



MASSACHUSETTS WATER RESOURCES AUTHORITY

Employment Application

WE ARE AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

PLEASE PRINT

Massachusetts Water Resources Authority does not discriminate on the basis of race, religion, color, sex, age national origin, Vietnam Era Veteran Status, or disability.

Personal Data

| | | |
|--|-------|---------------------------|
| Last Name | First | Middle |
| Street Address | | City |
| State | Zip | Social Security No. |
| Preferred Title <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss () | | Telephone-Home () |
| Telephone-Home | | Telephone-Business () |
| Referred by (Individual, Agency, Newspaper, please name.) | | |
| Position(s) desired | | Salary Requirement \$ |

Are you available for:

- | | | |
|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time | <input type="checkbox"/> 3rd Shift |
| <input type="checkbox"/> 1st Shift | <input type="checkbox"/> 2nd Shift | <input type="checkbox"/> Weekends |
| <input type="checkbox"/> Overtime | <input type="checkbox"/> Nights | |

Date Available to Begin Work _____

Education

| NAME OF SCHOOL | CITY & STATE | Years Credit | Graduate | | DEGREE BA, BS, etc. | COURSE OF STUDY |
|----------------------------|-----------------------------------|--------------------------------|-------------------------------|----|--------------------------------|-----------------|
| | | | Yes | No | | |
| High School or G.E.D. | | | | | | |
| Business or Trade School | | | | | | |
| College or University | | | | | | |
| Graduate Study | | | | | | |
| Circle Last Year Completed | GRAMMAR 1 2 3 4 5 6 7 8 | SECONDARY 9 10 11 12 | COLLEGE 13 14 15 16 | | GRADUATE 17 18 19 20 | |

We will require a copy of your certificate, diploma, or degree.

Honors Received: _____

Other Training

Massachusetts Professional Trade, Certifications, Drivers License, Massachusetts Commercial Drivers License.

| | | | |
|---------------|----------------------|-------------------|-----------------------|
| 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 _____ |

Military Service

Branch of Service _____ Date Entered _____ Date Discharged _____

Nature of Duties and any special training and honors received _____

Employment History

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.

| | | |
|---------------------------------|---|--------------------|
| Current or Last Employer | Dates Employed From To | Work Performed |
| Address | | |
| Telephone | Salary* Starting Final | |
| Job Title | | |
| Supervisor | | Reason for Leaving |
| Employer | Dates Employed From To | Work Performed |
| Address | | |
| Telephone | Salary Starting Final | |
| Job Title | | |
| Supervisor | | Reason for Leaving |
| Employer | Dates Employed From To | Work Performed |
| Address | | |
| Telephone | Salary Starting Final | |
| Job Title | | |
| Supervisor | | Reason for Leaving |
| Employer | Dates Employed From To | Work Performed |
| Address | | |
| Telephone | Salary Starting Final | |
| Job Title | | |
| Supervisor | | Reason for Leaving |

***Salary Verification Required**

May we contact your present and all former employers? _____

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 volunteer experience.

PLEASE READ CAREFULLY

General Information

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

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

Are you a U.S. Citizen? Yes No

If not a U.S. citizen, are you legally authorized to work in the U.S.?
If so, for what period? _____ Yes No

All persons who are offered a position with the MWRA will be required to present documentation which establishes their U.S. citizenship or employment authorization.

Have you ever been discharged by a previous employer or resigned after being told that your performance was unsatisfactory? If yes, please explain. Yes No

Security Information

"An applicant for employment with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment with a sealed record on file with the commissioner of probation may answer 'no record' to an inquiry herein relative to prior arrests or criminal court appearances. In addition, any applicant for employment may answer 'no record' with respect to an inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution."

Have you ever been convicted of a felony? Yes No

Have you been convicted of a misdemeanor within the last five years? If the conviction was the first for any of the following offenses you should answer "no": drunkenness, simple assault, speeding, minor traffic violations, affray or disturbing the peace. Yes No

References (Do not include names of relatives)

Please provide the following contact information for at least three references, primarily supervisors or colleagues, who can attest to your professional experience.

| Name | Address | Occupation | Telephone Number |
|------|---------|------------|------------------|
| | | | |
| | | | |
| | | | |

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 (i.e. misrepresentation 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.

1. In connection with this employment application, the MWRA may request that an independent report be prepared, which may include information as to your police record and other information which may be considered relevant to your employment with the MWRA. You have the right to request that the independent agency completely and accurately disclose to you the nature and scope of the information requested. Such a request must be made in writing to the Human Resources Department within a reasonable time after completion of this application.
2. This application will be given every consideration, but its receipt 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. Additionally, subsequent to the job offer, the MWRA may require a pre-placement medical examination to ensure your fitness to perform the functions of the position.
3. Upon hire and in compliance with applicable law, the MWRA may require that you be fingerprinted and that your fingerprints be submitted to local, state or federal authorities.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND PARAGRAPHS NUMBERED 1 THROUGH 3 ABOVE AND I HEREBY AGREE AND CONSENT TO SUCH REQUESTS 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 Data

Massachusetts Water Resources Authority does not discriminate on the basis of race, religion, color, sex, age, national origin, Vietnam Era Veteran Status, or disability.

This information is intended for use solely in connection with affirmative action and government statistical reporting requirements. It is furnished on a VOLUNTARY basis and it will be kept confidential. The refusal to provide this information will not subject the applicant to any adverse treatment. We have found the information to be extremely helpful in ensuring that our hiring processes are fair and open to all applicants. Thank you for your cooperation.

Check One:

Female

Male

Check One:

American Indian or Alaskan Native. All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Asian or Pacific Islander. All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

Black. (Not of Hispanic origin). All persons having origins in any of the Black racial groups of Africa.

Hispanic. All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

White. (Not of Hispanic origin). All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Check if Applicable:

Disabled Veteran

Disabled

Vietnam Era Veteran

Name: _____ Date: _____
please print

Signature: _____