

**CITY OF CAMBRIDGE  
795 MASSACHUSETTS AVENUE  
CAMBRIDGE, MA 02139**

**APPLICATION FOR CITY OF CAMBRIDGE LABOR SERVICE**

Applicants must be at least 16 years of age at the time of filing application. **TYPE** or **PRINT** all answers on both sides of this form in **INK**, and file it by mail or in person at the above address. **(INCOMPLETE OR UNSIGNED APPLICATIONS WILL BE RETURNED.)** The name of an applicant will remain on the Labor Service register for the job titles for which he or she is registered for a period of not more than 5 years from the date of registration, subject to a renewal of registration as provided in Section 28, Chapter 31 of the MA General Laws, and subject to compliance with other applicable provisions of the civil service law and rules. It is unlawful in Massachusetts to 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.

Name				
Home Address				
City	State	Zip		
Mailing Address				
City	State	Zip		
Home Phone #	Cell Phone #			
Email Address				
Please check all types of employment you are willing to accept (check as many as applicable):				
<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Intermittent	<input type="checkbox"/> Full-Time

The following information is voluntary. Failure to provide the below information will not adversely affect your application or chances of employment. However, special requests for certification of names based on gender or race are periodically requested.

<b>Ethnic origin (check)</b>	<b>Gender (check)</b>
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Cape Verdean <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Male <input type="checkbox"/> Female

(All labor service classification titles are listed in the City of Cambridge Labor Classification Plan available for view in the Personnel Department)

Position(s) Sought:	
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Licenses (List any licenses, registration or certification related to positions(s) sought: (Please provide copy))	
License	
Issuing Agency	
Expiration Date	
License	
Issuing Agency	
Expiration Date	

**(To qualify for veterans preference, service is defined by Clause 43, Section 7 of Chapter 4 and Section 1 of Chapter 31 of the Massachusetts General Laws)**

Have you ever served in the United States' Armed Forces?  Yes    No If yes, Please attached a copy of form DD214.

Are you the widowed unmarried spouse or parent of a veteran who died from a service-connected disability incurred in wartime service?  Yes    No

Have you completed a course in a building, mechanical, maintenance or repair trade in a recognized trade, vocation? if answer is "yes", complete the following:

Name of School or Program		
Title of Course		
Date of Course	From:	To:

Employment History: List the complete names and addresses of your employers and the type of work performed. If you are applying for any title in Classification I, no experience is required. If you are applying for any job title in Classification II, one year of experience in related work experience is required and two years of related work experience in required for any job title in Classification III. Please attach additional sheet if needed.

Name of Employer		
Street Address		
City, State, Zip		
Position (type of work performed)		
Date of Employ (Mo/Day/Yr)	From:	To:

Name of Employer		
Street Address		
City, State, Zip		
Position (type of work performed)		
Date of Employ (Mo/Day/Yr)	From:	To:

Name of Employer		
Street Address		
City, State, Zip		
Position (type of work performed)		
Date of Employ (Mo/Day/Yr)	From:	To:

**RELEASE AND CERTIFICATION**

**Please Read Before Signing**

I understand that the foregoing will be verified in order to expedite my application for employment with the City of Cambridge. I hereby authorize the City of Cambridge to conduct a full investigation into my background.

I authorize the City of Cambridge to obtain my previous work records, employment records, character references and any other information concerning character, ability and habits and all other necessary information. Further I grant authority to the keeper of these records to release said records to the City of Cambridge for the purpose of making its hiring decision. I agree that the City shall not be liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statement, omissions, or answers made by me on this application. I agree that my previous employers shall not be liable with regard to any information provided by them in connection with this release.

Signature of Applicant	Date
Printed Name	

I declare that the information I have provided on the application is true and I understand that falsification of any information is subject to the penalties for perjury.

Signature of Applicant	Date
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**WE ARE AN AFFIRMATIVE ACTION EQUAL OPPORTUNITY EMPLOYER**