



CITY OF WORCESTER

HUMAN RESOURCES DEPARTMENT

455 Main Street, Room 109
Worcester, Massachusetts 01608
Phone: (508) 799-1030 Fax: (508) 799-1040

KATHLEEN G. JOHNSON
Director

DORI A. VECCHIO
Assistant Director

City of Worcester Employment Application Questionnaire

Please read before completing the following application:

The city of Worcester does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, gender, sexual orientation, ancestry, age, disability, genetic information, military status or status as a disabled Vietnam era veteran, except where age or sex is a bonafide occupational qualification as allowed by the Civil Rights Act of 1964. No question on this employment application is intended to secure information to be used for such discrimination. This employment application will be given every consideration, but its receipt does not imply that the applicant will be employed.

Fields marked with an asterisk (*) are required.

*Job Title: _____

*Department/Division: _____

*Name (Last, First M.I.): _____

*Address: _____

*City/Town: _____ *State: _____ *Zip Code: _____

*Contact Number: _____

*Email: _____

*Highest Degree Earned? None GED High School Associates Bachelors Masters Doctorate

*Are you over 18 years of age? Yes No

*Were you ever dismissed from a job? Yes No

If yes, please give details:

*Have you ever been employed by the City of Worcester? Yes No

If yes, which department? _____

*Pursuant to M.G.L. Chapter 268A, please indicate if you have any immediate family members employed by the City of Worcester: Yes No

If yes, please name them: _____

*Are you legally authorized to work in the US? Yes No

***Please be sure to include your cover letter and resume when mailing this Application Questionnaire, unless stated otherwise in the job description.**

I understand that any offer of employment is conditioned upon the satisfactory completion of the verification process as required by the Immigration Reform and Control Act of 1986, and that the City will only hire those individuals who are legally authorized to work in the United States and who present acceptable proof of their lawful employment status and identity.

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 liabilities.

THE CITY OF WORCESTER IS AN EQUAL OPPORTUNITY EMPLOYER

CERTIFICATION

I certify under the pains and penalty of perjury that all statements made by me on this application (and accompanying resume, and other documents, if any) are true and complete to the best of my knowledge and that I have withheld nothing, which, if disclosed, would affect application unfavorably. I understand that any false statements or material omission of fact on the application (and accompanying resume and other documents, if any) shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I understand that receipt of this application and the granting of an interview does not imply that I will be employed.

I understand that, if offered employment, I may be subject to a drug test and a pre-placement physical by the City's physician.

I understand that unless I attain permanent status, pursuant to MGL Chapter 31, or I am subject to a just cause provision of a collective bargaining agreement, my employment will be at-will, which means that both the City of Worcester or I are free to terminate the employment relationship at any time for any non-statutorily prohibited reason or for no reason at all, with or without notice.

I hereby acknowledge that I have read in full and understand the above statements and conditions of employment.

Applicant Signature

Date



Voluntary Self-Identification Form

EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES

American Indian or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Two or More Races (Not Hispanic or Latino): A person who primarily identifies with two or more of the above race/ethnicity categories.

GENDER IDENTIFICATION CATEGORIES

Gender Non-Conforming: A person who does not conform to society's expectations of gender expression based on the gender binary, expectations of masculinity and femininity, or how they should identify their gender.

Transgender: A person whose gender identity and/or gender expression differs from the sex they were assigned at birth; umbrella term used by many gender variant people; may identify as female-to-male (FTM) or male-to-female (MTF); does not always involve hormone treatment or surgical procedures.

INDIVIDUAL WITH DISABILITIES

A person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). For purposes of this definition, an individual with disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s).

City of Worcester Office of Disabilities
City Hall Room 101
455 Main Street, Worcester, MA 01608
Phone: (508) 799-8486, Fax: (508) 799-1208
Email: disabilities@worcesterma.gov
Office Hours: Monday - Friday 8:30 AM - 5:00 PM

VETERAN STATUS CATEGORIES

Vietnam Era (Aug 5, 1964-May 7, 1975): Any veteran who served during that period are said to have been on active duty during the Vietnam Era, no matter where they may have been stationed around the world.

Recently Separated Veteran: Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

Disabled Veteran: A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or a person who was discharged or released from active duty because of a service-connected disability.

Other Protected Veteran: A veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.

Armed Forces Service Medal Veteran: Any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209)

OTHER PROTECTED STATUS

The City of Worcester does not discriminate in its programs and activities on the basis of age, color, gender expression/identity, genetic information, marital status, national origin, physical or mental disability, pregnancy, race, religion, sex, sexual orientation, or veteran status, as applicable. Direct comments and inquiries to: Equal Opportunity Employment Officer, City Hall Human Resources 109, 508-799-1030, EEOAA@worcesterma.gov



Voluntary Self-Identification Form

Anti-Discrimination Notice: It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin or other protected class.

The City of Worcester is an equal opportunity employer subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws and regulations, it is important that our recordkeeping and reporting information is accurate. Submission of this information is completely voluntary, and refusal to provide it will not subject you to any adverse treatment. Information you share will not be used during employment screening and selection.

Section 1: General Applicant Information		
Name (Optional):		Date:
Department:		Job Title:
Section 2: Voluntary Self-Identification. Please check all that apply.		
Race or Ethnic Identity	Gender ID	Veteran Status
<input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino) <input type="checkbox"/> Asian (not Hispanic or Latino) <input type="checkbox"/> Black or African American (not Hispanic or Latino) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) <input type="checkbox"/> White (not Hispanic or Latino) <input type="checkbox"/> Two or More Races <input type="checkbox"/> I do not wish to self-identify	Gender ID <input type="checkbox"/> Female <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Self-Identified/Other (specify) _____ <input type="checkbox"/> I do not wish to self-identify	<input type="checkbox"/> Vietnam Era (Aug 5, 1964 - May 7, 1975) <input type="checkbox"/> Recently Separated Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Other Protected Veteran <input type="checkbox"/> Armed Forces Service Medal Veteran Disability Status <input type="checkbox"/> Individual with Disabilities *If you wish to obtain Affirmative Action status as a Person with a Disability after you have been employed by this agency you may need to submit self-identification and verification of such with the ADA Coordinator. <input type="checkbox"/> Other Protected Status (specify) (see definitions attached) _____

PLEASE RETURN TO THE OFFICE OF HUMAN RESOURCES, CITY HALL, ROOM 109-ATTENTION:
 EQUAL EMPLOYMENT OPPORTUNITY OFFICER EEOAA@worcesterma.gov