

City of Holyoke Gas & Electric Department

Application for Employment



**CITY OF HOLYOKE GAS & ELECTRIC DEPARTMENT
99 SUFFOLK STREET
HOLYOKE, MA 01040**

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of the City of Holyoke Gas & Electric Department to afford equal employment opportunity to all qualified persons regardless of age, race, color, creed (religion), sex, national origin, military service, sexual orientation, results of genetic testing, veteran status, disability, and gender identity.

Instructions for completing this Employment Application Form.
Failure to complete the Application for Employment in full may
jeopardize your candidacy.

1. If you require an accommodation because of a physical or mental disability in order to participate in any phase of the application process, please make that fact known to the individual processing your application. Reasonable accommodation in that regard will be made.
2. Type or print clearly in black or blue ink.
1. The City of Holyoke Gas & Electric Department (HG&E) requires all candidates applying for any position to **complete all the non-optional fields of this Application form**, fully and accurately. Do not write "see resume" in responding to the fields. Failure to respond to any of the fields will be considered a failure to complete the application process.
2. You MUST Apply for a Specific Position. Applying for "Any", "Anything Available" or leaving the space blank (or anything similar) will be considered a failure to complete the application process.
3. If an offer of employment is made to you, the Holyoke Gas & Electric Department may identify that it is contingent upon the results of a medical exam, drug test and/or background check.
4. FALSE OR MATERIALLY INACCURATE INFORMATION ON THIS APPLICATION WILL BE CAUSE FOR DISQUALIFICATION FOR EMPLOYMENT OR TERMINATION AT ANY TIME AFTER EMPLOYMENT.
5. I Agree to read the application, certifications and releases carefully before signing.
6. Return completed application to:

Holyoke Gas & Electric Department
Attn: Human Resources
99 Suffolk St
Holyoke, MA 01040
Email: TerrySweeney@hged.com



City of Holyoke

Gas & Electric Department

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of the HG&E to afford equal employment opportunity to all qualified persons regardless of race, color, religion, national origin, age, military status, sexual orientation, genetic information, sex, or disability, including providing a reasonable accommodation if necessary to perform the essential functions of the job except where age or sex is a bonafide occupational qualification as allowed by the Civil Rights Act of 1964.

PERSONAL INFORMATION	
Name (First) (Middle) (Last)	Home Telephone Number:
Mailing Address (Street) (City) (State) (Zip Code)	Cell Phone Number:
Home Address (if different from mailing address)	E-Mail Address:
Are you authorized to work in the U.S. on an unrestricted basis? <input type="checkbox"/> NO <input type="checkbox"/> YES proof of citizenship or immigration status will be required upon employment.	
Are you 18 or older? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Who referred you to us? Agency <input type="checkbox"/> Employee <input type="checkbox"/> Name? Newspaper advertisement <input type="checkbox"/> Internet <input type="checkbox"/> Other <input type="checkbox"/> _____	If your position requires you to drive a HG&E vehicle do you have a valid MA driver's license? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> Are you willing to travel as part of your work? YES <input type="checkbox"/> NO <input type="checkbox"/>

EMPLOYMENT DESIRED	
POSITION YOU ARE APPLYING FOR: _____	
Date you can start	Starting salary/pay desired
Have you worked for the HG&E before? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes when _____	Have you worked for the City of Holyoke before? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes when _____
Are you available for full time work? YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you available for part time work? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you reviewed the essential functions of the job description or job posting and can you perform the essential duties of the job with or without reasonable accommodation? YES <input type="checkbox"/> NO <input type="checkbox"/>	
In addition to your work history, what other experiences, skills or qualifications would qualify you for work with HG&E? 	

EDUCATION					
Name of School	Location City	State	Main Course of Study	Did you Graduate	Degree

List any additional education or training:

COMPUTER SKILLS See Position Announcement for Required Computer Skills

	N/A	None	Beginner	Intermediate	Advanced	Expert
XP/Vista/Windows 7/Windows 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS Visio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lotus Notes/Outlook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adobe Acrobat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photoshop/CorelDraw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CERTIFICATIONS AND/OR LICENSES

List any professional licenses, registrations or certifications you possess:

License _____ License Number _____ Date Issued _____ Expiration Date _____

License _____ License Number _____ Date Issued _____ Expiration Date _____

License _____ License Number _____ Date Issued _____ Expiration Date _____

EMPLOYMENT HISTORY

Are you employed now?

Yes No

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 U.S. military service assignments and any verifiable work performed on a volunteer basis. Any gaps in employment must be briefly explained in the "Employment Gaps" section of the application.

Company #1 Name		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Telephone	
City & State		Zip Code	
Job Title		Specific Duties	
Total number of employees supervised by you: Managerial _____ Professional/Technical _____ Clerical _____			
Dates Employed: From _____ To _____		Starting Salary	Final Salary
Hours worked per week:		Reason for Leaving	

Company #2 Name					May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address			Telephone		Specific Duties	
City & State			ZIP Code			
Job Title						
Total number of employees supervised by you:					Supervisor	
Managerial	Professional/Technical		Clerical			
Dates Employed:		From	To	Starting Salary	Final Salary	Reason for Leaving
Hours worked per week:						

Company #3 Name					May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address			Telephone		Specific Duties	
City & State			ZIP Code			
Job Title						
Total number of employees supervised by you:					Supervisor	
Managerial	Professional/Technical		Clerical			
Dates Employed:		From	To	Starting Salary	Final Salary	Reason for Leaving
Hours worked per week:						

Company #4 Name					May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address			Telephone		Specific Duties	
City & State			ZIP Code			
Job Title						
Total number of employees supervised by you:					Supervisor	
Managerial	Professional/Technical		Clerical			
Dates Employed:		From	To	Starting Salary	Final Salary	Reason for Leaving
Number of hours worked per week:						

