



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

Employee Profile for Seasonal Employment

A completed form is required for seasonal employment

REQUIRED:

Please submit a separate form for each position.

First consideration will be given to those applicants that apply within the first 14 days.

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 TITLE:						
FACILITY LOCATION (s)			Position ID#			
YOUR LAST NAME	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?							

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:		

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 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 approved End Date or withdraw my retirement funds, my rights to recall will be forfeited.

I also understand that if I am a Short-Term Seasonal Employee, my work schedule may depend on the area workload and weather conditions and a 40-hour workweek may not be guaranteed.

Signature

Date