



**CITY OF NEW BEDFORD APPLICATION  
FOR EMPLOYMENT PERSONNEL  
DEPARTMENT  
133 WILLIAM STREET, ROOM 212  
NEW BEDFORD, MA 02740  
(508) 979-1444**

**For Office Use Only**

Initials \_\_\_\_\_ Mail  Office

The City of New Bedford has a residency requirement per the New Bedford City Code of Ordinances. Employees are required to be residents of the City of New Bedford at the time of appointment, unless a specific waiver has been granted from the City Council with approval from the Mayor.

**INSTRUCTIONS:** You must complete this application to be considered for employment. If you need more space, attach a separate sheet. If information does not apply, indicate N/A. **DO NOT LEAVE BLANK SPACES.**

Position applying for: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number Street City/Town State Zip Code

Years Lived at Current Address: \_\_\_\_\_ Home Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Last 4 Digits Social Security No. xxx-xx- \_\_\_\_\_

Can you furnish proof you are eligible to work in the U.S.? \_\_\_ Yes \_\_\_ No

Do you have a valid driver's license? \_\_\_ Yes \_\_\_ No Driver's License #: \_\_\_\_\_

Do you have a valid commercial driver's license? \_\_\_ Yes \_\_\_ No Class A \_\_\_ Class B \_\_\_

Have you ever been employed with the City before? \_\_\_ Yes \_\_\_ No If yes, year(s): \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**EDUCATION:** Please list high school, college, post grad and additional relevant training or studies.

School Name	Location	# of Years Attended	Degree Received	Major

**MILITARY HISTORY:**

Are you a veteran of the U.S. Armed Forces? \_\_\_ Yes \_\_\_ No

Branch: \_\_\_\_\_ Dates of Service: From \_\_\_\_\_ To \_\_\_\_\_

Rank at discharge: \_\_\_\_\_ Discharge status: \_\_\_\_\_

Present Military status: \_\_\_\_\_

**EMPLOYMENT HISTORY:** List names of employers with present employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, please give firm name and supply business references.

NAME OF EMPLOYER:	JOB TITLE AND DUTIES:
ADDRESS:	EMPLOYMENT DATES: FROM: _____ TO: _____
CITY, STATE, ZIP CODE:	REASON FOR LEAVING:
TELEPHONE #:	IMMEDIATE SUPERVISOR:
NAME OF EMPLOYER:	JOB TITLE AND DUTIES:
ADDRESS:	EMPLOYMENT DATES: FROM: _____ TO: _____
CITY, STATE, ZIP CODE:	REASON FOR LEAVING:
TELEPHONE #:	IMMEDIATE SUPERVISOR:
NAME OF EMPLOYER:	JOB TITLE AND DUTIES:
ADDRESS:	EMPLOYMENT DATES: FROM _____ TO: _____
CITY, STATE, ZIP CODE:	REASON FOR LEAVING:
TELEPHONE #:	IMMEDIATE SUPERVISOR:
NAME OF EMPLOYER:	JOB TITLE AND DUTIES:
ADDRESS:	EMPLOYMENT DATES: FROM: _____ TO: _____
CITY, STATE, ZIP CODE:	REASON FOR LEAVING:
TELEPHONE #:	IMMEDIATE SUPERVISOR:

Can we contact your present and former employers?  Yes  No

If no, please give reason why: \_\_\_\_\_

Have you worked under any other name?  Yes  No

If yes, give names: \_\_\_\_\_



**REFERENCES:** Provide the names of two responsible persons whom you have known well for a long period of time. Do not submit names of relatives.

Name: _____					Years Known: _____				
Address: _____					_____				
Number		Street		City/Town		State		Zip Code	
Home Telephone #: _____					Cell #: _____				
Occupation: _____									
Email Address: _____									

Name: _____					Years Known: _____				
Address: _____					_____				
Number		Street		City/Town		State		Zip Code	
Home Telephone #: _____					Cell #: _____				
Occupation: _____									
Email Address: _____									

### **AGREEMENT**

The City of New Bedford does not discriminate in hiring or employment on the basis of age, sex, color, race, creed, national origin, ancestry, veteran status, sexual orientation, religion, marital status, political belief or due to a disability that does not prohibit performance of essential job functions. No question on this application is intended to secure information to be used for such discrimination.

