



Department of Conservation and Recreation
251 Causeway Street, Boston, MA 02114



Application for Seasonal Employment

A completed application is required for seasonal employment

REQUIRED: Please submit a separate application for each CEO Posting ID.

Send the completed application directly to the individual and address named in the "How To Apply" section at the end of each CEO Posting.

Applications must be received by the deadline/closing date to be considered for an interview. Applications sent to a location other than that indicated on the CEO Posting will be returned to sender.

For Office Use	
Position #	Position Title
Start Date	Empl ID #
Facility	
<input type="checkbox"/> Long-term seasonal OR <input type="checkbox"/> Short-term seasonal	
<input type="checkbox"/> Retirement OR <input type="checkbox"/> OBRA	

POSITION APPLYING FOR			
FACILITY LOCATION (s)			CEO Posting ID #
YOUR LAST NAME (Print)		FIRST	MI
ARE YOU AUTHORIZED TO WORK IN THE U.S. ON AN UNRESTRICTED BASIS? YES / NO			
ARE YOU OVER AGE 18? YES / NO			
STREET	CITY	STATE	ZIP
HAS THIS ADDRESS CHANGED THIS YEAR? YES / NO			
HOME PHONE #		CELL PHONE #	
PERSONAL E-MAIL ADDRESS			
EARLIEST DATE AVAILABLE			
<i>If hired will you hold another job or attend school?</i> YES / NO			
* GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE (* = optional)			
* ETHNIC/RACIAL GROUP: <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE AMERICAN (If Native American, please attach documentation of tribal affiliation) <input type="checkbox"/> OTHER (If other, please specify)			
ARE YOU A VIETNAM VETERAN? (see below) YES / NO			
A person (1) who: (a) served on active duty for a period of more than 90 days, any part of which occurred between August 4, 1964 and May 7, 1975 and was discharged or released with other than a dishonorable discharge; or (b) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.			
Name of School	Location City State	Course of Study	Graduation Year
			Degree (abbrev.)
			Presently Enrolled
			YES / NO
			YES / NO
			YES / NO
List any additional education or training:			

General Information							
Are you willing to work rotating shifts, including nights, weekends, and holidays? YES / NO							
Do you have a driver's license? YES / NO				Do you have use of an automobile? YES / NO			
CERTIFICATIONS & LICENSES							
List any professional licenses, registrations or certifications you possess:							
License		License #		Date Issued		Expiration Date	
License		License #		Date Issued		Expiration Date	
License		License #		Date Issued		Expiration Date	
Have you ever worked previously with any State, County, City or Town Agency (including the former MDC or DEM)? YES / NO If YES, which State, County, City or Town Agency?							
Are you currently employed by the Commonwealth of Massachusetts? YES / NO If YES, where?							
If <u>not</u> employed by the Commonwealth, are you currently employed? YES / NO If YES, where?							
Are you currently receiving a pension? YES / NO				If YES, is it a State Pension? YES / NO			
How were you referred to this agency?							

MISCELLANEOUS JOB RELATED						
ENGLISH Language Ability	Simple Conversation: YES / NO		Simple Reading: YES / NO		Read & Speak Fluently: YES / NO	
Other than English, List LANGUAGE(s) (below) that you speak, read or write, including Sign Language and Braille:						
Other Languages	SPEAKING Ability		READING Ability		WRITING Ability	
	High	Low	High	Low	High	Low
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYMENT EXPERIENCE COMPLETE ALL INFORMATION IN FULL						
(A resume may not be substituted but may be included as a supplement) Begin with your most recent employment, including any present employment. Your present employer will <u>not</u> be contacted without your permission. You may include any verifiable work performed on a volunteer basis. Any gaps in employment must be briefly explained.						
Company Name					May we contact? YES / NO	
Street Address			Telephone		Specific Duties	
City		State		Postal Code		
Job Title						
Supervisor						
Dates Employed	FROM:		TO:	SALARY:		

Company Name				May we contact? YES / NO	
Street Address			Telephone		
City		State		Postal Code	
Job Title					
Supervisor					
Dates Employed		FROM:	TO:		SALARY:
Company Name				May we contact? YES / NO	
Street Address			Telephone		
City		State		Postal Code	
Job Title					
Supervisor					
Dates Employed		FROM:	TO:		SALARY:

PROFESSIONAL REFERENCES : List two people who can comment on your work performance (not relatives)			
Name	Occupation	Address	Telephone

WORK FACILITY LOCATION:	
Please indicate your preference (below) if there is <u>more than one Position</u> for this Job Posting.	
Work Facility	Your Preference, where 5 = MOST PREFERRED and 1 = LEAST

IMPORTANT INFORMATION ABOUT THE APPLICATION PROCESS

I certify that all answers and statements made by me on this application are true and complete to the best of my knowledge. I have withheld nothing which, if disclosed, might affect this application unfavorably. I understand that inquiries may be made in connection with processing this application, and that any false statement could result in immediate dismissal.

I authorize all persons, schools, employers and other organizations mentioned in this application to provide DCR with any and all information requested by DCR related to my qualifications for employment. I hereby voluntarily release DCR and any other persons or entities from any and all liability related to the provision of such information.

I agree to the conditions of employment, and to have my bi-weekly paycheck Direct Deposited into a bank of my choice, if I am a Long Term Seasonal Employee.*

Also I understand that if I am a Long Term Seasonal Employee* and if I voluntarily end my employment prior to the approved End Date or withdraw my retirement funds, my rights to recall will be forfeited.

This application will be kept on file for six (6) months. Applicants are responsible for submitting a completed application for each vacancy posting.

Further, I understand that Massachusetts General Laws, Chapter 30, Section 21 states: "A person shall not, at the same time, receive more than one salary from the Treasury of the Commonwealth."

Signature

Date

* **Long Term Seasonal Employee** – Employment must commence prior to the second Sunday before Memorial Day and employment continues beyond the Saturday following Labor Day.

Short Term Seasonal Employee – Does not fit into description above, accrues no sick or vacation credits and is paid on an hourly basis only for those hours actually worked. Work schedules will depend on the area workload and weather conditions and will not guarantee a full 40-hour workweek. The employee could be required to work more than eight hours in a given day but will receive time and a half only after having worked in excess of 40 hours in a calendar week.