



# CITY OF GARDNER

## Human Resources Department

95 Pleasant Street, Room 226 Gardner, MA 01440

<https://www.gardner-ma.gov/>

# Application for Employment

The City of Gardner is an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, marital or veteran status, national origin, sex, age, disability, sexual orientation or any other class protected by federal, state or local law.

*Please PRINT - application must be filled out COMPLETELY*

Date of Application: \_\_\_/\_\_\_/\_\_\_

### PERSONAL INFORMATION

Name (Last, First, Middle):

Current Address (Street):

City, State, Zip Code:

Mailing Address, if different:

Telephone (Primary):

Telephone (Alternate):

Preferred Phone:  Primary  Alternate

Email Address:

Are you legally eligible to work in the United States?  Yes  No  
(proof of citizenship or immigration status will be required upon employment)

If you are under 18 years of age, can you provide proof of eligibility to work?  Yes  No

If hired, are you able to perform the essential job functions of the job you are applying for, with or without reasonable accommodation?  Yes  No

### EMPLOYMENT DESIRED

Position Applying For:

Date Available:

Are you available to work:

Full Time  Part Time  Evenings/Weekends  Temporary/Seasonal

Are you able to work overtime in the evenings, weekends, and holidays if necessary?  Yes  No

How did you hear about the position?

Have you ever been an employee of the City of Gardner?  Yes  No

If yes, please give dates? From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

For which department?

What position?



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### EMPLOYMENT EXPERIENCE

*Please start with your present or last job. Include any job-related military and/or volunteer assignments. This section must be completed in full. Please do NOT respond "see resume".*

Company Name:	
Street Address:	
City, State, Zip Code:	
Telephone Number:	Supervisor:
Dates Employed (Mo/Yr): From: ____/____ To: ____/____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (# hours/week _____)
Description of Duties:	
Reason for Leaving or seeking other employment:	

Company Name:	
Street Address:	
City, State, Zip Code:	
Telephone Number:	Supervisor:
Dates Employed (Mo/Yr): From: ____/____ To: ____/____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (# hours/week _____)
Description of Duties:	
Reason for Leaving or seeking other employment:	

Company Name:	
Street Address:	
City, State, Zip Code:	
Telephone Number:	Supervisor:
Dates Employed (Mo/Yr): From: ____/____ To: ____/____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No



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Job Title:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (# hours/week _____)
Description of Duties:	
Reason for Leaving or seeking other employment:	

### EDUCATION

SCHOOL	NAME AND LOCATION	COMPLETED?	DEGREE EARNED
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe any specialized training, coursework or apprenticeships

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List professional, trade, business or civic activities and offices held:

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### SPECIAL SKILLS AND OTHER QUALIFICATIONS

Please select the skills that are relevant to the position desired

<input type="checkbox"/> Microsoft Word	or	<input type="checkbox"/> Other word processing software (Specify): _____
<input type="checkbox"/> Microsoft Excel	or	<input type="checkbox"/> Other spreadsheet software (Specify): _____
<input type="checkbox"/> Microsoft PowerPoint	or	<input type="checkbox"/> Other presentation software (Specify): _____



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Microsoft Access      or  Other database software (*Specify*): \_\_\_\_\_

Other Technology

Typing Speed (*Words per minute*): \_\_\_\_\_

Foreign Languages (*Specify*): \_\_\_\_\_

Please list any other skills or abilities you feel relevant \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### LICENSES

Do you have a valid driver's license?       Yes       No      Expiration date: \_\_\_\_\_

What class of license do you possess? ( <i>check all that apply</i> )	<input type="checkbox"/> Class D	Expiration date: _____
	<input type="checkbox"/> CDL A	Expiration date: _____
	<input type="checkbox"/> CDL B	Expiration date: _____
	<input type="checkbox"/> CDL C	Expiration date: _____

Do you have any of the following licenses? ( <i>check all that apply</i> )	<input type="checkbox"/> Hoisting	<input type="checkbox"/> Playground Safety Certification
	<input type="checkbox"/> Pesticide	<input type="checkbox"/> Certified Pool Operator

Do you have any of the following Water Distribution licenses? ( <i>check all that apply</i> )	<input type="checkbox"/> D-1
	<input type="checkbox"/> D-2
	<input type="checkbox"/> D-3

Do you have any of the following Water Treatment licenses? ( <i>check all that apply</i> )	<input type="checkbox"/> T-1
	<input type="checkbox"/> T-2
	<input type="checkbox"/> T-3

Have you ever had your license or driving privileges revoked, suspended, or placed on probation?  Yes  No

If Yes, please explain. Include when, where and what action was taken:

*Do not list losses of licenses resulting from convictions of misdemeanors within the last 5 years or resulting from first convictions of simple assault, drunkenness, speeding, minor traffic violations, affray or disturbance of the peace.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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### **OTHER INFORMATION**

*Name of friends and/or relatives employed by the City of Gardner:*

Name:	Relationship:
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Name:	Relationship:
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### **REFERENCES**

*Please list (3) three professional and/or business references only*

Full Name:	Relationship:
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Company:	Phone:
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Full Name:	Relationship:
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Company:	Phone:
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Full Name:	Relationship:
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Company:	Phone:
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### **APPLICANT'S STATEMENT**

I acknowledge that the information provided in this application for employment is true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

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

I hereby voluntarily release, discharge and exonerate the City of Gardner, its agents and representatives, and any



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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 Gardner.

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. In the event of my employment with the City of Gardner, I will comply with all rules, regulations, and policies set forth in the City of Gardner's Personnel Rules & Regulations or other communications distributed by the City of Gardner.

I agree to sign a Criminal Offender Record Information Release form and further authorize the City of Gardner to conduct background checks that they deem necessary for evaluating your application for employment, and to obtain a report from a consumer reporting agency to be used for employment purposes in accordance with the Fair Credit reporting Act. If required for the position I am seeking, I agree to take a physical examination, which may include testing for drugs or a psychological examination, as required, and recognize that any offer of employment may be contingent upon the results of such an examination.

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.

If required for the position I am seeking, I agree to take a physical examination, which may include testing for drugs or a psychological examination, as required, and recognize that any offer or employment may be contingent upon the results of such an examination.

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*Signature of Applicant*

*Date*



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## Voluntary Affirmative Action Request Form

The City of Gardner, as part of its commitment to Affirmative Action/Equal Employment Opportunity policies, invites you to provide the following information. The information is voluntary and refusal to provide it will not have any bearing on our employment decision. The data is confidential and will be filed separately. It will be available only to authorized personnel and is used to further the City's Affirmative Action/Equal Employment Opportunity policies. Your cooperation is appreciated.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name (Last, First, Middle):

Position Applied For:

Gender:  Male  Female

Ethnic Origin:

- White (Not Hispanic or Latino)
- Black (Not Hispanic or Latino)
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native
- Other (*Please Specify*): \_\_\_\_\_

Veteran Status:

- Veteran
- Disabled Veteran
- Vietnam Era