The information provided in this application for employment is true and complete. 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 that all appointments are probationary and I must demonstrate my fitness for continued employment during the probationary period. I also understand that I must be available on occasion for work outside my normal work hours as the needs of the department require. Conditional offers of employment are subject to passing a mandatory CORI (Criminal Offender Record Information) background check. Further, I agree to take a physical examination, given by an appointed physician, which may include testing for drugs and alcohol, as required, and recognize that any offer of employment may be contingent upon the results of the examination. I understand that any employment offer by the City is conditional upon my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986. I authorize investigation of all statements contained in this application and the release of any pertinent information regarding my education, past employment history and background. I understand this application will be kept on file for two years from date received or twenty years after end of employment.

#### **DO NOT SIGN UNTIL YOU HAVE READ ABOVE STATEMENT**

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

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

***New Bedford is an Equal Opportunity/Affirmative Action Employer***

**CITY OF NEW BEDFORD**  
**VOLUNTARY SELF - IDENTIFICATION FORM**

The City of New Bedford has an Affirmative Action Program to ensure equal employment opportunity. Applicants are considered for all positions without regard to race, color, national origin, sex or age, marital status, veteran status, or the presence of a non-job related medical condition or handicap. We are asking you to help us measure the effectiveness of this program by answering the questions below.

The information collected will be used for statistical purposes only. **THIS FORM WILL NOT REMAIN WITH YOUR APPLICATION, NOR WILL IT IN ANY WAY BAR YOU FROM EMPLOYMENT CONSIDERATION.** If you have any questions, comments, suggestions or complaints about the employment process, please contact the Personnel Department at (508) 979-1444.

**Position Applied For:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Sex:**     Male             Female

**Ethnic Origin** (Please check the race you most *strongly* identify with):

NOTE: Ethnic origin is defined by the Federal Equal Employment Opportunity Commission as follows:

**1. White** - (Not of Hispanic origin) - Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East (includes all countries within the Arabian peninsula; excluding countries within the Indian Subcontinent).

**2. Black** - (Not of Hispanic origin) - Persons having origins in any of the Black racial groups of Africa.

**3. Hispanic** - Persons having origins in the original people of Spain and persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

**4. Asian or Pacific Islanders** - Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands.

**5. American Indian or Alaskan Native** - Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

**6. Cape Verdean** - Persons having origins in the Cape Verde Islands.

**7. Two or More Races** – All persons who identify with more than one of the above five races. NOTE: If you check the “Two or more races box, please check **ALL** boxes that identify your race/ethnicity.

**How did you learn about the job for which you are applying? (Please limit your selection to ONE)**

- |  |  |
|--|--|
| <input type="checkbox"/> 1. Walk-In            | <input type="checkbox"/> 5. Social Media/Online Website (name) _____ |
| <input type="checkbox"/> 2. City Employee      | <input type="checkbox"/> 6. Community Agency (name)                  |
| <input type="checkbox"/> 3. City of NB Website | <input type="checkbox"/> 7. College/University (name)                |
| <input type="checkbox"/> 4. Employment Agency  | <input type="checkbox"/> 8. Other (Please indicate) _____            |

## VOLUNTARY SELF – IDENTIFICATION OF DISABILITY

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have or ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such impairment or medical condition.

Examples of disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder (OCD)
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

### 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

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## VOLUNTARY SELF – IDENTIFICATION OF VETERAN STATUS

*Veteran status is defined as follows by the U.S. Department of Veterans Affairs. Please check all that apply.*

**Armed Forces Service Medal Veteran** - a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12983 (61 Fed. Reg. 1209).

**Disabled Veteran** - (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (ii) a person who was discharged or released from active duty because of a service-connected disability.

**Recently Separated Veteran** - a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

**Other Protected Veteran** – a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized. Information required to make this determination is available at: <http://www.opm.gov/veterans/html/vgmedal2.htm> or by calling (301) 306 6752 and requesting that a copy of the list be mailed to you.

**Active Duty Wartime Campaign Badge Veteran** – An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

**I am** a protected veteran, but choose not to self-identify the classification to which I belong.  **I am not** a protected veteran.

