



MASSACHUSETTS WATER RESOURCES AUTHORITY

Employment Application

Massachusetts Water Resources Authority is an Equal Opportunity/Affirmative Action Employer. MWRA does not discriminate on the basis of race, color, national or ethnic origin, age, religion, disability, sex or gender, sexual orientation, gender identity or expression, including a transgender identity, genetics, or veteran status.

Personal Data

Last Name	First	Middle	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.
Street Address		City	
State	Zip	Email Address	
Telephone-Home	Telephone-Business	Telephone-Cell	
Referred by (Individual, internet source, other)			
Position desired		Salary requirement	

Are you available for:

Full Time Yes No Part Time Yes No

Date Available to Begin Work _____

Please note: If you are receiving a pension from a public employee retirement system in Massachusetts, you may be restricted by state law in the amount of compensation or number of days you may work for the MWRA.

Education

NAME OF SCHOOL	CITY & STATE	Years Credit	Graduate		Degree / diploma	Course of Study
			Yes	No		
High School or G.E.D.						
Business or Trade School						
College or University						
Graduate Study						

Check Last Year Completed	ELEMENTARY					SECONDARY					COLLEGE					GRADUATE				
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
A copy of your certificate, diploma or degree is required.																				

Licenses/Certifications

Massachusetts Professional Trade, Certifications, Drivers License, and/or Massachusetts Commercial Drivers License.

Do you possess a Drivers License? Yes No Date Issued _____ Expiration Date _____
Do you possess a CDL? Class A Yes No Date Issued _____ Expiration Date _____
Do you possess a CDL? Class B Yes No Date Issued _____ Expiration Date _____
License _____ License Number _____ Date Issued _____ Expiration Date _____
License _____ License Number _____ Date Issued _____ Expiration Date _____
License _____ License Number _____ Date Issued _____ Expiration Date _____
License _____ License Number _____ Date Issued _____ Expiration Date _____

CDL Applicants Only

Under state law, if you are applying for a job requiring a commercial motor vehicle drivers license you are required to provide a list of the names and addresses of employers for whom you have worked as a commercial motor vehicle driver for the last 10 years, including the dates of your employment and reasons for leaving. You are required to certify that such information is true and complete.

I, _____, certify that the information concerning my history as a commercial motor vehicle operator is true and complete.

Please Note: Applicants who are offered employment requiring a CDL will be required to pass a U.S. Department of Labor pre-employment drug test and will be subjected to random drug testing.

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.

Military Service

Branch of Service _____ Date Entered _____ Date Discharged _____
Nature of Duties, any special training or honors received: _____

Employment History

Are you employed now? Yes No

- Please list your employment history over the last ten years, starting with your most recent or current employer.
- Do not merely state "Refer to resume." Use "P.T." to designate part-time employment.
- Any gaps in employment may be briefly explained on a separate sheet of paper.
- You may include any verifiable volunteer experience.

Employment History Continued

1. Current or Last Employer		Dates Employed		Work Performed
Address		From	To	
Telephone				
Job Title				
Supervisor		May we contact employer ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Leaving				
2. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone				
Job Title				
Supervisor		May we contact employer ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Leaving				
3. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone				
Job Title				
Supervisor		May we contact employer ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Leaving				
4. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone				
Job Title				
Supervisor		May we contact employer ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Leaving				

Other Experience

Please describe any relevant personal or professional experience which you consider of value and which may assist the MWRA in considering your application for employment. *You may include verifiable volunteer experience.*

General Information

Have you previously worked for the Massachusetts Water Resources Authority? Yes No
If yes, indicate when. _____ Job Title _____

Are you related to anyone now employed by the Massachusetts Water Resources Authority? If yes, indicate whom. _____ Yes No

Are you legally authorized to work in the U.S.? If so, for what period. _____ Yes No

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Have you ever been discharged by a previous employer or resigned after being told that your performance was unsatisfactory? If yes, please explain.

References (*Do not include names of relatives*)

Please provide (3) professional references who can comment on your work performance.

Name	Address	Occupation	Telephone Number

1. All of the information that I have provided on this application is accurate to the best of my knowledge. I authorize the Massachusetts Water Resources Authority to make any inquiries to determine my suitability for employment. In signing this application, I understand that my previous and present employers may be asked for information relative to my employment record with them. I hereby release from all liability or damage the MWRA and its employees and agents, and those individuals who provide such information. I agree that any false statements made by me or my failure to answer any applicable questions on the application accurately (e.g., misrepresentations of prior employment, education, or training) will be sufficient cause for my release from employment. I understand that if employed, my continued employment will be subject to periodic performance evaluations.

2. In connection with this employment application, the MWRA may request that you agree to the release to the MWRA of a criminal offender information report, a consumer credit report, and/or an investigative credit report. In such an event MWRA will provide you with a separate notice and appropriate authorization for disclosure forms.
3. MWRA's receipt of this application does not imply that the applicant will be employed. The MWRA may conduct reference checks and confirm your employment record prior to extending an offer of employment. Alternately, such an offer may be made contingent upon receipt of satisfactory results of such inquiries.
4. Subsequent to the job offer, the MWRA may require a pre-placement medical examination to ensure your ability to perform the essential functions of the position, with or without reasonable accommodation.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND PARAGRAPHS NUMBERED 1 THROUGH 4 ABOVE AND I HEREBY AGREE AND CONSENT TO SUCH REQUEST FOR INFORMATION AND OTHER ACTIONS WHICH THE MWRA MAY TAKE AS DESCRIBED HEREIN.

