



## APPLICATION FOR LABOR SERVICE

### CITY OF WORCESTER

Human Resources Department  
455 Main Street, Room 109, Worcester MA 01608

Applicants must be at least 16 years of age at the time of filing application. TYPE or PRINT all answers on both sides of this form in INK, and file it by mail or in person at the above address. Incomplete or unsigned applications will be returned. The applicant will remain on the Labor Service register for the job titles for which he/she is registered for a period of 5 years from the date of registration, subject to a renewal of registration as provided in Section 28, Chapter 31 of the General Laws, and subject to compliance with other applicable provisions of the civil service law and rules. The labor service position titles including entrance requirements, if any, for which applicants may apply on this form, are listed on the reverse side, together with instructions for indicating position selections.

1. Name \_\_\_\_\_ 2. Social Security # XXX - \_\_\_\_ - \_\_\_\_\_  
3. Address \_\_\_\_\_  
Street City/Town State Zip Code  
4. Mailing Address \_\_\_\_\_  
(if different) Street City/Town State Zip Code  
5. Phone #: \_\_\_\_\_ 6. Email: \_\_\_\_\_

7. Have you completed a course in a building, mechanical, maintenance or repair trade in a recognized trade, vocational or technical school or a recognized training program? If answer is "yes," complete the following:

<u>Name of School or Program</u>	<u>Title of Course</u>	<u>Date of Course (Month/Date/Year)</u>
_____	_____	From: _____ To: _____
_____	_____	From: _____ To: _____

8. Have you ever served in the United States' armed forces during wartime as defined by Clause 43, Section 7 of Chapter 4 and Section 1 of Chapter 31 of the Massachusetts General Laws? ☐ Yes ☐ No;

**If you are claiming veteran's preference, you must attach a copy of your DD-214 Form.**

9. Are you the widowed unremarried spouse or parent of a veteran who died from a service-connected disability incurred in wartime service? ☐ Yes ☐ No

10. Employment History: List the complete names and addresses of your employers and the type of work performed for each during the past 10 years (you may attach a copy of your resume).

<u>Employer Name</u>	<u>Address</u>	<u>Type of Work</u>	<u>Dates Worked</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Response to the following is **voluntary**. Failure to provide the information requested will not adversely affect your application. (Check one of each statement.)

I am: ( ) Male ( ) Female

I am: ( ) White ( ) Black ( ) Hispanic ( ) Asian ( ) American Indian or Alaskan Native ( ) Other

**Work Options:** ☐ Permanent ☐ Temporary ☐ Part-time ☐ Intermittent ☐ Full-time

12. If you wish to apply for any of the following job titles in the **Labor Class** which do not require experience, please check the block before each job title you select.

☐ Cafeteria Helper Schools (03)

☐ School Bus Attendant/Monitor (10)

☐ Laborer (01) Please provide a copy of the required Drivers License

13. If you wish to apply for any of the following job titles in the **Skilled Labor Class** which require 1 year of experience (unless otherwise specified) in related work within the 10 year period immediately prior to filing application, please check the block for each job title you select.

☐ Motor Equipment Operator Grade 1 (34) – Please provide a copy of the required MA CDL Class A or B

☐ School Bus Driver/APH (38) – Please provide a copy of the required MA CDL Class A or B

☐ Building Maintenance Man (12)

☐ Building Maintenance Craftsman (80)

☐ Parking Meter Maintenance Man (33)

☐ Apprentice Printer (35)

☐ Carpenter Helper (39)

☐ Electrician Helper (40)

☐ Plumber Helper (41)

☐ Steamfitter Helper (42)

☐ Gardner (36)

☐ Grounds Worker (11)

☐ Tree Climber (43) Please provide a copy of the required MA CDL Class A or B

☐ Tree Climber , No CDL (90)

14. If you wish to apply for any of the following positions in the Mechanic and Craftsman Class which require 2 years of experience (unless otherwise specified) in related work within the 10 year period immediately to filing application, please check the block for each job title you select.

☐ Motor Equipment Repairman, DPW (61) – Please provide a copy of the required MA CDL Class A or B

☐ Motor Equipment Repairman (63)

☐ Assistant Mechanical Technician, WFP (89)

☐ Water Meter Repairman (82)

☐ Signal Maintainer (75)

☐ Sign Painter (70)

☐ HVAC Technician/Steamfitter (65)

☐ Fire Apparatus Repairman (62)

☐ Painter (68)

☐ Rigger and Painter (69)

☐ Glazier (72)

☐ Mason (84)

☐ Zoo Caretaker (7)

☐ Carpenter (66)

☐ Cabinet Maker (67)

☐ Printer (78)

☐ Baker (76)

☐ Cook (77)

I declare that the information I have provided on this application is true, and I understand that falsification of any information is subject to the penalties for perjury.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE (USE INK, DO NOT PRINT)

**QUALIFIED DISABLED CANDIDATES ARE ENCOURAGED TO APPLY  
WE ARE AN EQUAL OPPORTUNITY EMPLOYER**