



**CITY OF NEW BEDFORD**  
**APPLICATION FOR EMPLOYMENT**  
**PERSONNEL DEPARTMENT, NEW BEDFORD, MA 02740**  
**(508) 979-1444**  
**An Equal Opportunity Employer**

The City of New Bedford does not discriminate in hiring or employment on the basis of age, sex, color, race, creed, national origin, ancestry, veteran status, sexual orientation, religion, marital status, political belief or because of a disability that does not prohibit performance of essential job functions. No question on this application is intended to secure information to be used for such discrimination.

**INSTRUCTIONS:** You must complete this application to be considered for employment. If you need more space, attach a separate sheet. If information does not apply, indicate N/A. **DO NOT LEAVE BLANK SPACES.**

Position applying for: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Current Street Address City State Zip Code

Years Lived at Current Address: \_\_\_\_\_ Home Telephone No. \_\_\_\_\_ Cell No. \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Social Security No. \_\_\_\_\_

If hired, can you furnish proof you are eligible to work in the U.S.?  Yes  No

Do you have a valid driver's license?  Yes  No Driver's License #: \_\_\_\_\_

Do you have a valid commercial driver's license?  Yes  No Class of License: \_\_\_\_\_

**EDUCATION:** (LIST NAME AND ADDRESS OF SCHOOLS)

Graduated  
YES/NO

High School/GED/Technical: \_\_\_\_\_

College or University: \_\_\_\_\_

Post Grad University: \_\_\_\_\_

Subjects Studied: \_\_\_\_\_

Please describe any additional studies or trades applicable to job applying for: \_\_\_\_\_

Have you ever been employed with the city before?  Yes  No If yes, when? \_\_\_\_\_

**EMPLOYMENT HISTORY:**

List names of employers with present employer listed first. Account for all periods of time including military service and any periods of unemployment, if self-employed, give firm name and supply business references.

NAME OF EMPLOYER:	JOB TITLE AND DUTIES:
ADDRESS:	EMPLOYMENT DATES: FROM _____ TO: _____ SALARY: \$ _____
CITY, STATE, ZIP CODE:	REASON FOR LEAVING:
TELEPHONE #:	IMMEDIATE SUPERVISOR:
NAME OF EMPLOYER:	JOB TITLE AND DUTIES:
ADDRESS:	EMPLOYMENT DATES: FROM _____ TO: _____ SALARY: \$ _____
CITY, STATE, ZIP CODE:	REASON FOR LEAVING:
TELEPHONE #:	IMMEDIATE SUPERVISOR:
NAME OF EMPLOYER:	JOB TITLE AND DUTIES:
ADDRESS:	EMPLOYMENT DATES: FROM _____ TO: _____ SALARY: \$ _____
CITY, STATE, ZIP CODE:	REASON FOR LEAVING:
TELEPHONE #:	IMMEDIATE SUPERVISOR:
NAME OF EMPLOYER:	JOB TITLE AND DUTIES:
ADDRESS:	EMPLOYMENT DATES: FROM _____ TO: _____ SALARY: \$ _____
CITY, STATE, ZIP CODE:	REASON FOR LEAVING:
TELEPHONE #:	IMMEDIATE SUPERVISOR:

Can we contact your present and former employers? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please give reason why: \_\_\_\_\_

Have you worked under any other name? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give names: \_\_\_\_\_

**MILITARY HISTORY**

Are you a veteran of the U.S. Armed Forces? \_\_\_\_\_ Yes \_\_\_\_\_ No

Branch: \_\_\_\_\_ Dates of Service: From \_\_\_\_\_ To \_\_\_\_\_

Rank at discharge: \_\_\_\_\_ Discharge status: \_\_\_\_\_

Present Military status: \_\_\_\_\_

Special experience: \_\_\_\_\_

**SPECIAL TRAINING & SKILLS**

What skills, special licenses or additional training do you have that are related to the job for which you are applying?