Company #5 Name		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Street Address		Telephone	Specific Duties		
City & State		ZIP Code			
Job Title					
Total number of employees supervised by you: Managerial Professional/Technical Clerical			Supervisor		
Dates Employed:	From	To	Starting Salary	Final Salary	Reason for Leaving
Hours worked per week:					

IF YOU NEED ADDITIONAL SPACE PLEASE ATTACH A SEPARATE SHEET

ANY GAPS IN EMPLOYMENT MUST BE BRIEFLY EXPLAINED	
From	To
Reason:	
From	To
Reason:	

HAVE YOU EVER BEEN INVOLUNTARILY DISCHARGED FROM ANY EMPLOYMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company Name	Date of discharge
If yes, give reason:	

MISCELLANEOUS JOB-RELATED INFORMATION	
Shift preferred <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Other	Are you able to work Saturday & Sunday if needed? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Are you able to work over time if needed? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If No Why?	

MILITARY SERVICE INFORMATION	
<i>This information is furnished on a voluntary basis.</i>	
Check all that apply: <input type="checkbox"/> N/A <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Vietnam Era Veteran	
Dates of Service: _____ to _____ Branch? _____	
If Vietnam Era Veteran, have you been certified by the Office of Diversity and Equal Opportunity? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, what is the Certification #? _____	
(Please attach Form DD214 or a copy of ODEO certification.)	

LANGUAGE

LANGUAGE CAPABILITIES

List any language(s) in which you are proficient including Sign Language and ability to read Braille.

Language	Conversational			Reading			Writing		
	HIGH (Fluent)	MOD (Good)	LOW (Fair)	HIGH (Fluent)	MOD (Good)	LOW (Fair)	HIGH (Fluent)	MOD (Good)	LOW (Fair)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CIVIL SERVICE INFORMATION

Have you ever taken a Civil Service Examination for the job title for which you are applying or for any other job title?

YES NO If YES Date _____

If yes, please specify examination title(s): _____

Score(s): _____

Eligibility determination for a Civil Service appointment will be based upon the information provided on this application form.

IN CASE OF EMERGENCY, PLEASE NOTIFY

Name: _____ Relationship: _____ Tel. () _____

Address: _____ City: _____ State: _____ Zip: _____

PROFESSIONAL REFERENCES (not personal): List 3 people not related to you who can comment on your work performance.

Name	Address	Occupation	Telephone Number	Years Acquainted
1				
2				
3				



RELEASE AND CERTIFICATION
PLEASE READ CAREFULLY BEFORE SIGNING

I understand that the foregoing will be verified in order to expedite my application for employment with Holyoke Gas & Electric Department. I hereby authorize the Holyoke Gas & Electric Department to conduct a full investigation into my background.

I authorize the Holyoke Gas & Electric Department to obtain my previous work records, employment records, character references and any other information concerning character, ability and habits and all other necessary information. Further I grant authority to the keeper of these records to release said records to Holyoke Gas & Electric Department for the purpose of making its hiring decision. I agree that my previous employers shall not be liable with regard to any information provided by them in connection with this release.

I agree that the Holyoke Gas & Electric Department shall not be liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statement, omissions or answers made by me on this application regardless as to when learned by HG&E.

All statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing, which, if disclosed, would affect this application unfavorably.

In compliance with the Immigration and Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment.

I understand that unless I attain permanent status pursuant to MGL Chapter 31 or am subject to the terms of a collective bargaining agreement, my employment will be at-will, which means that both Holyoke Gas & Electric Department and I are free to terminate the employment relationship at any time for any non-statutorily prohibited reason or for no reason at all, with or without notice.

I understand that this application is for the specific job applied for and I would have to reapply for any future opportunities which could become available.

I agree if an offer of employment is made, the Department may specify that it is contingent upon the results of a medical exam. I understand that either refusal to submit to such screening, or failure to qualify according to the minimum standards established by the Department for this screening may disqualify me from further consideration for employment.

I hereby acknowledge that I have read in full and understand the above statements and conditions of employment.

Signature of Applicant

Date

Printed Name

“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.” *MGL Ch.149, Section 19*



THIS IS A CONFIDENTIAL INSERT
APPLICANTS ARE ENCOURAGED BUT NOT REQUIRED TO COMPLETE

The Holyoke Gas and Electric Department is committed in spirit as well as in action, to abide by all laws dealing with equal employment opportunity. It is our policy to guarantee equal employment opportunities for all qualified persons without regard to their age, race, creed, color, national origin, ancestry, marital status, gender, military status, sexual orientation, or disability, which can be reasonably accommodated.

Further, the Department will act in good faith, to affirmatively recruit and consider for promotion individuals in protected categories. Age, race, creed, color, national origin, ancestry, marital status, gender, military status, sexual orientation, or disability are not factors in employment, promotion, transfer, compensation, lay-off, disciplining and termination.

The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Affirmative Action Data Records are kept in a confidential file and are not a part of your application for employment or your personnel file. Your cooperation is voluntary. Inclusion or exclusion of any affirmative action data will not jeopardize or adversely affect any employment decision.

(PLEASE PRINT)

<u>Name</u>	<u>First</u>	<u>Middle</u>	<u>Last</u>
<u>Address</u>	<u>Street</u>	<u>City</u>	<u>State</u> <u>ZIP</u>
<u>Telephone Number (s)</u>			
CHECK ONE		<input type="checkbox"/> Male	<input type="checkbox"/> Female
<u>Check one of the following: (Race)</u>			
<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> Native American (American Indian or Alaskan Native)			
(If Native American, please attach documentation of tribal affiliation)			

Applicant Signature

Date