



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?

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

What computer programs are you familiar with? _____

ADDITIONAL COMMENTS & WORK EXPERIENCE SHEET

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

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

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.

The City of New Bedford does have a residency requirement. Employees are required to be residents of the City of New Bedford at the time of appointment, unless a specific waiver has been granted by the City Council with approval of the Mayor.

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 beliefs 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 _____ |