



## CITY OF WORCESTER

Department of Human Resources  
455 Main Street, Room 109  
Worcester, Massachusetts 01608  
(508) 799-1030

### EMPLOYMENT APPLICATION

#### PLEASE READ BEFORE COMPLETING THIS 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 as defined by law, ancestry, age, as defined by law, disability, genetic information, military status, or status as a disabled or 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.

To ensure that your application is properly evaluated, all questions must be answered clearly, completely and accurately. If you need more space, please attach a separate sheet. Please print and use ink. You may attach a copy of your resume, but not as a substitute for responding to all questions hereon. Cover letter required unless otherwise stated in job description. Include all education, employment history and relevant skills in resume. To attend a Resume or Cover Letter Writing Workshop, contact MassHire Worcester Career Center at 340 Main Street Suite 400, 4th Floor Worcester, MA 01608 Phone: (508) 799-1600.

\_\_\_\_\_  
First Middle Last Date  
\_\_\_\_\_  
Number/P.O. Box Street City State Zip Code Telephone Number/Email

#### EMPLOYMENT DESIRED

Date Available to Start: \_\_\_\_\_ Application is for:  Full time  Part-time  Seasonal  Temporary

Position Desired: \_\_\_\_\_

#### EDUCATION\*

Highest Degree Earned:

Non-Applicable  High School or Equivalent  Associates  Bachelors  Masters  Doctorate  Other

#### EMPLOYMENT HISTORY

**[THIS SECTION COMPLETED ONLY BY TEMPORARY & SEASONAL WORKERS, AS APPLICABLE]**

Please list your most recent position first and account for all periods of time. You may include volunteer, internship or military experience.

Employer's Name	From Mo/Yr	To Mo/Yr	# of Hours Week
Address:			Reason For Leaving:
Position:			Title/Duties Performed
Employer's Name	From Mo/Yr	To Mo/Yr	# of Hours Week
Address:			Reason For Leaving:
Position:			Title/Duties Performed

Are you over 18 years of age?  YES  NO

Were you ever dismissed from a job?  YES  NO If yes, give details:

Have you ever been employed by the City of Worcester?  YES  NO Dept. \_\_\_\_\_

Do you have any relatives employed by the City of Worcester?  YES  NO

If yes, please name them: \_\_\_\_\_

How did you learn about this job listing?  City of Worcester Website  Online Advertisement (Monster.com, Indeed.com, etc.)  Print Advertisement  Email Advertisement  Social Media  MassHire Worcester Career Center  Opportunity Fair  Other Job Fair  Employment Agency  Friend/Relative  Walk-In  Other

Are you legally authorized to work in the U.S.?  YES  NO

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.

I CERTIFY THAT THE RESPONSE MADE BY ME TO THE ABOVE QUESTION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE WITHHELD NOTHING THAT WOULD, IF DISCLOSED, AFFECT THIS EMPLOYMENT APPLICATION UNFAVORABLY.

**I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE QUESTION.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

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  
THE CITY OF WORCESTER IS AN AFFIRMATIVE ACTION EMPLOYER

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.

**RELEASE AND CERTIFICATION  
PLEASE READ BEFORE SIGNING**

I understand that the foregoing will be verified in order to expedite my application for employment with the City of Worcester. I hereby authorize the City of Worcester to conduct a full investigation into my background.

I authorize the City to obtain my previous work records, employment records, character references, and any other information concerning character, ability and habits and all other necessary information. Further I grant authority to the keeper of these records to release said records to the City of Worcester for the purpose of making its hiring decision. I agree that the City of Worcester shall not be liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statement, omissions or answers made by me on this application. I agree that my previous employers shall not be liable with regard to any information provided by them in connection with this release.

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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



# Voluntary Self-Identification Form

This information is used to measure the effectiveness of our affirmative action efforts and equal employment opportunity reporting requirements. All information provided is considered confidential and kept separate from application and employment/personnel records

The City of Worcester is proud to be an Equal Employment Opportunity and Affirmative Action employer that is committed to diversity and inclusion in the workplace. We prohibit discrimination and harassment of any kind based on age, color, gender identity/expression, marital status, national origin, genetic information, race, religion, creed, sex (including pregnancy, childbirth, reproductive health decisions, or related medical conditions), sexual orientation, mental or physical disability, political belief/affiliation, military/veteran status, or other applicable characteristics legally protected from discrimination under state or federal law - unless there is a bona fide occupational qualification exception allowed by the Civil Rights Act of 1964. We also consider qualified applicants regardless of criminal histories, consistent with legal requirements.

Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment.

Department:	Job Title:
Date:	

Gender Identity	Disability Status	Veteran Status
<input type="checkbox"/> Female	<input type="checkbox"/> Yes, I have a disability	<input type="checkbox"/> I am <b>Not</b> a Protected Veteran
<input type="checkbox"/> Male	<input type="checkbox"/> No, I do not have a disability	<input type="checkbox"/> I <b>Am</b> a Protected Veteran
<input type="checkbox"/> Non-Binary	<input type="checkbox"/> I choose not to self-identify	<input type="checkbox"/> I choose not to self-identity
<input type="checkbox"/> I choose not to self-identity		

EEOC Race/Ethnic Identification Categories The options provided reflect the categories listed in the EEOC Identification Categories.	If you choose not to self-identify your race/ethnicity at this time, the federal government requires us to determine this information by visual survey and/or other available information.
<input type="checkbox"/> American Indian or Alaskan 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.
<input type="checkbox"/> 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.
<input type="checkbox"/> Black or African American (not Hispanic or Latino)	A person having origins in any of the black racial groups of Africa
<input type="checkbox"/> Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
<input type="checkbox"/> 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.
<input type="checkbox"/> White or Caucasian (not Hispanic or Latino)	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
<input type="checkbox"/> Two or more Races	All persons who identify with more than one of the above.
<input type="checkbox"/> I choose not to self-identify	All persons not wishing to self-identify race and/or ethnicity.

PLEASE RETURN TO THE OFFICE OF HUMAN RESOURCES, CITY HALL, ROOM 109-ATTENTION EQUAL EMPLOYMENT OPPORTUNITY OFFICER [EOAA@WORCESTERMA.GOV](mailto:EOAA@WORCESTERMA.GOV)