



MASSACHUSETTS WATER RESOURCES AUTHORITY

Employment Application

WE ARE AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

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	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.
Street address		City	
State	Zip	Email Address	
Telephone-Home	Telephone-Business	Telephone-Cell	
Referred by (Individual Agency, Newspaper, please name.)			
Position(s) desired		Salary requirement	

Are you available for:

Full time Yes No

Part Time Yes No

Date Available to Begin Work _____

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	GRAMMAR	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.

Other Training

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

Do you possess a Drivers License?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Issued _____	Expiration Date _____
Do you possess a CDL? Class A	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Issued _____	Expiration Date _____
Do you possess a CDL? Class B	<input type="checkbox"/> Yes <input type="checkbox"/> 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 _____

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.

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

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. 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.

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. 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. Additionally, 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.
3. If an offer of employment is made to you, the MWRA may declare that the offer is contingent upon the successful results of a medical exam, references, and background check.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND PARAGRAPHS NUMBERED 1 THROUGH 3 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 Data Sheet

Massachusetts Water Resources Authority (MWRA) does not discriminate on the basis of race, religion, color, creed, sex, sexual orientation, age, ethnicity, veterans of military service status, handicap, or membership in any other class protected by applicable law.

This information is intended for use solely in connection with Affirmative Action programs and government reporting requirements. The provision of this information is entirely VOLUNTARY on your part. Any information so provided will be kept confidential except that it may be provided to government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance and MWRA officials responsible for implementation of applicable policies. The refusal to provide this information will not subject you to any adverse treatment. The MWRA had found that 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:

- Male
- Female

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 FarEast, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes for example, China, India, Japan, Korea, the Philippines 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 origin, or other Spanish culture 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.

Name: _____ Date: _____
(Please Print)

Signature: _____

