



CITY OF SOMERVILLE

APPLICATION FOR SUMMER 2018 EMPLOYMENT

Date of Application: _____

Name: _____

Street Address: _____

City State Zip: _____

Home Phone # _____ **Cell Phone #** _____

Are you at least 16 years of age? _____ **Are you eligible to work in the United States?** _____

SPECIAL OPPORTUNITY FOR SOMERVILLE YOUTH AGE 15

There will be a limited number of spots to work with the Parks & Recreation Department for students age 15. As part of the application process, you will need to have approval from a physician and a parent, guardian, or custodian to obtain a work permit.

I certify I am 15 years of age and would like to be considered to work at Parks & Recreation.

Have you ever worked for the City of Somerville? No _____ Yes _____

Where _____ **When** _____

EDUCATIONAL STATUS

I attend _____ **School** **Current Grade:** _____

List your Volunteer History and any Clubs/Activities you are involved with:

Do you speak any languages other than English? Please list:

Have you completed any Job Readiness programs (such as CIT/LIT)? Please list:

EMPLOYMENT HISTORY

N/A. This will be my first job.

(list your last two employers, starting with the last one first)

Dates: To & From	Name & Address of Employer or Organization	Job Title	Supervisor's Name	Work Performed

Where would you like to work?

Please indicate your work location preferences on the line in front of each site. Write a "1" for your first choice, a "2" for your second choice and so on. Do not use the same number twice. This does not guarantee where your work site location will be but it gives us an idea of what your interests are.

_____ Library ___ Recreation ___ Office work ___ DPW ___ Retail

Please give the name and telephone number of two adult references that are not related to you and are not previous employers (i.e. neighbor, sports coach, guidance counselor or other school staff).

1.) _____
Name Phone Number

2.) _____
Name Phone Number

Applicant's Statement: *please read and sign below*

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. The applicant understands that neither this document nor any offer of employment from the employer constitutes an employment contract unless the employer and employee in writing to that effect execute a specific document. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Voluntary Survey

Government agencies at times require periodic reports on the sex, ethnicity, handicapped, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only. SUBMISSION OF INFORMATION IS VOLUNTARY.

- Male Female Male to Female Female to Male
- White Black Hispanic American Indian/Alaskan Native Asian/Pacific Islander

Voluntary Self-Identification of Disability

The Mayor's Summer Jobs program strives to provide youth with varying levels of ability an opportunity to successfully participate in the program. Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
 NO, I DON'T HAVE A DISABILITY
 I DON'T WISH TO ANSWER