



## ***Employment Application - Melrose Public Works***

**Only legible fully completed DPW applications with clear copies of all required licenses will be accepted and considered.**

### **Step 1:**

- A fully completed and signed DPW Application for Employment
- Clear Copy of MA Driver's Licenses
- Clear Copy of Other Required Job Specific Licenses

**Step 2** – If applicant's qualifications meet the job's needs, HR will contact applicant:

- 1st Interview – with the DPW Supervisors
- 2nd Interview – with the Director of Public Works

**➡ If called for a second interview for Driver positions you will be required to bring your *Fully Attested Driving Record*.**

**Step 3** - If offered a position we will conduct a Criminal Record and Finger Printing background check, Pre-employment Medical and Drug and Alcohol Screening.



## ***Employment Application - Melrose Public Works***

**Please mail to:** Human Resources, City Hall, 562 Main Str., Melrose, MA 02176

**Or email to:** mlong@cityofmelrose.org

**Position Applying For** \_\_\_\_\_ **Date:** \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### **Contact Information**

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street City State Zip Code

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### **Personal Information/Preferences**

Are you eligible to work in the United States? Yes \_\_\_\_ No \_\_\_\_

Are you available to work? Nights Yes/No \_\_\_\_ Weekends Yes/No \_\_\_\_ Holidays Yes/No \_\_\_\_

Have you received a diploma of graduation from high school? Yes \_\_\_\_ No \_\_\_\_

Have you received a diploma of graduation from college? Yes \_\_\_\_ No \_\_\_\_

### **Driver Information**

Massachusetts Driver's License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CDL State License Number # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

- Has your driver's license ever been suspended, revoked or placed on probation? **Yes/No** \_\_\_\_
- Have you been involved in an accident where alcohol or drugs were involved? **Yes/No** \_\_\_\_
- While driving an employer's vehicle have you been involved in a traffic accident? **Yes/No** \_\_\_\_

**Skills Assessment/Profile – Please check all that apply**

\_\_\_ Demonstrated experience in providing customer service with tact, courtesy, sensitivity, discretion

\_\_\_ Driving record showing responsible and lawful driving habits

\_\_\_ Able to be in compliance with the City's Drug and Alcohol Free Workplace policy

\_\_\_ Punctual, reliable and regular attendance

\_\_\_ Skills/ability to operate public works vehicles including equipment and attachments

\_\_\_ Ability to fill the physical essential functions of the job including but not limited to:

- Full use of hands, arms and legs
- Able to regularly lift heavy objects up to 60 pounds and carry short distances
- Climb stairs and ladders
- Operate power and hand tools, equipment and machinery
- Work safely under difficult work situations performing heavy laborious tasks during inclement weather conditions including high heat and high humidity, freezing temperatures, rain, snow, wind and ice storms; and under extended periods of sleep deprivation

\_\_\_ Other \_\_\_\_\_

List/Describe what you believe to be your 2 best qualifications:

- \_\_\_\_\_
- \_\_\_\_\_

**Valid and Current Licenses or Registrations Held**

\_\_\_ MA Commercial Driver's License

\_\_\_ MA Driver's License

\_\_\_ Public Safety Hoisting Engineering License

\_\_\_ State Pesticide license and Arborist license

\_\_\_ Water distribution Level D-3 and D-2

\_\_\_ Sewer Distribution Level D-2

\_\_\_ Commonwealth of MA Construction Supervisor, Plumbing or Electrical License  
**Please Circle**

\_\_\_ Other \_\_\_\_\_

### **Prior Work Information**

List chronologically all employment including summer and part-time work. **All time must be accounted for.** If unemployed provide the dates. List your present employer first. Include any of the following reasons should they apply: (Please provide a full explanation)

Fired from job;

Quit Job after being told you would be fired;

Resigned from a job to avoid being fired;

Left Job by mutual agreement under unfavorable circumstance;

Left job by mutual agreement following allegations of unsatisfactory performance;

Left job for other reasons under unfavorable circumstances;

Name and address of Employer					
Name	From Mo	To Yr	From Mo	To Yr	Position
Address					Name of Supervisor & contact number
					Reason for Leaving (exclude medical)
City, State & Zip					Comments Full Time or Part Time
					Telephone Number

Name and address of Employer					
Name	From Mo	To Yr	From Mo	To Yr	Position
Address					Name of Supervisor & contact number
					Reason for Leaving (exclude medical)
City, State & Zip					Comments Full Time or Part Time
					Telephone Number

Name and address of Employer					
	From	To	From	To	
Name	Mo	Yr	Mo	Yr	Position
Address					Name of Supervisor & contact number
					Reason for Leaving (exclude medical)
City, State & Zip					Comments Full Time or Part Time
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Name and address of Employer					
	From	To	From	To	
Name	Mo	Yr	Mo	Yr	Position
Address					Name of Supervisor & contact number
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Name and address of Employer					
	From	To	From	To	
Name	Mo	Yr	Mo	Yr	Position
Address					Name of Supervisor & contact number
					Reason for Leaving (exclude medical)
City, State & Zip					Comments Full Time or Part Time
					Telephone Number

## **References**

List three **WORK** references (excluding friends, relatives)

1. Number of years acquainted: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

2. Number of years acquainted: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

3. Number of years acquainted: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

Please list all relatives or friends that are employed by the City of Melrose

Name	Relationship

## **Drug Policy Notification and Acceptance**

The City of Melrose is a Drug and Alcohol Free Workplace employer. Possessing, dispensing, or using a controlled substance (drug) without medical prescription is strictly prohibited. Reporting to work or working under the influence of alcohol or a controlled substance (drug) without a medical prescription is strictly prohibited. Any employee found violating any of these provisions could be subject to disciplinary action up to and including termination of employment.

I understand that it is the policy of the Melrose Public Works Department upon signing to accept employment with the City, I will be sent for a drug and alcohol test at a facility to be determined by the City. Failure to comply with this request will remove the candidate from the hiring process.

Accept \_\_\_\_\_

Decline \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



## ***CITY OF MELROSE***

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### **AUTHORIZATION FOR RELEASE OF INFORMATION**

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

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

As an applicant for employment with the Department of Public Works, City of Melrose, I consent to have a back ground investigation made as to my fitness for the position to which I applied. I understand that any information received will be reported to the Hiring Manager and may impact my application. I agree to give any further information, which may be required, regarding my past history.

I authorize and request, every person, firm, company, corporation, government agency, or institution, having control of any documents, records and other information pertaining to me, to furnish to the City of Melrose any such information, including documents, records, files or any pertinent data; and to permit the City of Melrose or any of its agents or representatives to inspect and make copies of such documents, records, and other information.

I hereby release, discharge and exonerate the City of Melrose, its agents and representatives, and any person so furnishing information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigation made by or on behalf of the City of Melrose.

Signature: \_\_\_\_\_

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

# This Organization Participates in E-Verify

# Esta Organización Participa en E-Verify



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

## E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

## E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

**888-897-7781**

[dhs.gov/e-verify](https://dhs.gov/e-verify)



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