**PARKS RECREATION & BEACHES OFFICE  
NEW BEDFORD SUMMER EMPLOYMENT PROGRAM**

**Important Information for Applicants**

- All Positions are contingent on funding.
- Applicant is required to work the full duration of the program.
- **Must be 16 years of age by the effective date of the program,** unless otherwise noted. Must be a New Bedford Resident. Lifeguard residency waivers may be considered if needed.
- Previous Summer Program employment does not guarantee employment in the 2021 season.
- Due to the number of applicants and limited number of positions, not all applicants will be interviewed.
- Only applicants may make any employment inquiries.
- **Mandatory Training dates will be scheduled before the program begins for those hired for KSDP & SFSP.**
- Criminal Offender Record (CORI) check is mandatory, ***copy of photo ID must be submitted with CORI form.***
- **Completed applications & Photo ID must be returned by email at [info.prb@newbedford-ma.gov](mailto:info.prb@newbedford-ma.gov) .**  
**by March 21, 2021 at 4pm to be considered in 1<sup>st</sup> round of selections.**

**SEASONAL TRAINING & EMPLOYMENT PROGRAM (STEP) / LOTTERY**

\_\_\_\_\_ Site Supervisor (Summer Food Service Program)

**\*\*This position is filled through a lottery\*\***

**EMPLOYMENT EXPERIENCE DESIRED** The jobs listed below require experience and/or certifications. List, in order of preference, top 3 choices you'd like to be considered for by number (e.g. 1, 2, 3). Do not check or X selection. Hours per week vary. See seasonal employment opportunities page for job descriptions.

\_\_\_ Site Monitor Supervisor\*    \_\_\_ Site Monitor\*    \_\_\_ Van Driver\*    \_\_\_ Van Aide  
\_\_\_ KSDP Director    \_\_\_ KSDP Asst. Director    \_\_\_ KSDP Group Leader    \_\_\_ KSDP Counselor    \_\_\_ KSDP Nurse  
\_\_\_ Waterfront Supervisor\*\*    \_\_\_ Asst. Waterfront Supervisor\*\*    \_\_\_ Head Lifeguard\*\*    \_\_\_ Lifeguard \*\*  
\_\_\_ Beach Lot Supervisor    \_\_\_ Beach Lot Attendant    \_\_\_ Park Ambassador

**\*Position requires valid Massachusetts driver's license.**

**\*\*Positions require Lifeguard Certification. We do not supply the training for this position.**

**GENERAL (No Experience Required)** Place a check next to any that you possess:

\_\_\_ Picture ID (**all positions**) *mandatory for CORI*  
\_\_\_ Driver's License  
\_\_\_ American Red Cross/Waterfront Lifeguard  
\_\_\_ American Red Cross/Community First Aid and Safety  
\_\_\_ American Red Cross/C.P.R. for the Professional Rescuer  
\_\_\_ American Red Cross/AED

## SEASONAL EMPLOYMENT OPPORTUNITIES

*This is an illustration of duties. Complete job descriptions are available.*

### **Park Ambassador: position will run June to September at a minimum**

Patrol assigned park area and assured the safety and security of guests and City property. Provide information, instructions, and assistance to the public regarding park rules, programs, facility usage, and history. Maintain daily logs and prepare incident and safety reports. Must be available weekends. Up to 30 hours per week

### **Kennedy Summer Day Program Most positions run late June through August**

**Program Director** – Responsible for supervising all Summer Day Program staff, which includes: Assistant Program Director, Group Leaders and Counselors. Plans, supervises, coordinates, directs, and sets program activities with the assistance of staff. Responsible for working with parents and children, evaluating and disciplining participants and staff, and supervising day-to-day activities. Minimum 21 years old. **Up to 40 hours/week**

**Assistant Program Director** – **Responsible** for supervising all Summer Day Program staff, which includes: Group Leaders and Counselors. The Assistant Director assists the Director in planning, supervising, and coordinating program activities with the assistance of staff. Responsible for maintaining all registration forms, medication information, parent notes, etc. related to the program. Minimum 18 years old. **Up to 40 hours /week**

