

**COMMONWEALTH OF MASSACHUSETTS
MUNICIPAL LABOR SERVICE APPLICATION
CITY OF HOLYOKE**

(For office use only.)

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You must be at least 16 years old to register. Answer all questions. Incomplete applications will not be accepted.

Check the positions that you wish to apply for. You must be able to prove that you are qualified.

Class 1

Apprentice Lineman (CDL)	<input type="checkbox"/>		Laborer	<input type="checkbox"/>		Pumping Station Attendant	<input type="checkbox"/>
Cafeteria Helper	<input type="checkbox"/>						

Class 2- Requires at least one year of documented experience.

Electrician Helper	<input type="checkbox"/>		Water System Maintenance	<input type="checkbox"/>		Building Maintenance Man	<input type="checkbox"/>
Park Maintenance Man	<input type="checkbox"/>		Motor Equip Operator			Heavy Motor Equipment Operator	<input type="checkbox"/>
Special Heavy Motor Equip Op	<input type="checkbox"/>		Hoisting Equipment Operator			Motor Equip Maintenance	<input type="checkbox"/>

Class 3- Requires at least two years of documented experience.

Lineman	<input type="checkbox"/>		Electrical Station Equip Repairman	<input type="checkbox"/>		Electric Meter Repairman Senior	<input type="checkbox"/>
Electric Appliance Repairman	<input type="checkbox"/>		Gas Meter Repairman			Gas Meter Repairman Building	<input type="checkbox"/>
Gas Service Repairman	<input type="checkbox"/>		Gas Distribution Maintenance			Maintenance Craftsman	<input type="checkbox"/>
Park Maintenance Craftsman	<input type="checkbox"/>		Power Plant Equipment Repairman			Motor Equipment Repairman	<input type="checkbox"/>
Cook	<input type="checkbox"/>		Senior Cook				<input type="checkbox"/>

First and Last Name: _____

Social Security: _____ - _____ - _____

Address: _____

Number	Street	City/Town	Zip
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Telephone Number: _____ Email address: _____

I will accept (check): Full-Time. Part-Time Temporary Intermittent

Have you ever been in the Armed Forces of the United States? YES NO

If "YES," you must attach a copy of your discharge (DD214). For office approval only:

Are you the widowed unremarried spouse or parent of a veteran who died from service-connected disability incurred in wartime service? YES NO

Have you completed a course in building, mechanical, maintenance, or repair trade? Do NOT list high school.

Program/School	Title of Program	Dates From/To	Completed Y/N

Response to the following is voluntary. Failure to provide the information will NOT adversely affect your application.

I am	Male	Female	I am	Hispanic	White	Black	Asian	American Native
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NOTE: 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 Holyoke Labor Service Director IN WRITING no earlier than 6 months before, or no later than 6 months after the fifth anniversary of your registration. Failure to provide such notice will result in removal from the labor registration list. I declare that the information I have provided on this application is true, and I understand that falsification of any information is subject to the penalties for perjury.

Applicant Signature (USE INK. DO NOT PRINT.) _____ Date _____ OVER

EMPLOYMENT HISTORY AND VERIFICATION: List at a minimum all verifiable full-time and part-time employment held in the last ten years. Be sure to include ALL work experiences that are required to qualify you for the positions that require documented experience. If it is not included, you will NOT be added to the applicable Labor Service Registration List. You may continue on a separate sheet, if necessary.

Start with your current or most recent job:

Employer:	_____	Telephone #	_____
Supervisor Name:	_____	Job Title:	_____
Full Address:	_____		
Employment Dates:	_____	Salary:	_____
Job Duties:	_____		
Reason for Leaving:	_____		
(Office Certification Use Only)			

Employer:	_____	Telephone #:	_____
Supervisor Name:	_____	Job Title:	_____
Full Address:	_____		
Employment Dates:	_____	Salary:	_____
Job Duties:	_____		
Reason for Leaving:	_____		
(Office Certification Use Only)			

Employer:	_____	Telephone #:	_____
Supervisor Name:	_____	Job Title:	_____
Full Address:	_____		
Employment Dates:	_____	Salary:	_____
Job Duties:	_____		
Reason for Leaving:	_____		
(Office Certification Use Only)			