

# Application for Seasonal Employment



**POSITION(S) APPLYING FOR:**

CEO Posting # \_\_\_\_\_ (if applicable)

**FOR OFFICE USE**

Position # \_\_\_\_\_ Position Title \_\_\_\_\_

Start Date \_\_\_\_\_ Facility \_\_\_\_\_

Employee ID \_\_\_\_\_

Long-term seasonal OR  Short-term seasonal employee

Retirement OR  OBRA

**PERSONAL INFORMATION**

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ M \_\_\_\_\_

ARE YOU OVER AGE 18?  YES  NO DATE OF BIRTH \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Has this address changed this year?  YES  NO

SOCIAL SECURITY# \_\_\_\_\_ TELEPHONE \_\_\_\_\_

PERSON TO NOTIFY IN CASE OF EMERGENCY \_\_\_\_\_ PHONE \_\_\_\_\_

EARLIEST DATE AVAILABLE \_\_\_\_\_

*If hired will you hold another job or attend school?*  YES  NO

\*SEX:  MALE  FEMALE

\*ETHNIC/RACIAL GROUP:  WHITE  BLACK  HISPANIC  ASIAN  NATIVE AMER.  OTHER  
(If Native American, please attach documentation of tribal affiliation) (\*optional)

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.

**EDUCATION**

Name of School	Location		Course of Study	Did you Graduate?	Degree	Presently Enrolled	
	City	State				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

OCCUPATIONAL LICENSE CERTIFICATIONS:

Name: \_\_\_\_\_ Type \_\_\_\_\_ Date Issued: \_\_\_\_\_

Name: \_\_\_\_\_ Type \_\_\_\_\_ Date Issued: \_\_\_\_\_

Have you ever had previous service with any State, County, City, or Town Agency (including former MDC or DEM)?  YES  NO If yes, what State, County, City, or Town Agency? \_\_\_\_\_

Are you currently employed by the Commonwealth of Massachusetts?  YES  NO

If yes, where? \_\_\_\_\_

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? \_\_\_\_\_

## 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 not 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	Telephone
City & State	Postal Code
Job Title	Specific Duties
Supervisor	

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RELATED EXPERIENCE:

INDICATE LANGUAGE WRITTEN OR SPOKEN \_\_\_\_\_

YEARS OF EXPERIENCE RELATED TO THE FIELD \_\_\_\_\_

IF YOU NEED ADDITIONAL SPACE PLEASE ATTACH A SEPARATE SHEET

**CRIMINAL RECORD INFORMATION**

**HAVE YOU EVER BEEN CONVICTED OF A FELONY?**

**YES**

**NO**

(Conviction will not necessarily disqualify an applicant from employment.) **IF YES, PLEASE EXPLAIN.**

\_\_\_\_\_  
\_\_\_\_\_

**HAVE YOU BEEN CONVICTED OF A MISDEMEANOR** other than a first misdemeanor conviction for drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace **WITHIN THE PAST FIVE YEARS?**  **YES**  **NO** (Conviction will not necessarily disqualify an applicant from employment.)

**IF YES, PLEASE GIVE DATE AND EXPLAIN.** \_\_\_\_\_

\_\_\_\_\_

"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 any inquiry relative to prior arrest, court appearances and adjudications in all cases of delinquency or as a child need of services which did not result in a complaint transferred to the superior court for criminal prosecution." *MGL Ch. 276, Section 100A*

**Please note the 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." I certify that the above information is correct and understand that inquiries may be made in connection with processing this application if hired. I understand that any false statement could result in dismissal.**

**I understand that my start date is \_\_\_\_\_ and end date is \_\_\_\_\_, subject to funding.**

**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.\***

**I also understand that if I am a Long Term Seasonal Employee\* and if I voluntarily end my employment prior to the stated end date or withdraw my retirement funds, my rights to recall will be forfeited.**

**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.