



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



The City of Worcester

VOLUNTARY SELF-IDENTIFICATION FORM

The City of Worcester is an equal opportunity employer. Qualified applicants are considered without regard to race, color, gender, age, religion, ancestry, national origin, sexual orientation, disability, or status as a disabled or Vietnam era veteran.

As an equal opportunity employer, the City of Worcester complies with all relevant governmental regulations and affirmative action responsibilities. To help us with record keeping, reporting, and other legal requirements, we request that you complete this self-identification form. Submission of this information is completely voluntary, and refusal to provide it will not subject applicant to any adverse treatment.

Please be advised that this survey is not a part of your official application for employment. This information will be filed separately from your application. It is considered confidential information that will not be used to discriminate against you in any way.

Application for Position of:	Department:
-------------------------------------	--------------------

What is your race/ethnicity? Please mark the **one box** that describes the race/ethnicity category with which you primarily identify with:

- Hispanic or Latino: a person from Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American: a person having origins in any of the black racial groups of Africa.
- Asian: a person having 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.
- American or Alaskan Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Two or More Races: a person who primarily identifies with two or more of the above race/ethnicity categories.

Sex: Female Male

Veteran: Yes No
If yes, check: Vietnam Era (Aug 5, 1964- May 7, 1975) Other

Name (optional):