



# 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	
Street address			City		
State		Zip			
Preferred Title <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs		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							
Check Last Year Completed	<b>GRAMMAR</b>	<b>SECONDARY</b>	<b>COLLEGE</b>				<b>GRADUATE</b>
	1 2 3 4 5 6 7 8	9 10 11 12	13 14 15 16	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.

<b>1.</b>	<b>Current or Last Employer</b>	<u>Dates Employed</u>		Work Performed
		From	To	
	Address			
	Telephone	<b>Salary*</b>		
		Starting	Final	
	Job Title			
	Supervisor			Reason for Leaving
<b>2.</b>	Employer	<u>Dates Employed</u>		Work Performed
		From	To	
	Address			
	Telephone	<b>Salary*</b>		
		Starting	Final	
	Job Title			
	Supervisor			Reason for Leaving
<b>3.</b>	Employer	<u>Dates Employed</u>		Work Performed
		From	To	
	Address			
	Telephone	<b>Salary*</b>		
		Starting	Final	
	Job Title			
	Supervisor			Reason for Leaving
<b>4.</b>	Employer	<u>Dates Employed</u>		Work Performed
		From	To	
	Address			
	Telephone	<b>Salary*</b>		
		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 M WRA in considering your application for employment. You may include volunteer experience.

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### 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.?

Yes  No

If so, for what period. \_\_\_\_\_

All persons who are offered a position with the MWRA will be required to present documentation which established 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. 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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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.

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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 disclosed 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 REQUEST FOR INFORMATION AND OTHER ACTIONS WHICH THE MWRA MAY TAKE AS DESCRIBED HEREIN.

\_\_\_\_\_ Date

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

### For Human Resources Department Use Only

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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 Far East, 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.

Check if applicable:

- Disabled Veteran
- Disabled
- Vietnam-Era Veteran

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

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