**Group Leader** – Oversees age-specific group of campers, plans/organizes daily activities for the Summer Day Program and supervises Counselors. Minimum 16 years old. **Up to 35 hours/week**

**Counselor** – Works directly with age-specific camper groups, taking part in all activities and ensuring the safety of the children in all activities. Also acts as Bus Monitor and is directly responsible for the safety of children getting on and off the bus at their proper stop. Ensures the children have someone at the stop to escort them home. Minimum 16 years old. **Up to 35 hours/week**

**KSDP Nurse** – Responsible for providing nursing services to all program participants and staff during program hours and program management, consistent with Massachusetts guidelines, regulations and statutes governing nursing practices. Must have a current Massachusetts LPN (RN preferred) license to practice as a nurse and maintain certification in CPR/AED. Minimum 21 years old. **Up to 35 hours/week**

### **Play in the Park and Summer Food Program (Parks and Playgrounds) Most positions run late June through August**

**Site Monitor Supervisor** - **\*Must possess a valid MA driver's license\*** Performs a variety of tasks associated with the Summer Food Service Program. Coordinates daily activities, oversees Site Monitors, conducts administrative tasks and record keeping, coordinates with food service provider, and visits all Summer Food Service Program sites as needed for oversight of the program. Minimum 18 years old. **This position begins in May with a flexible schedule. Up to 35 hours/week**

**Site Monitor** - **\*Must possess a valid MA driver's license\*** Performs a variety of tasks associated with the Summer Food Service Program. Visits each site to ensure that rules and regulations are being followed and is responsible for the completion of paperwork required for reimbursement grant. Reports any violations of guidelines to the SFSP Director and re-trains staff as needed. Minimum 18 years old. **One Site Monitor will begin in April with a flexible schedule to assist with program set-up. Up to 35 hours/week**

**Site Supervisor** – Performs a variety of tasks associated with the Summer Food Service Program. Serves breakfast, lunch and/or snacks at each designated site, and completes daily paperwork for calculating the meal counts. Also participates in activities with the children before and/or between meals with activities provided by the Parks Recreation & Beaches Department. Minimum 16 years old. **Lottery position (must attend mandatory orientation in order to be considered for hire). Up to 15 hours/week**



**Van Driver – \*Must possess a valid MA driver’s license\*** Is responsible for the safe transportation of all food to summer food sites. Minimum 21 years old. **Up to 35 hours/week**

**Van Aide –** Delivers meals to sites, follows the planned recreation schedule and alerts the Site Supervisor and Area Site Coordinator of any problems. Must follow all food handling procedures. Minimum 16 years old. **Up to 35 hours/week**

**Beach Parking Program Most positions run late June through Labor Day**

**Beach Lot Supervisor** - Collects fees and tickets. Maintains an accurate log of daily sales. Provides security within assigned areas. Maintains parking lots to ensure they are kept clean and orderly. Supervises Beach Lot Attendants. Minimum 18 years old. **Up to 40 hours/week**

**Beach Lot Attendant –** Ensures all cars parked in beach parking lots have purchased and/or displayed parking pass. Keeps hourly/daily count of all vehicles entering the beach facilities. Keeps parking lots clear of trash and debris. Minimum 16 years old. **Up to 40 hours/week**

**Waterfront & Lifeguards Most positions run June through Labor Day**

**\*\*Must possess American Red Cross Waterfront Lifeguard, Community First Aid and Safety, CPR for the Professional Rescuer, AED\*\***

**Waterfront Supervisor – \*Must possess a valid MA driver’s license\*** Responsible for the supervision and safety of the public at City beaches, including the supervision of other lifeguard staff. Minimum 18 years old. **Up to 40 hours/week**

**Asst. Waterfront Supervisor – \*Must possess a valid MA driver’s license\*** Responsible for the safety of the public at City beaches. Assumes the role of Waterfront Supervisor in his/her absence. Minimum 18 years old. **Up to 40 hours/week**

**Head Lifeguard – \*Must possess a valid MA driver’s license\*** Responsible for the safety of the public at City beaches. Assumes the role of Asst. Lifeguard Supervisor in his/her absence. Minimum 16 years old. **Up to 40 hours/week**

