary       Yes       No         Veter No       O       Yes       No       Veter No       No       O         Do you have any relatives who are City employees?       I yes, please provide nare and department       Yes       No </td <td>College/School/Business/Tech</td> <td>Location</td> <td>D</td> <td>Dates</td> <td>Course/ Major</td> <td colspan="2">Degree</td> <td>GPA</td>	College/School/Business/Tech	Location	D	Dates	Course/ Major	Degree		GPA		
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Type:       Number:       State:       Expiration Date:         Type:       Number:       State:       Expiration Date:         Type:       Number:       State:       Expiration Date:         Foreign Language Proficiencies       Personal Achievements       Veteran Status         Military Service – Please provide a copy of DD214 for Civil Service positions       Veteran Status         Branch and Organization       Veteran Status       Veteran Status         Yes       No						Yes 🗌 No				
Type:       Number:       State:       Expiration Date:         Foreign Language Proficiencies       Personal Achievements       Image: Comparization of the service of the se			d to Posit	tion Applying			D /			
Foreign Language Proficiencies       Personal Achievements         Military Service – Please provide a copy of DD214 for Civil Service positions         Branch and Organization       Veteran Status Yes       Veteran Status Yes         Specialized Training       Veteran veteran who died from a service-connected disability incurred during wartime service?         Yes       No       Employment Preference         Type of Employment Desired       Date Available         Work       First Choice       Second Choice         Preferred:       First Choice       Yes         I will accept: Full Time       Part Time       Temporary         Yes       No       Yes       No         Do you have any relatives who are City employees?       If yes, please provide name and department	Гуре:	Number:			State:	Expiration	Date:			
Military Service – Please provide a copy of DD214 for Civil Service positions         Branch and Organization       Veteran Status         Yes       No         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       First Choice         Preferred:       Image: Second Choice         I will accept: Full Time       Part Time         Yes       No         O you have any relatives who are City employees?       If yes, please provide name and department	Туре:	Number:			State:	Expiration	Date:			
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Branch and Organization       Veteran Status         Yes       No         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         Yes       No         Type of Employment Desired       Date Available         Work       First Choice         Preferred:       First Choice         I will accept: Full Time       Part Time         Yes       No										
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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         Yes       No         Employment Preference         Type of Employment Desired       Date Available         Work       First Choice         Preferred:       I will accept: Full Time         Yes       No	Branch and Organization	-								
Are you the widowed, unremarried spouse or parent of a veteran who died from a service-connected disability incurred during wartime service?   Yes No   Type of Employment Desired Date Available     Work First Choice   Preferred: Second Choice     I will accept: Full Time Part Time   Yes No   Yes No   Output ave any relatives who are City employees?     If yes, please provide name and department						Yes No				
Yes No     Type of Employment Desired     Work   Preferred:     First Choice     Second Choice     I will accept: Full Time     Part Time     Temporary     Yes   No   Do you have any relatives who are City employees?     If yes, please provide name and department	Specialized Training									
Yes No     Type of Employment Desired     Work   Preferred:     First Choice     Second Choice     I will accept: Full Time     Part Time     Temporary     Yes   No   Do you have any relatives who are City employees?     If yes, please provide name and department										
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Type of Employment Desired     Date Available       Work Preferred:     First Choice       I will accept: Full Time     Part Time       Yes     No       Yes     No       Do you have any relatives who are City employees?     If yes, please provide name and department	Yes 🔲 No 🗌									
Type of Employment Desired     Date Available       Work Preferred:     First Choice       I will accept: Full Time     Part Time       Yes     No       Yes     No       Do you have any relatives who are City employees?     If yes, please provide name and department		Ε	mploy	yment P	reference					
Preferred:       Part Time       Temporary         I will accept: Full Time       Part Time       Temporary         Yes       No       Yes       No       Yes       No       No         Do you have any relatives who are City employees?       If yes, please provide name and department       No       No       No	Type of Employment Desired					Date Available				
Preferred:       Part Time       Temporary         I will accept: Full Time       Part Time       Temporary         Yes       No       Yes       No       Yes       No       No         Do you have any relatives who are City employees?       If yes, please provide name and department       No       No       No										
I will accept: Full Time       Part Time       Temporary         Yes       No       Yes       No       Yes       No       No       No         Do you have any relatives who are City employees?       If yes, please provide name and department       If yes, please provide name and department       If yes, please provide name and department					Second Choice					
Yes     No     Yes     No     Yes     No       Do you have any relatives who are City employees?     If yes, please provide name and department     No	Preferred:									
Yes     No     Yes     No     Yes     No       Do you have any relatives who are City employees?     If yes, please provide name and department     No	I will accept: Full Time			Part Time		Temporary				
Do you have any relatives who are City employees? If yes, please provide name and department	Yes 🗆 No 🗖			Yes	Π Νο Π	Yes 🗖	No F	1		
Yes No D										
	Yes No									

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	
Start Date	Date Left		Reason for Leaving		
Duties/Major Accomplishments	1				
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	
<b><u>Read Carefully Before Signing</u></b> 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.