



**CITY OF FALL RIVER**  
**DEPARTMENT OF HUMAN RESOURCES**  
**ONE GOVERNMENT CENTER**  
**Fall River, MA 02722**  
**508-324-2661**

For Official Use Only

**LABOR SERVICE EMPLOYMENT APPLICATION**  
**AN EQUAL OPPORTUNITY EMPLOYER**

Applicants must be at least 16 years of age at the time of filing an application. Please **PRINT CLEARLY** all answers on this application, and file it by mail or in person at the above address. Incomplete or unsigned applications will not be processed.

Labor Service registration is valid for **FIVE YEARS** subject to all provisions of Civil Service Law and Rules. If you wish to renew your registration beyond that time, you must notify the Human Resources Department in writing no earlier than six months before, or no later than six months after the fifth anniversary of your registration. Failure to provide such notification will result in removal from the labor registration list.

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

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

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

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Emergency Notification:

Name	Address	Relationship	Phone Number
Are you over the age of 16?	Yes _____ No _____		
Can you perform the essential functions of the job with or without reasonable accommodation(s)? (see job description)	Yes _____ No _____		
Are you a United States citizen or do you have the legal right to work in the United States?	Yes _____ No _____		

**VETERANS PREFERENCE**

A Veteran who served in the Military of the United States during wartime for more than 180 consecutive days, other than for training. **If you are claiming veteran's preference, you must submit a copy of your DD-214.**

**EDUCATION**

Have you completed a course in a building, mechanical, maintenance or repair trade in a recognized trade, vocational or technical school or a recognized training program? If the answer is "yes" complete the following:

Name of School or Program

Title of Course

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

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

**LICENSES**

List your Massachusetts Motor Vehicles Operator's License (specify class) and any other trade licenses, registrations or certificates, which are required for the position(s) for which you are applying.

Name of Class

License No.

Expiration Date

Issued Registration or Certificate

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PREVIOUS EMPLOYMENT**

Please list your most recent employer first, and account for any gaps in employment. You may include any verified work performed on a volunteer basis. Attach additional sheets if necessary, or a resume.

Name and Address of Employer

Type of Work

Dates of Employment

Reason for Leaving

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**REFERENCES**

**List 3 Professional References**

Name and Address

Company

Years Acquainted

Phone Number

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please indicate which positions you are applying for by placing a check mark next to the class code.

**CLASS I – ENTRY LEVEL POSITIONS: NO EXPERIENCE OR ENTRANCE REQUIREMENTS**

Code	Title
___ 3502A	Laborer
___ 3502B	Working Foreman Laborer
___ 6959A	Store Room Helper
___ 7408A	Cafeteria Helper
___ 7502A	Laboratory Helper

**CLASS II – SKILLED LABORER POSITIONS: ONE-YEAR EXPERIENCE EXCEPT WHERE OTHERWISE NOTED**

Code	Title	Code	Title
___ 3503B	Senior House Worker	___ 5042B	Tree Climber (practical test also needed)
___ 3504A	Grounds Maintenance Person	___ 5402B	Second Class Steam Fireman
___ 3504B	Grounds Worker	___ 5403B	Incinerator Utility Person/MEO (Mass Class III License required)
___ 4142A	Traffic Maintenance Person	___ 5703A	Motor Equipment Operator (Mass Class I or II License required)
___ 4142B	Working Foreman Traffic Maintenance Person	___ 5703B	Heavy Motor Equipment Operator (Mass Class I or II License required)
___ 4206B	Plumber’s Helper	___ 5703C	Special Heavy Motor Equipment Operator (Mass Class I or II License required)
___ 4240B	Water Meter Repair Helper	___ 5703E	Working Foreman Motor Equipment Operator
___ 4243D	Water System Maintenance Person	___ 5703F	Working Foreman Heavy MEO
___ 4243O	Working Foreman Water System Maintenance	___ 5710A	Hoisting Equipment Operator (requires hoisting equipment License issued by the Department of Public Safety)
___ 4243E	Sewer System Maintenance Person	___ 6990A	Stores Delivery Person
___ 4243P	Working Foreman Sewer System Maintenance		
___ 4749B	Mechanical Handyman		
___ 4752B	Building Maintenance Person		
___ 4752D	Working Foreman Building Maintenance		
___ 5004B	Cemetery Maintenance Person		
___ 5005B	Park Maintenance Person		

**CLASS III – MECHANIC AND CRAFTSMAN POSITIONS: ONE-YEAR EXPERIENCE EXCEPT WHERE OTHERWISE NOTED**

<b>Code</b>	<b>Title</b>	<b>Code</b>	<b>Title</b>
___ 4240D	Water Meter Tester	___ 2549A	Signal Maintenance
___ 4243A	Water System Maintenance Craftsman	___ 2549D	Working Foreman Signal Maintainer
___ 4243L	Working Foreman Water System Maintenance Craftsman	___ 3305A	Parking Meter Repair – (practical text only)
___ 4403A	Compositor	___ 3305B	Working Foreman Parking Meter Repairman
___ 4607A	Carpenter	___ 4102A	Painter
___ 4607C	Working Foreman Carpenter	___ 4102C	Working Foreman Painter
___ 4752A	Building Maintenance Craftsman	___ 4104A	Sign Painter
___ 5004A	Cemetery Maintenance Craftsman	___ 4206A	Plumber (master plumber’s license issued by the Board of State Examiners of Plumbers and Gas Fitters)
___ 5005A	Park Maintenance Craftsman	___ 4240A	Water Meter Repair Person
___ 5005D	Working Foreman Park Maintenance Craftsman	___ 4240C	Water Meter Installer
___ 5841A	Motor Equipment Repair Person	___ 5350A	Reservoir Caretaker
___ 5877A	Fire Apparatus Repair Person – (two years experience as a Motor Equipment Repair person (and a practical test).	___ 7402A	Baker
		___ 7404A	Cook
		___ 7404C	Senior Cook
		___ 5348F	Working Foreman – Sewerage Paint Maintenance Man

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.

### **CERTIFICATION AND AGREEMENT**

*Please read carefully before signing.*

I CERTIFY that all entries on this application for employment, and attachments, are true and complete. I understand that any falsifications of information herein, material half-truths, misstatements, or omissions, regardless of their time of discovery, may cause forfeiture on my part to any employment with the City of Fall River. I understand that all information on this application is subject to verification, and I consent to the contacting of references, former employers, educational institutions, military record, general reputation, and personal characteristics regarding this application.

I understand and agree that the City of Fall River is an at-will employer and therefore, my employment is for no definite period and that I can be terminated at any time without notice, unless otherwise provided by civil service or a collective bargaining agreement, regardless of the method of wage/salary payment. I understand that an offer of/or employment by the City of Fall River is **conditional upon** satisfactory references, completion of a pre-employment physical exam which includes a drug test, and proof of citizenship or immigration status. I hereby also authorize the City of Fall River to conduct a CORI and/or credit check. Where applicable I agree to sign a CORI and/or Credit Request Form reflecting my authorization of the CORI and/or credit check. As a condition of employment an employee may be required to provide additional or updated information and may require both drug test and employment physical to allow us to have necessary information for making a proper decision or reasonable accommodations, if necessary.

**My signature certifies that I have read and agreed with the above statements and all statements contained in this employment application.**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_