



NEW BEDFORD PUBLIC SCHOOLS

455 COUNTY STREET
 NEW BEDFORD, MA 02740-5194
 (508) 997-4511 EXT. 3264

CIVIL SERVICE APPLICATION FOR EMPLOYMENT

Please Print or Write Legibly in Ink.

TODAY'S DATE: _____ / _____ / _____

Any omission of information may invalidate your application.

Specify Civil Service Title(s). POSITION APPLYING FOR: (1) _____ (2) _____ (3) _____					
Bookkeeper, Cafeteria Helper, Carpenter, Cashier, Clerk Typist, Custodian, Data Technician, Electrician, Grounds Worker, Maintenance Man, Mason, Painter, Plant Engineer, Pipefitter, Plumber, Welder, etc.					
Last Name		First Name		Middle Initial	(Known by another name)
Address:	Street	Apt.	City	State	Zip Code
(Please circle one)					
Telephone # ()		Mobile / Beeper / Other Phone # ()			
SOCIAL SECURITY # _____ - _____ - _____			Salary Requirements: \$ _____ per _____		
Are You under 18 years of age? _____			Date Available for work: / /		
Are you legally eligible for employment in this Country? _____ Yes _____ No					
* * If offered employment, you must provide original documents which identify you and verify your eligibility for employment.					
Have you submitted an application here before? _____ No _____ Yes - Date: / /					
Have you ever been employed here before? _____ No _____ Yes - Date: / / To Date: / / Title:					

EDUCATION RECORD	High School	College	GPA:		
Circle Highest Grade Completed:	1 2 3 4 5 6 7 8	9 10 11 12	1 2 3 4	Other:	
School Name / Address of school	Course of Study	Total Credits	Years Completed	Did You Graduate?	Degree or Diploma
GED / High School					
Technical / Other					
Business / Trade					
College					
Other					

**A Criminal & DSS Record Check (photo ID required).
 Original licenses must be provided if required for position.**

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 liability.

CONSISTENT WITH THE AMERICANS WITH DISABILITIES ACT, APPLICANTS MAY REQUEST
 ACCOMODATIONS NEEDED TO PARTICIPATE IN THE APPLICATION PROCESS
 THE NEW BEDFORD PUBLIC SCHOOLS ARE AN EQUAL OPPORTUNITY EMPLOYER DEDICATED TO A POLICY
 OF COMPLIANCE WITH ALL FEDERAL, STATE, AND LOCAL LAWS REGARDING NON-DISCRIMINATION.

It is our policy to recruit, employ and promote for all Job Classifications on the basis of merit, qualification and competence. No aspect of employment shall be determined by Race, Color, National Origin, Creed, Gender, Age, Disability, or Sexual Orientation.

PLEASE NOTE: Permanent or temporary employment is possible only by certification from an eligibility list established by the Civil Service Appointing Authority.

MILITARY
Did you serve in the US Armed Forces? <input type="checkbox"/> No <input type="checkbox"/> Yes – What Branch?
Dates of Service: From: / / To: / / Are You A Veteran? (Please provide copy of DD214)
Describe any training received relevant to the position for which you are applying:

LICENSE/CERTIFICATION/REGISTRATION
Type: Mass/National: # Date of Expiration: / /
Type: Mass/National: # Date of Expiration: / /
Has Your License Ever Been Revoked? If Yes, Please Explain:
SKILLS: Please check all that apply: <input type="checkbox"/> Type <input type="checkbox"/> WPM; <input type="checkbox"/> Steno <input type="checkbox"/> WPM; <input type="checkbox"/> Bookkeeping;
Computer Skills: <input type="checkbox"/> IBM PC; <input type="checkbox"/> MAC; <input type="checkbox"/> MS Word; <input type="checkbox"/> Wordperfect; <input type="checkbox"/> Excel; <input type="checkbox"/> Lotus; <input type="checkbox"/> : <input type="checkbox"/>
Are You Bilingual? <input type="checkbox"/> No <input type="checkbox"/> Yes – What Languages? (1) (2) (3)

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS
(1) (2)
(3) (4)

SKILLS & QUALIFICATIONS: Any activities, Special Training, Skills, Athletics, School Organizations, Hobbies, etc. Please list any additional skills, training, license(s), etc., which would be relevant to the Position for which you are applying.

HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> No <input type="checkbox"/> Yes – Explain:
Have you been convicted of a misdemeanor within the past 5 years, (other than a 1 st conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace)? Explain:
Have you ever been discharged from any employment? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please state company name, Date of and reason of termination:

WORK REFERENCES: (Give names of supervisors who have closely observed your work as an employee or volunteer.) You are encouraged to submit written letters of recommendation.			
NAME	Official Position	Present Company/School	Telephone Number

EMPLOYMENT HISTORY Resumes Accepted, HOWEVER, THIS SECTION <u>MUST</u> BE COMPLETED			
(Please list any volunteer service)		(LIST PRESENT OR MOST RECENT JOB FIRST)	
Employer Name:	Telephone ()	Dates Employed From: To:	Type of work (summarize) Grade/Subject Regular/Sub/Even/Summer/Student/P
Address:			
Job Title:			
Immediate Supervisor & Title:			
Reason for Leaving:			Hourly rate/salary:
May We Contact for Reference? Yes No			\$ per

Employer Name:	Telephone ()	Dates Employed From: To:	Type of work (summarize) Grade/Subject Regular/Sub/Even/Summer/Student/P
Address:			
Job Title:			
Immediate Supervisor & Title:			
Reason for Leaving:			Hourly rate/salary:
May We Contact for Reference? Yes No			\$ per

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Reason for Leaving:			Hourly rate/salary:
May We Contact for Reference? Yes No			\$ per

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Address:			
Job Title:			
Immediate Supervisor & Title:			
Reason for Leaving:			Hourly rate/salary:
May We Contact for Reference? Yes No			\$ per

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Address:			
Job Title:			
Immediate Supervisor & Title:			
Reason for Leaving:			Hourly rate/salary:
May We Contact for Reference? Yes No			\$ per

COMMENTS: (Include an explanation of any gaps in employment)

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the School Department's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, schools or organizations for furnishing such information.

The New Bedford Public Schools do not unlawfully discriminate in employment and no questions on this application are used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 1 year. At the conclusion of this time, if I have not heard from the New Bedford Public Schools and still wish to be considered for employment, it will be necessary to fill out a new application.

This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than the authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this School Department's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I agree to conform to the rules, regulations, policies and procedures of the School Department.

I understand that I may be asked to take a pre-placement physical examination and routine physical at any time at the request of the organization in accordance with its personnel policies. I understand that I may be expected to submit to a financial / criminal background check and drug test as part of the application procedure for employment all at the expense of the School Department.

Upon termination I authorize the release of information regarding my employment.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

I certify that any and all statements set forth in this application are true to the best of my knowledge. I hereby authorize the New Bedford Public Schools to investigate and verify all statements herein contained, and I understand any misrepresentation, falsification, or omission shall be sufficient reason for dismissal or a refusal of employment. I agree to abide by all rules, regulations and policies of the School Department as may be in effect from time to time.

Signature of Applicant: _____ Date: ____ / ____ / ____

THANK YOU FOR COMPLETING THIS APPLICATION AND FOR YOUR INTEREST IN EMPLOYMENT WITH THE NEW BEDFORD PUBLIC SCHOOLS. PLEASE FEEL FREE TO ATTACH TO THIS APPLICATION ANY ADDITIONAL INFORMATION WHICH YOU FEEL WILL BE HELPFUL IN EVALUATING YOUR QUALIFICATIONS.