



**City of Holyoke
 City Hall
 536 Dwight Street
 Holyoke MA 01040**

Application for Employment

FOR OFFICE USE ONLY	FOR OFFICE USE ONLY

The City of Holyoke is an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, marital or veteran status, national origin, sex, age, disability, sexual orientation or any other class protected by federal, state, or local law.

This application must be completed in full.

Date of Application: ___/___/___

PERSONAL INFORMATION	
Name (First, Middle, Last):	
Current Address (Street):	
City, State, Zip Code:	
Mailing Address, if different:	
Telephone (Primary):	Telephone (Alternate):
Preferred Phone: <input type="checkbox"/> Primary <input type="checkbox"/> Alternate	
Email Address:	
Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(proof of citizenship or immigration status will be required upon employment)</i>	
If you are under 18 years of age, can you provide proof of eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYMENT DESIRED	
Position Applying For:	Date Available:
<i>Are you available to work (check all that apply):</i> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Evenings/Weekends <input type="checkbox"/> Temporary/Seasonal	
Are you able to work overtime on evenings, weekends, and holidays if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you hear about the position?	
Have you ever been an employee of the City of Holyoke? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please give dates: From: / / To: / /	
In which department?	What position?

EMPLOYMENT EXPERIENCE

Please start with your present or last job. Include any job related military and/or volunteer assignments. This section must be completed in full. Please do not respond "see resume" or similar.

1. Employer Name:	
Street Address:	
City, State, Zip Code:	
Telephone Number:	Supervisor:
Dates Employed (Mo/Yr): From: ____ / ____ To: ____ / ____	Job Title:
Reason for Leaving or seeking other employment:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

1. Employer Name:	
Street Address:	
City, State, Zip Code:	
Telephone Number:	Supervisor:
Dates Employed (Mo/Yr): From: ____ / ____ To: ____ / ____	Job Title:
Reason for Leaving or seeking other employment:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

1. Employer Name:	
Street Address:	
City, State, Zip Code:	
Telephone Number:	Supervisor:
Dates Employed (Mo/Yr): From: ____ / ____ To: ____ / ____	Job Title:
Reason for Leaving or seeking other employment:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION

NAME AND LOCATION	YEARS ATTENDED	DEGREE EARNED

SPECIAL SKILLS AND OTHER QUALIFICATIONS

Military service and status

Branch of service (if none, state none) _____

Military occupation specialty: _____

Length of active duty (month/year):

Date of entry: ___/___/___ Rank at the time of separation: _____

Date of separation ___/___/___

Do you claim Veterans Preference? YES or NO

Are you the widowed unremarried spouse or parent of a veteran who died from service-connected disability incurred in wartime service? YES or NO

Please select the skills that are relevant to the position desired

Microsoft Word **or** Other word processing software (*Specify*):

Microsoft Excel **or** Other spreadsheet software (*Specify*):

Microsoft PowerPoint **or** Other presentation software (*Specify*):

Microsoft Access **or** Other database software (*Specify*):

Other Technology

Typing Speed (*Words per minute*):

ENGLISH LANGUAGE

Describe your proficiency in the English Language

Simple conversation: YES NO

Simple Reading: YES NO

Read and speak fluently YES NO

LANGUAGE CAPABILITIES

List any language(s) other than English in which you are proficient including Sign Language and Braille.

Language	Conversational			Reading			Writing		
	HIGH (Fluent)	MEDIUM (Good)	LOW (Fair)	HIGH (Fluent)	MEDIUM (Good)	LOW (Fair)	HIGH (Fluent)	MEDIUM (Good)	LOW (Fair)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LICENSES

Do you have a valid driver’s license? Yes No Expiration date:

Have you ever had your license or driving privileges revoked, suspended, or placed on probation?

Yes No

If Yes, please explain. Include when, where and what action was taken:

Do not list losses of licenses resulting from convictions of misdemeanors within the last 5 years or resulting from first convictions of simple assault, drunkenness, speeding, minor traffic violations, affray, or disturbance of the peace.

List only licenses, certifications and professional designations relevant to the requirements of the position for which you are applying):

Certification Type	Issuing Authority	Issue Date	Expiration Date

REFERENCES

Please list (3) three professional and/or business references who can comment on your past job performance:

1. Full Name:	Relationship:
Company:	Phone:

2. Full Name:	Relationship:
Company:	Phone:
3. Full Name:	Relationship:
Company:	Phone:

Below are the positions in the City of Holyoke Labor Service. Please check any of the positions below for which you wish to apply.

<u>Class 1</u>					
Apprentice Lineman (CDL)	<input type="checkbox"/>	Laborer	<input type="checkbox"/>	Pumping Station Attendant	<input type="checkbox"/>
Cafeteria Helper	<input type="checkbox"/>				
<u>Class 2- Requires at least one year of documented experience.</u>					
Electrician Helper	<input type="checkbox"/>	Water System Maintenance	<input type="checkbox"/>	Building Maintenance Man	<input type="checkbox"/>
Park Maintenance Man	<input type="checkbox"/>	Motor Equip Operator	<input type="checkbox"/>	Heavy Motor Equipment Operator	<input type="checkbox"/>
Special Heavy Motor Equip Op	<input type="checkbox"/>	Hoisting Equipment Operator	<input type="checkbox"/>	Motor Equip Maintenance	<input type="checkbox"/>
<u>Class 3- Requires at least two years of documented experience.</u>					
Lineman	<input type="checkbox"/>	Electrical Station Equip Repair	<input type="checkbox"/>	Electric Meter Repairman Senior	<input type="checkbox"/>
Electric Appliance Repairman	<input type="checkbox"/>	Gas Meter Repairman	<input type="checkbox"/>	Gas Meter Repairman Building	<input type="checkbox"/>
Gas Service Repairman	<input type="checkbox"/>	Gas Distribution Maintenance	<input type="checkbox"/>	Maintenance Craftsman	<input type="checkbox"/>
Park Maintenance Craftsman	<input type="checkbox"/>	Power Plant Equipment Repair	<input type="checkbox"/>	Motor Equipment Repairman	<input type="checkbox"/>
Cook	<input type="checkbox"/>	Senior Cook	<input type="checkbox"/>		

NOTE: Labor Service registration is valid for five years subject to all provision of Civil Service Law and Rules.

