

If you were hired, when could you begin work? _____

Are you employed now? Yes No May we contact your present employer? Yes No

Do you have an immediate family member (i.e., spouse, mother, father, sibling, or child) working for the City? Yes No If yes, Employee Name: _____ Department: _____

EDUCATION

Name/Location	Course of Study	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree
High School			
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Business, Technical, etc.)			

Special Skills: *Please indicate below any special skills, training, or licenses that you possess:*

Driver's License:

Do you have a valid driver's license? Yes No

Do you have a valid commercial license? Yes No

Driver's license number: _____ State of Issue: _____

Have you had any motor vehicle accidents during the past three years? Yes No

Have you had any moving violations during the past three years? Yes No

Do you have any other specialized motor licenses? Yes No If yes, what? _____

EMPLOYMENT HISTORY

List most current position first. Verifiable volunteer work and military service may be included.

#1. Employer's name: _____

Address: _____ Telephone _____

Job Title: _____ Worked from: _____ to: _____

Immediate supervisor's name and title: _____

Describe the work you performed: _____

Reason for leaving: _____

May we contact this employer? Yes No

#2. Employer's name: _____

Address: _____ Telephone _____

Job Title: _____ Worked from: _____ to: _____

Immediate supervisor's name and title: _____

Describe the work you performed: _____

Reason for leaving: _____

May we contact this employer? Yes No

#3. Employer's name: _____

Address: _____ Telephone _____

Job Title: _____ Worked from: _____ to: _____

Immediate supervisor's name and title: _____

Describe the work you performed: _____

Reason for leaving: _____

May we contact this employer? Yes No

#4. Employer's name: _____

Address: _____ Telephone _____

Job Title: _____ Worked from: _____ to: _____

Immediate supervisor's name and title: _____

Describe the work you performed: _____

Reason for leaving: _____

May we contact this employer? Yes No

Professional References: *Please provide professional and/or business references only.*

#1. Name _____ Phone _____

Address _____ Position _____

#2. Name _____ Phone _____

Address _____ Position _____

#3. Name _____ Phone _____

Address _____ Position _____

AGREEMENT

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 or not being considered for a position.

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 Chicopee all references, persons, schools, my current employers (if applicable) and previous employers and organizations named in this application, unless otherwise stated, to provide the City of Chicopee any relevant information that may be required to arrive at an employment decision. I understand that the information released is for the City of Chicopee's use only.

I hereby voluntarily release, discharge, and exonerate the City of Chicopee, 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 Chicopee.

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 represent that I have read and fully understand the foregoing and seek employment under these conditions. I certify that the information provided is true and that this information can be used for the purpose of processing my employment application.

Signature of Applicant: _____ **Date:** _____

The City of Chicopee recognizes many different union agreements and Civil Service requirements. Unless otherwise stated in the job description, all persons are employed on an "at-will" basis. Consequently, the City of Chicopee has the right to change the terms or conditions of employment, including discharging an employee without notice and without cause. No one has the authority to offer or grant any person's employment on any other terms unless specific in writing by employment contract, collective bargaining agreement or Civil Services mandate.

Discrimination against any person in any practice or procedure in advertising, recruitment, referrals, testing, hiring, transfer, promotion or any other term, condition or privilege of employment which limits or adversely affects employment opportunities, because of political or religious opinions or affiliations, or because of race, color, sex, sexual orientation, national origin, marital status, pregnancy, parenthood, age or handicap which is unrelated to the person's occupational qualifications or any other non-merit factor which is not a bona fide occupational qualification is prohibited.

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



CITY OF CHICOPEE

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION REQUEST

In accordance with the City of Chicopee affirmative action policy, we request your **VOLUNTARY** completion of this questionnaire. In no way will the information be used to discriminate against or to show preference for any applicant in the hiring decision.

NAME: _____ **DATE:** _____

POSITION APPLIED FOR: _____

Information on this position was made available from the following source: _____

CITIZENSHIP: U.S. OTHER (Country) _____

ETHNIC DATA:

The categories below should not be interpreted as scientific or anthropological in nature. They were developed by the federal government to provide for the collection and use of compatible and exchangeable ethnic data.

- American Indian or Alaskan Native (a person having origins in any of the original people of North America and who maintains cultural identification through tribal affiliation or community recognition.)
- African American (a person who is not Hispanic in origin but having origins in any of the original peoples of Central or South Africa.)
- Asian or Pacific Islander (a person having origins in any of the original peoples of the Far East, Southeast Asia, and the Indian sub-continent of the Pacific Isles.)
- Hispanic (a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture regardless of race.)
- White (a person who is not of Hispanic origin but having origins in any of the original peoples of Europe, North Africa, or the Middle East.)
- Cape Verdean (a person not of Hispanic origin but having origins in the peoples of the Cape Verde Islands.)

SEX: Female Male

ARE YOU A VETERAN? Yes No

If yes, dates of service: _____