



# Lunch Monitor Position

## City of West Springfield Employment Application

*The City of West Springfield is an Equal Employment Opportunity Employer*

*Please read and answer each question in this application, yourself, as completely and accurately as possible. Do not omit any answers. An unsigned or incomplete application will not be processed. If you require an accommodation in order to participate in any phase of the application process, because of a physical or mental disability, please make that fact known and a reasonable accommodation shall be made.*

### Personal Information

1. Date of Application: \_\_\_\_\_ 2. School Preference Applying For: \_\_\_\_\_

3. Are you available to work:  Full time  Part time If part time, what will be your days/hours of availability?: \_\_\_\_\_

4. Name: \_\_\_\_\_  
Last First Middle

5. Address \_\_\_\_\_  
Number Street Apartment Number

\_\_\_\_\_ City/Town State Zip Code

6. Telephone Number: Home: \_\_\_\_\_ Daytime: \_\_\_\_\_  
Area Code/Number Area Code/Number

7. Email Address: \_\_\_\_\_

8. If hired, can you provide proof of citizenship or legal right to work?  Yes  No

9. Are you under 18, can you furnish a work permit?  Yes  No

10. Have you ever been employed by the City before?  Yes  No

If yes, when? \_\_\_\_\_ In which department? \_\_\_\_\_

11. Do you have an immediate family member working for the City?  Yes  No

If yes, Employee's Name: \_\_\_\_\_ Department: \_\_\_\_\_

### Education

Name/Location	Major	Graduated	Degree Received
High School		Yes or No	
College		Yes or No	
Graduate School		Yes or No	
Business Technical		Yes or No	

## Employment History

*List present employer first. A resume may be included, however, this section must be completed.  
You may include any verifiable work performed on a volunteer basis, but need not include information that would indicate possible membership in a protected class.*

**12.** Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Worked From: \_\_\_\_\_ To \_\_\_\_\_  
Immediate Supervisor's Name and Job Title: \_\_\_\_\_  
May we contact this employer?     Yes     No  
Describe the work you performed: \_\_\_\_\_  
\_\_\_\_\_  
Reason(s) for leaving: \_\_\_\_\_  
\_\_\_\_\_

**13.** Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Worked From: \_\_\_\_\_ To \_\_\_\_\_  
Immediate Supervisor's Name and Job Title: \_\_\_\_\_  
May we contact this employer?     Yes     No  
Describe the work you performed: \_\_\_\_\_  
\_\_\_\_\_  
Reason(s) for leaving: \_\_\_\_\_  
\_\_\_\_\_

**14.** Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Worked From: \_\_\_\_\_ To \_\_\_\_\_  
Immediate Supervisor's Name and Job Title: \_\_\_\_\_  
May we contact this employer?     Yes     No  
Describe the work you performed: \_\_\_\_\_  
\_\_\_\_\_  
Reason(s) for leaving: \_\_\_\_\_  
\_\_\_\_\_

**15.** Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Worked From: \_\_\_\_\_ To \_\_\_\_\_  
Immediate Supervisor's Name and Job Title: \_\_\_\_\_  
May we contact this employer?     Yes     No  
Describe the work you performed: \_\_\_\_\_  
\_\_\_\_\_  
Reason(s) for leaving: \_\_\_\_\_  
\_\_\_\_\_

## Training

**16.** Do you possess the following skills? Please list in detail all that apply.

Specialized Training?  Yes  No

Name of Training/Course(s): \_\_\_\_\_

Professional Licenses?  Yes  No

License(s): \_\_\_\_\_

Professional Memberships?  Yes  No

Name of Organization(s): \_\_\_\_\_

Computer Software?  Yes  No

Name of Program(s): \_\_\_\_\_

Office Equipment?  Yes  No

Describe Equipment: \_\_\_\_\_

If more room is required, an additional sheet may be attached.