DISCLOSURE OF NAMES OF FAMILY MEMBERS WHO ARE CITY OF HOLYOKE EMPLOYEES:

Name of Applicant: _____

Is any immediate family member an employee of the City of Holyoke? Immediate family member is defined as your spouse, parent, brother, sister or child, or the spouse of your parent, brother, sister or child. Yes
 No

If you answered Yes, please list below the name(s) of any City of Holyoke employee who is your spouse, parent, brother, sister or child, or who is the spouse of your parent, brother, sister or child, and indicate their relationship to you. Please also list the name of the department that employs those relatives.

1. Name of Relative: _____

Department: _____

Relationship: _____

2. Name of Relative: _____

Department: _____

Relationship: _____

3. Name of Relative: _____

Department: _____

Relationship: _____

City policy prohibits the hiring of applicants that would lead, or may lead to a conflict of interest with an immediate family member.

No supervisory employee of the City of Holyoke shall be involved in the hiring, termination, reappointment, promotion, reclassification, demotion, firing, or other personnel decisions of an immediate family member. No employee shall participate in a job performance evaluation of an immediate family member.

An employee of the City of Holyoke is prohibited not only from participating in personnel decisions affecting his or her immediate family members, but also from delegating the authority to a subordinate. The signing of warrants authorizing payroll or other payments to immediate family members is prohibited.

Note: For purposes of this disclosure, an “employee” is a person holding a paid or unpaid office, position, employment, or membership in any City of Holyoke department, board, or commission. For purposes of this disclosure, a “department” shall include any entity operating as part of the government of the City of Holyoke, and all councils thereof and there under, and any division, board or commission.

Applicant's Statement

Please initial each paragraph

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

_____ I acknowledge that the information provided in this application for employment is true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

_____ I authorize investigation of all statements contained in this application and the release of any pertinent information regarding my education, past employment history and background. I authorize the City of Holyoke to obtain any information from schools, employers, or individuals relating to my activities. This information may include, but is not limited to academics, achievement, performance, attendance, personal history, and discipline. Further, I hereby authorize all references, persons, schools, my current employer (if applicable) and previous employers and organizations named in this application, unless otherwise stated, to provide the City of Holyoke any relevant information that may be required to arrive at an employment decision. I understand that the information released is for the City of Holyoke's use only.

_____ I hereby voluntarily release, discharge and exonerate the City of Holyoke, its agents and representatives, and any person so furnishing information from any and all liabilities of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of the City of Holyoke.

_____ I understand that all appointments are probationary and that I must demonstrate my ability for continued employment. I also understand that I must be available from time to time to work outside normal business hours, as the needs of the department require. In the event of my employment with the City of Holyoke, I will comply with all rules, regulations, and policies distributed by the City of Holyoke.

_____ I agree to sign a Criminal Offender Record Information Release form and further authorize the City of Holyoke to conduct background checks that they deem necessary for evaluating my application for employment, and to obtain a report from a consumer-reporting agency to be used for employment purposes in accordance with the Fair Credit reporting Act. If required for the position I am seeking, I agree to take a physical examination, which may include testing for drugs or a psychological examination, as required, and recognize that any offer of employment may be contingent upon the results of such an examination.

_____ I understand that any employment offer by the City is conditional upon my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986 within three days of the date of hire.

_____ I understand that employment with the City of Holyoke is "at will" which means that either the City or I may terminate the employment relationship at any time, with or without prior notice, and for any reason except as prohibited by law or agreement. I understand that no supervisor, manager, or executive of the City of Holyoke has any authority to alter the foregoing.

_____ I understand that if an offer of employment is made to me, the City of Holyoke may specify that it is contingent upon the results of a medical exam. I freely and voluntarily agree to submit to a pre-employment physical and/or drug screen, as it relates to the requirements of a specific job, as part of my pre-employment application to the City of Holyoke. I understand that either refusal to submit to such screening or failure to qualify according to the minimum standards established by the City of Holyoke for this screening may disqualify me from further consideration for employment. Further, I understand that any positive drug test results will be communicated in a confidential manner.

Signature of Applicant

Date

Voluntary Affirmative Action Request Form

The City of Holyoke, as part of its commitment to Affirmative Action/Equal Employment Opportunity policies, invites you to provide the following information. The information is voluntary and refusal to provide it will not have any bearing on our employment decision. The data is confidential and will be filed separately. It will be available only to authorized personnel and is used to further the City's Affirmative Action/Equal Employment Opportunity policies. Your cooperation is appreciated.

Date: ____/____/____

Name (Last, First, Middle):	
Position Applied For:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnic Origin:	<input type="checkbox"/> White (Not Hispanic or Latino) <input type="checkbox"/> Black (Not Hispanic or Latino) <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other (<i>Please Specify</i>): _____
Veteran Status:	<input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Vietnam Era