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What machines or equipment can you operate that are related to the job which your are applying? \_\_\_\_\_

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What computer programs are you familiar with? \_\_\_\_\_

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**ADDITIONAL COMMENTS & WORK EXPERIENCE SHEET**

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**REFERENCES**

Provide the names of two responsible persons whom you have known well for a long period of time. Do not submit names of relatives.

Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Home Telephone Number: \_\_\_\_\_ Cell Number \_\_\_\_\_

Occupation: \_\_\_\_\_

Business: \_\_\_\_\_ Business Telephone Number: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City State Zip Code

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Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Home Telephone Number: \_\_\_\_\_ Cell Number \_\_\_\_\_

Occupation: \_\_\_\_\_

Business: \_\_\_\_\_ Business Telephone Number: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City State Zip Code

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**AGREEMENT**

The information provided in this application for employment is true and complete. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that all appointments are probationary and that I must demonstrate my fitness for continued employment during the probationary period. I also understand that I must be available from time to time for work outside normal business hours as the needs of the department require. Further, I agree to take a physical examination, given by an appointed physician, which may include testing for drugs, alcohol or a psychological examination, as required, and recognize that any offer of employment may be contingent upon the results of the 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. 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 understand this application will be kept on file for 2 years from date received, or 20 years after end of employment, if hired.

**DO NOT SIGN UNTIL YOU HAVE READ ABOVE STATEMENT**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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.

***New Bedford is an Equal Opportunity/Affirmative Action Employer***

**CITY OF NEW BEDFORD  
AFFIRMATIVE ACTION DATA FORM**

The City of New Bedford has an Affirmative Action Program to ensure equal employment opportunity. Applicants are considered for all positions without regard to age, sex, color, race, creed, national origin ancestry, veteran status, sexual orientation, religion, marital status, political belief or because of a disability that does not prohibit performance of essential job function. We are asking you to help us to measure the effectiveness of this program by answering the questions below.

The information collected will be used for statistical purposes *only* and is *voluntary*. **THIS FORM WILL NOT REMAIN WITH YOUR APPLICATION, NOR WILL IT IN ANY WAY BAR YOU FROM EMPLOYMENT CONSIDERATIONS.** If you have any questions, comments, suggestions or complaints about the employment process, please contact the Personnel Department at (508) 979-1444.

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

**Sex:**     Male             Female

**Ethnic Origin** (Please Check One):

*NOTE:* Ethnic origin is defined by the Federal Equal Employment Opportunity Commission as follows:

- 1.    **White** - (Not of Hispanic origin) – Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East (includes all countries within the Arabian peninsula; excluding countries within the Indian Subcontinent).
  
- 2.    **Black** - (Not of Hispanic origin) - Persons having origins in any of the Black racial groups of Africa.
  
- 3.    **Hispanic** - Persons having origins in the original people of Spain and persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
  
- 4.    **Asian or Pacific Islanders** - Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands.
  
- 5.    **American Indian or Alaskan Native** - Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
  
- 6.    **Cape Verdean** - Persons having origins in the Cape Verde Islands.

**Handicapped Individual:**    Yes    No

**Veteran:**     Yes    No

**If yes,** check here  if you are a Vietnam Era Veteran (served on active duty for more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and were discharged with other than a dishonorable discharge).

**Disabled Veteran:**    Yes    No

**How did you learn about the job for which you are applying?**

- |  |   |
|--|---|
| <input type="checkbox"/> 1. Walk-In              | <input type="checkbox"/> 6. College/University (name) _____ |
| <input type="checkbox"/> 2. City Employee        | <input type="checkbox"/> 7. Community Agency (name) _____   |
| <input type="checkbox"/> 3. City of NB Website   | <input type="checkbox"/> 8. Online (website) _____          |
| <input type="checkbox"/> 4. Employment Agency    | <input type="checkbox"/> 9. Newspaper (name) _____          |
| <input type="checkbox"/> 5. Cable Access Channel | <input type="checkbox"/> 10. Other _____                    |