**Lifeguard –** Ensures patrons’ safety and protects lives by preventing and responding to emergencies. Minimum 16 years old. **Up to 40 hours/week**



**CITY OF NEW BEDFORD**  
**Office of Housing and Community Development**

**INCOME CERTIFICATION FORM**  
**FISCAL YEAR 2020**

Income Limits set by the U.S. Department of Housing & Urban Development *(Please circle one)*:

INCOME LEVEL	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
Extremely Low Income (30%)	0 – 17,500	0 – 20,000	0 – 22,500	0 – 25,000	0 – 27,000	0 – 29,000	0 – 31,000	0 – 33,000
Very Low Income (50%)	17,501 – 29,200	20,001 – 33,350	22,501 – 37,500	25,001 – 41,650	27,001 – 45,000	29,001 – 48,350	31,001 – 51,650	33,001 – 55,000
Low Income (80%)	29,201 – 46,650	33,351 – 53,300	37,501 – 59,950	41,651 – 66,600	45,001 – 71,950	48,351 – 77,300	51,651 – 82,600	55,001 – 87,950
Over Income	46,651 – Above	53,301 – Above	59,951 – Above	66,601 – Above	71,951 – Above	77,301 – Above	82,601 – Above	87,951 – Above

**Ethnicity:** *(select only one)*

- Hispanic or Latino                       Not Hispanic or Latino

**Race:** *(select only one)*

- White     Native Hawaiian/Other Pacific Islander                       Am. Indian/Alaskan Native & Black/African Am.  
 Black/African American                       American Indian/Alaskan Native & White                       Asian/Pacific Islander  
 Asian     Asian and White     Other Multi-Racial  
 American Indian/Alaskan Native                       Black/African American and White

**Other:** *(select all that apply)*

- Seniors (62 years or older)                       Female Head of Household                       Handicapped or Disabled  
 Minors (up to age 18)                      **NOTE: If client is below 18 years of age, parent or legal guardian must verify income and sign form.**

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Typed or Printed Name

I certify, under the penalties of law, that this income information is correct and I understand that the information I have provided on my family income is subject to verification by authorized representatives of the City of New Bedford's Office of Housing & Community Development and the U.S. Department of Housing & Urban Development.

**This information will be kept confidential and used for HUD monitoring purposes, only.**

**Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**THE CITY OF NEW BEDFORD**  
**DEPARTMENT OF LABOR RELATIONS & PERSONNEL**

133 WILLIAM ST, RM 212, NEW BEDFORD, MA 02740

T: 508-979-1444 | F: 508-979-1619

**Criminal Offender Record Information (CORI) Acknowledgement Form**

The City of New Bedford is registered under the provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to DCJIS. I hereby acknowledge and provide permission to the City of New Bedford to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the City of New Bedford with written notice of my intent to withdraw consent to a CORI check.

I also understand, that the City of New Bedford may conduct subsequent CORI checks within one year of the date this form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

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*Signature of CORI Subject*

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*Date*



**THE CITY OF NEW BEDFORD**  
**DEPARTMENT OF LABOR RELATIONS & PERSONNEL**

133 WILLIAM ST, RM 212, NEW BEDFORD, MA 02740

T: 508-979-1444 | F: 508-979-1619

**SUBJECT INFORMATION**

*The fields marked with an asterisk (\*) are required fields.*

\*First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\*Last Name: \_\_\_\_\_ Suffix (Jr, Sr, etc...): \_\_\_\_\_

Former Last Name (1): \_\_\_\_\_

Former Last Name (2): \_\_\_\_\_

Former Last Name (3): \_\_\_\_\_

Former Last Name (4): \_\_\_\_\_

\*Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\*Last **SIX** digits of Social Security Number: \_\_\_\_\_ - \_\_\_\_\_  No Social Security Number

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft \_\_\_\_\_ in Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

**CURRENT ADDRESS**

\*Street Address: \_\_\_\_\_

Apt # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

**SUBJECT VERIFICATION**

The above information was verified by reviewing the following form(s) of government-issued identification:

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

Verified by:

\_\_\_\_\_  
*Print Name of Verifying Employee*

\_\_\_\_\_  
*Signature of Verifying Employee*

\_\_\_\_\_  
*Date*