Date

Signature of Applicant

For Human Resources Department Use Only

Interviewed By _____ Date _____

Interviewed By _____ Date _____

Interviewed By _____ Date _____

MASSACHUSETTS WATER RESOURCES AUTHORITY
HUMAN RESOURCES DEPARTMENT
CHARLESTOWN NAVY YARD
100 FIRST AVENUE
BOSTON, MA 02129



Massachusetts Water Resources Authority

AFFIRMATIVE ACTION PROGRAM INVITATION TO SELF-IDENTIFY RACE/ETHNICITY

Massachusetts Water Resources Authority is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, MWRA, invites applicants and employees to voluntarily self-identify their gender, race and ethnicity. Submission of this information is **strictly 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 provision of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. **This information will be maintained separately from your application for employment.** If you do not wish to self-identify at this time, you may do so in the future by submitting this form. **Failure to provide the following information will not subject you to any adverse action or treatment.**

MWRA, is an Equal Opportunity/ Affirmative Action employer. We provide equal employment opportunities to all qualified employees and applicants for employment without regard to race, color, national or ethnic origin, age, religion, disability, sex or gender, sexual orientation, gender identity or expression, including transgender identity, genetics, marital status, citizenship status, veterans status or any other legally protected status. We prohibit discrimination in decisions concerning recruitment, hiring, compensation, benefits, training, termination, promotions, or any other condition of employment or career development. The MWRA has found this information to be extremely helpful in ensuring that our hiring processes are fair and open to all applicants. Thank you for your cooperation.

Please check one box each to indicate your gender and racial/ethnic background. Definitions given below are in accordance with Equal Employment Opportunity Commission ("EEOC") guidelines.

Gender: Male Female

Race/Ethnicity:

- Hispanic or Latino** – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White (Not Hispanic or Latino)** – a person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American (Not Hispanic or Latino)** – a person having origins in any of the Black racial groups of Africa.
- 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.
- 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.
- American Indian or Alaska Native (Not Hispanic or Latino)** – a person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** – all persons who identify with more than one of the above five races.
- I do not wish to self identify**

Date

Printed Name

Signature

**DISCLOSURE OF NAMES OF FAMILY MEMBERS WHO
ARE STATE EMPLOYEES**

Disclosure Required by G.L. c. 268A, Sec. 6B

Name of Applicant for Employment: _____

Date: _____

Is your spouse, parent, brother, sister or child, or the spouse of your parent, brother, sister or child, a state employee?

_____ Yes _____ No

If you answered Yes, please list below the name(s) of any state employee who is your spouse, parent, brother, sister or child, or who is the spouse of your parent, brother, sister or child, and indicate their relationship to you. Please also list the name of the state agency that employs those relatives.

NOTE: For purposes of this disclosure, a "state employee" is a person holding a paid or unpaid office, position, employment or membership in a Massachusetts state agency. For purposes of this disclosure, a "state agency" is any department of Massachusetts state government, including any department or agency within the executive, legislative or judicial branch, and all councils thereof and thereunder, and any division, board, bureau, commission, institution, tribunal or other instrumentality within such department or agency, and any independent state authority, including the MWRA, commission, instrumentality or agency, but **NOT INCLUDING** an agency of a county, city or town.

Name of Relative	Relationship to Applicant	Name of State Agency



MASSACHUSETTS WATER RESOURCES AUTHORITY
PRE-OFFER PROTECTED VETERAN SELF-IDENTIFICATION FORM
[41 C.F.R. § 60-300.42(a)]

In accordance with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 ("VEVRAA"), the Massachusetts Water Resources Authority takes affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime and campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- (1) A "disabled veteran" is one of the following:
 - a. A veteran of the U.S. military, ground, naval or air force who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - b. A person who was discharged or released from active duty because of a service connected disability.
- (2) A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- (3) An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- (4) An "Armed Forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA - the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform services in the uniformed services, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Services (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you are a member of any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor, we request this information to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA. Your decision to provide the relevant information is purely voluntary on your part, and refusal to provide such information will not subject you to any adverse treatment. The information will not be used in a manner inconsistent with VEVRAA, as amended.

**I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN STATUS
LISTED ABOVE**

I AM NOT A PROTECTED VETERAN

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions in the work or duties of disabled veterans, and regarding necessary accommodations, (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment, and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the American with Disabilities Act, may be informed.

The Authority takes such affirmative action through communication of opportunities, providing for voluntary self identification, review of selection processes and other means as described in its Affirmative Action Program for Special Disabled Veterans, Disabled Veterans, Vietnam Era Veterans, and Other Protected Veterans.

Print Name

Signature

Date

Voluntary Self-Identification of Disability

Form CC-305

OMB Control Number 1250-0005

Expires 1/31/2017

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Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.ⁱ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness • Autism • Bipolar disorder • Post-traumatic stress disorder (PTSD)
- Deafness • Cerebral palsy • Major depression • Obsessive compulsive disorder
- Cancer • HIV/AIDS • Multiple sclerosis (MS) • Impairments requiring the use of a wheelchair
- Diabetes • Schizophrenia • Missing limbs or • Intellectual disability (previously called mental
- Epilepsy • Muscular partially missing limbs retardation)
- dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305

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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.