

CITY OF SOMERVILLE

APPLICATION FOR SUMMER 2019 EMPLOYMENT

PLEASE MAKE SURE APPLICATION IS COMPLETE AND LEGIBLE. MOST CONTACT WILL BE MADE BY EMAIL. IF YOU PREFER TO BE CONTACTED BY LETTER, PLEASE WRITE "MAIL ONLY" ON THE EMAIL LINE.

	tion:					
Name:	e:Email:					
Street Address:						
_						
Home Phone # Cell Phone #						
Are you at least	: 14 years of age? Are you 16 y	years of age or olde	er? Are you eligil	ole to work in the United States?		
application proc	SPECIAL OPPORTUN limited number of spots to work with the cess, you will need to have approval fro am 14 to 15 years of age and would like	he Parks & Recreation and a physician and a	on Department for stude a parent, guardian, or cus	ents aged 14 to 15. As part of the stodian to obtain a work permit.		
EDUCATIONAL STATUS						
I attend	School	Cu	rrent Grade:			
List your Volum	nteer History and any Clubs/Activitie	es you are involved	with:			
Do you speak any languages other than English? Please list:						
Have you comp	oleted any Job Readiness programs (s	such as CIT/LIT/Si	ignal Success)? Please l	list:		
Have you ever v	worked for the City of Somerville? N	No Yes	_			
If yes, where an	nd when?					
EMPLOYMEN (list your last two	THISTORY o employers, starting with the last one	first)		☐ N/A. This will be my first job.		
Dates: To & From	Name & Address of Employer or Organization	Job Title	Supervisor's Name	Work Performed		

Revised 3/2019 CH

Where would you like to work? (Only applicable to youth aged 16 and older) 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			
Is there a specific City department you would like to work in? If so please indicate below.						
Please give the name and telephone number of two adult references that are <u>not</u> related to you (i.e. previous employer, neighbor, sports coach, guidance counselor or other school staff). If the adult does not have access to email, please write their phone number in the space provided for email.						
1.)Name						
2.)Name		Email				
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				
Woluntary 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. Gender: O Female O Male O Gender Non-Conforming						
Race/Ethnic Group: O Hispanic or Latino O American Indian/Alaskan Na	O Asian O N	r African American Native Hawaiian/Pacific	c Islander O Two or More Races			
Volu The Mayor's Summer Jobs program strives t	ntary Self-Identification of I	•	opportunity to successfully			

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:

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