## References

*Please provide professional and/or business references only. Note that references listed in this section may be contacted.*

**17.** Reference #1

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**18.** Reference #2

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**19.** Reference #3

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**IN ORDER TO BE CONSIDERED AS AN APPLICANT FOR EMPLOYMENT, YOU MUST APPLY FOR A SPECIFIED OPEN POSITION. AS A RESULT, IF YOU WOULD LIKE TO BE CONSIDERED FOR ANOTHER OPEN POSITION IN THE FUTURE, YOU MUST CALL THE HUMAN RESOURCES OFFICE (413) 263-3232 AND IDENTIFY THE POSITION FOR WHICH YOU ORIGINALLY APPLIED AND THE POSITION FOR WHICH YOU WOULD NOW LIKE TO BE CONSIDERED.**

**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.**

## Agreement & Certification

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 West Springfield to obtain any information from schools, employers or individuals relating to my activities. This information may include, but is not limited to: academics, achievement, performance, attendance, personal history and discipline. Further, I hereby authorize all references, persons, schools, my current employer (if applicable) and previous employers and organizations named in this application, unless otherwise stated, to provide the City of West Springfield any relevant information that may be required to arrive at an employment decision. I understand that the information released is for the City of West Springfield's use only.

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

I understand that all appointments are probationary and that I must demonstrate my ability for continued employment. I also understand that I must be available from time to time to work outside normal business hours, as the needs of the department require.

I understand and agree that if offered employment, the offer may be contingent on several factors, depending on the position that I am offered. These may include my passing a pre-employment physical and alcohol and drug testing, the successful completion of medical and physical abilities tests, psychological testing and/or CORI (Criminal Offender Record Information) inquiry. I further may be required to provide proof of certifications, records and licensures and required to perform the duties of the position I am offered, or to attend and successfully complete academy training.

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 understand and agree that if I am offered employment, it will be as an employee-at-will and that no employment contract rights have been created. I also understand and agree that my employment may be terminated at any time with or without cause, and with or without advance notice at the option of either the City or myself, subject to any applicable collective bargaining unit contract. I also understand that no supervisor, manager, or other representative of the City has any authority to enter into any express or implied contract for employment for any specific period of time. Any agreement contrary to the above must be in writing and must expressly state that it is a contract and must be signed by the Appointing Authority for my position within the City.

Under the pains and penalty of perjury, I represent that I have read and fully understand the foregoing and seek employment under these conditions. I certify that the information provided as true and that this information can be used for the purpose of processing my employment application. I further understand that false or misleading information given in my application or interview(s) may result in discharge.

***The City of West Springfield is an Equal Opportunity Employer. It is the policy of the City to afford equal opportunity to all qualified persons regardless of race, color, religious creed, national origin, ancestry, sex, gender identity, age, criminal record (inquiries only), handicap (disability), mental illness, sexual orientation, genetics, and military/veteran status. The City is committed to providing a reasonable accommodation if necessary to perform the essential functions of the job (except where age or sex is a bona fide occupational qualification as allowed by the Civil Rights Act of 1964).***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Invitation to Self-Identify

**Anti-Discrimination Notice.** The City of West Springfield is an Equal Opportunity Employer. It is the policy of the City to afford equal opportunity to all qualified persons regardless of race, color, religious creed, national origin, ancestry, sex, gender identity, age, criminal record (inquiries only), handicap (disability), mental illness, sexual orientation, genetics, and military/veteran status. The City is committed to providing a reasonable accommodation if necessary to perform the essential functions of the job (except where age or sex is a bona fide occupational qualification as allowed by the Civil Rights Act of 1964).

The City of West Springfield is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require us to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

Position Title: \_\_\_\_\_

Gender:         Male         Female

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

- Hispanic or Latino-a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race
- White- A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Black or African American- All persons having origins in any of the black racial groups of Africa.
- Asian: 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.
- Native Hawaiian or Other Pacific Islander- a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- American Indian or Alaska 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
- Two or More Races-a person who primarily identifies with two or more of the above race/ethnicity categories
- I choose not to Self -Identify