

**CITY OF WALTHAM
MASSACHUSETTS**

119 SCHOOL ST., WALTHAM, MASSACHUSETTS 02451
781-314-3355 FAX 781-314-3358
E-MAIL - KMURPHY@CITY.WALTHAM.MA.US

KRISTIN MURPHY
HUMAN RESOURCES DIRECTOR
WORKERS' COMPENSATION AGENT

Summerworks Applicant,

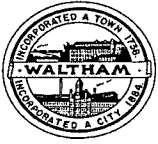
The City of Waltham is currently accepting applications for the SummerWorks Program. Applicants must be Waltham residents, at least 15 years of age and must be going to school full-time in the fall. Applications can be placed in the gray mailbox outside of the front of Government Center, 119 School Street. Preference will be given to those candidate that apply by Friday, May 26, 2023 at 4:30. Students may participate in SummerWorks program for 2 yrs. Returning students must reapply and receive preference. Positions offered vary in areas such as landscaping and yardwork, clerical, information technology, GREAT program, & the School Department.

There may be a limited number of positions that will start in May or June 2023, please indicate on the application if you are available to start in May or June. *These hours are during the day; they are not after school hours.*

Depending on the position the majority of the programs run from Monday, July 3, 2023 through Friday, August 25, 2023. (Pending budget approval).

If a student is under 18 yrs. old they must submit working papers. 15 yr. old students must have both their physician and parent sign the permit application prior to bringing it to the Parent Information Center (PIC). 16 & 17 yr. old students need a parent's signature only prior to going to the PIC center. The Parent Information Center is located in the High School and is open during the summer. You must have a job offer before going and cannot begin working until the permit has been returned to the Human Resources department. The permit application is given out during orientation (date to be determined once students have been notified and have responded).

***Important-We notify students their placements by email. To avoid missing an employment offer please add mgullotti@city.waltham.ma.us and kmurphy@city.waltham.ma.us to your contacts should they go to your junk or spam folders.**



City of Waltham, Massachusetts
SUMMER WORKS 2023
APPLICATION FOR EMPLOYMENT –
Preference given to those who apply by Friday May, 26, 2023 at 4:30
City of Waltham, Human Resources Department, 119 School Street, Waltham, MA 02451

An Equal Opportunity/Affirmative Action Employer

The City of Waltham Summer Works Program is a citywide effort to provide meaningful work opportunities and job training for Waltham youth. In order to evaluate your application properly, we request that the applicant, in your own words, and in **YOUR OWN HANDWRITING or typed**, answer the questions on the following pages carefully and completely.

1. Students must be a Waltham resident, at least 15 years of age prior to the start of the program and a fulltime student in the Fall.
2. Anyone under 18 yrs. of age must obtain working papers upon job offer. Parent’s/Guardian’s signature is required on working papers. Students, age 15 will also be required to obtain their physician’s signature on the working papers.
3. If selected for the program, you must present two forms of ID. One must be a photo ID.
4. Students may participate in SummerWorks program for only 2 yrs. Returning students must reapply and are placed first
5. In the event you find other employment after you have applied for the SummerWorks Program please notify Human Resources to withdraw. The phone number is 781-314-3355 or email jobs@city.waltham.ma.us.
6. Applications can be placed in the gray mailbox outside of Government Center, 119 School Street. Preference will be given to applications received by Friday, **May 26, 2023 at 4:30pm.** Call or email the Human Resources Dept., 119 School St. Waltham, 781-314-3355 jobs@city.waltham.ma.us with any questions.
7. Since the SummerWorks is a short program, we would like all students to be able to work the majority of the program.
8. All positions are dependent upon Fiscal Year budget appropriations. It may be necessary to adjust hours of employment, wages, and/or period of time applicants will be hired for.
9. Orientation will be held prior to the beginning of the program.
10. **Once placed, you will be contacted by email. Make sure to check your junk folders.**

All fields **MUST BE** completed. If a field does not apply to you, please write N/A (not applicable).

Date of Application	Date Available	Are you available to start the program in <u>May or June</u> if we have additional opportunities?
---------------------	----------------	---

PERSONAL DATA

Last Name	First Name	MI	Social Security
Present Address (<i>Street, City, State, Zip</i>)			Home Phone number
E-mail address		Cell phone	
Are you under 16? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you related to anyone employed by the City of Waltham?		
Do you have a driver’s license? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide name _____ _____		
Have you ever worked for the City of Waltham or the Summer Works Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, which department or program? _____			
Please select which types of jobs you are interested in:			
<input type="checkbox"/> Indoor Work <input type="checkbox"/> Outdoor work			
<input type="checkbox"/> Office work <input type="checkbox"/> Landscaping/manual labor <input type="checkbox"/> I.T. Information Tech <input type="checkbox"/> Library <input type="checkbox"/> Working with children <input type="checkbox"/> Trades			
Availability: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hours available _____		If known, please list any time off you require: _____	

REQUIRED: List your interests, as well as any special skills

EDUCATIONAL RECORD

Please check the grade you will be entering in September:

Middle 6 7 8 High 9 10 11 12 College 1 2 3 4

Middle School attended	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
------------------------	---

High/Vocational School attended	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------------	---

College (Name, Location)	Will you be attending College this Fall? <input type="checkbox"/> Yes <input type="checkbox"/> No
--------------------------	--

Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Major	Minor	Degree Received
---	-------	-------	-----------------

EMPLOYMENT RECORD - List present or most recent position first.

Employer's name	Address (City, State, Zip)		
Dates Employed	Position		
Describe your duties			
Reason for leaving	Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer's name	Address (City, State, Zip)		
Date Employed	Position		
Describe your duties			
Reason for leaving	Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PERSONAL REFERENCES

Give three adults with whom you are well acquainted and who can supply us with information as to your character and ability. Please do not include relatives.

Name	Address (Street, City, State)	Phone Number	Years known

I understand that employment depends upon the result of satisfactory replies from the references. I authorize the investigation of all statements contained in this application and authorize all persons and companies named above, excepting my present employer if so noted, to furnish any information regarding me whether or not it is on record and hereby release them from all liability for damages for providing this information. I declare that the statements and answers made as a part of this application are true and understand that any misrepresentation of information on this application may be reason for immediate dismissal.

If you have any further questions, please contact the Human Resources Department: 781-314-3355.

****GO BACK AND MAKE SURE EVERY FIELD IS COMPLETE or MARKED N/A****

Date _____ Applicant's signature _____



City of Waltham Summer Works Program

Vacation Form

EVEN IF YOU DON'T HAVE VACATION PLANS, PLEASE COMPLETE YOUR
NAME AND RETURN.

Just write N/A if no vacation plans that you know of.

If you will be taking any vacation time this summer, please indicate below.

Student: _____

Department: _____

Dates you will not be in work: _____

If at anytime you need time off, please contact your supervisor.