



Employment Application - Melrose Public Works

Application Process

Step 1 - Required Application and documents

By Mail: Human Resources, City Hall, 562 Main St., Melrose, MA 02176.

By Fax: 781-979-4246

By Email: mlong@cityofmelrose.org

- A fully completed and signed DPW Application for Employment
- MA Driver's Licenses (Copy will be made for our records).

Step 2 – If applicant's qualifications meet the job's needs, HR will schedule an interview:

- 1st Interview – with the DPW Supervisors
- 2nd Interview – with the Director of Public Works

➔ **PLEASE NOTE: If called for an interview for Driver positions you will be required to bring your Fully Attested Driving Record**

Step 3 - If offered a position we will conduct a Criminal Record and Finger Printing background check, Pre-employment Medical and Drug and Alcohol Screening.



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Please return to mlong@cityofmelrose.org or Human Resources, City Hall,
562 Main Street, Melrose, MA 02176

Name in Full _____ Date: _____
(First, Middle Last)

Address: _____
Street City State Zip Code

Cell Phone () _____ Home Phone () _____

E-mail: _____

Position Applying For _____

How did you hear about us? _____

Personal Information/Preferences

Are you eligible to work in the United States? Yes/No _____

Are you available to work nights Yes/No _____ Weekends Yes/No _____ Holidays Yes/No _____

Have you received a diploma of graduation from high school? Yes _____ No _____

Have you received a diploma of graduation from high school? Yes _____ No _____

Driver Information

Massachusetts Driver's License # _____ Expiration Date: _____

CDL State License Number # _____ Expiration Date: _____

- Has your driver's license ever been suspended, revoked or placed on probation?
○ Yes/No _____
- Have you been involved in an accident where alcohol or drugs were involved?
○ Yes/No _____
- While driving an employer's vehicle, have you been involved in a traffic accident?
○ Yes/No _____

Skills Assessment/Profile – Please check all that apply

___ Demonstrated experience in providing customer service with tact, courtesy, sensitivity and discretion.

___ Driving record showing responsible and lawful driving habits

___ Able to be in compliance with the City’s Drug and Alcohol Free Workplace policy

___ Punctual, reliable and regular attendance

___ Skills/ability to operate public works vehicles including equipment and attachments

___ Ability to fill the physical essential functions of the job including but not limited to:

- Full use of hands, arms and legs
- Able to regularly lift heavy objects up to 60 pounds and carry short distances
- Climb stairs and ladders
- Operate power and hand tools, equipment and machinery
- Work safely under difficult work situations performing heavy laborious tasks during inclement weather conditions including high heat and high humidity, freezing temperatures, rain, snow, wind and ice storms; and under extended periods of sleep deprivation

___ Other _____

List/Describe what you believe to be your 2 best qualifications:

- _____
- _____

Valid and Current Licenses or Registrations Held

___ MA Commercial Driver’s License

___ MA Driver’s License

___ Public Safety Hoisting Engineering License

___ State Pesticide license and Arborist license

___ Water distribution Level D-3 and D-2

___ Sewer Distribution Level D-2

___ Commonwealth of MA Construction Supervisor, Plumbing or Electrical License
Please circle

___ Other _____

Prior Work Information

List chronologically all employment including summer and part-time work. **All time must be accounted for.** If unemployed provide the dates. List your present employer first. Include any of the following reasons should they apply: (Please provide a full explanation)

- Fired from job;
- Quit Job after being told you would be fired;
- Resigned from a job to avoid being fired;
- Left Job by mutual agreement under unfavorable circumstance;
- Left job by mutual agreement following allegations of unsatisfactory performance;
- Left job for other reasons under unfavorable circumstances;

| | | | | | |
|------------------------------|------------|----------|------------|----------|--|
| Name and address of Employer | | | | | Position |
| Name | From Mo | To Yr | From Mo | To Yr | |
| Address | | | | | Name of Supervisor & contact number |
| | | | | | Reason for Leaving (exclude medical) |
| City, State & Zip | | | | | Comments Full Time or Part Time |
| | | | | | Telephone Number |

| | | | | | |
|------------------------------|------------|----------|------------|----------|--|
| Name and address of Employer | | | | | Position |
| Name | From Mo | To Yr | From Mo | To Yr | |
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| | | | | | Reason for Leaving (exclude medical) |
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| | | | | | |
|------------------------------|------|----|------|----|--|
| Name and address of Employer | | | | | |
| Name | From | To | From | To | Position |
| | Mo | Yr | Mo | Yr | |
| Address | | | | | Name of Supervisor & contact number |
| | | | | | Reason for Leaving (exclude medical) |
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| | | | | | |
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| Name | From | To | From | To | Position |
| | Mo | Yr | Mo | Yr | |
| Address | | | | | Name of Supervisor & contact number |
| | | | | | Reason for Leaving (exclude medical) |
| City, State & Zip | | | | | Comments Full Time or Part Time |
| | | | | | Telephone Number |

References

List three **WORK** references (excluding friends, relatives)

1. Number of years acquainted: _____ Cell/Work Phone: _____

Name: _____ Title _____

Company _____

2. Number of years acquainted: _____ Cell/Work Phone: _____

Name: _____ Title _____

Company _____

3. Number of years acquainted: _____ Cell/Work Phone: _____

Name: _____ Title _____

Company _____

Please list all relatives or friends that are employed by the City of Melrose

| Name | Relationship |
|------|--------------|
| | |
| | |
| | |

Drug Policy Notification and Acceptance

The City of Melrose is a Drug and Alcohol Free Workplace employer. Possessing, dispensing, or using a controlled substance (drug) without medical prescription is strictly prohibited. Reporting to work or working under the influence of alcohol or a controlled substance (drug) without a medical prescription is strictly prohibited. Any employee found violating any of these provisions could be subject to disciplinary action up to and including termination of employment.

I understand that it is the policy of the Melrose Public Works Department upon signing to accept employment with the City, I will be sent for a drug and alcohol test at a facility to be determined by the City. Failure to comply with this request will remove the candidate from the hiring process.

Accept _____

Decline _____

(Signature of Applicant)

(Print Name)

(Date)



CITY OF MELROSE

AUTHORIZATION FOR RELEASE OF INFORMATION

Date _____

Printed Name: _____

Address: _____

City: _____ State _____ Zip _____

As an applicant for employment with the Department of Public Works, City of Melrose, I consent to have a back ground investigation made as to my fitness for the position to which I applied. I understand that any information received will be reported to the Hiring Manager and may impact my application. I agree to give any further information, which may be required, regarding my past history.

I authorize and request, every person, firm, company, corporation, government agency, or institution, having control of any documents, records and other information pertaining to me, to furnish to the City of Melrose any such information, including documents, records, files or any pertinent data; and to permit the City of Melrose or any of its agents or representatives to inspect and make copies of such documents, records, and other information.

I hereby release, discharge and exonerate the City of Melrose, its agents and representatives, and any person so furnishing information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigation made by or on behalf of the City of Melrose.

Signature: _____ Date _____