

# **City of Holyoke Gas & Electric Department**

## **Application for Employment**



serving you since 1902

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 race, color, religion, national origin, age, military status, sexual orientation, , genetic information or 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.

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.
3. 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.
4. 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.
5. 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.
6. FALSE OR MATERIALLY INACCURATE INFORMATION ON THIS APPLICATION WILL BE CAUSE FOR DISQUALIFICATION FOR EMPLOYMENT OR TERMINATION AT ANY TIME AFTER EMPLOYMENT.
7. I Agree to Read the application, certifications and releases carefully before signing.

Return completed application to: **Holyoke Gas & Electric Department**  
**Attn: Human Resources**  
**99 Suffolk St**  
**Holyoke, MA 01040**  
**Email: [HumanResources@HGED.com](mailto:HumanResources@HGED.com)**

**Applications are valid only for the position applied for 21 days.**



# City of Holyoke Gas & Electric Department

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PERSONAL INFORMATION	
Name (First) (Middle) (Last)	Home Telephone Number:
Mailing Address (Street) (City) (State) (Zip Code)	Cell Phone:
Home Address (if different from mailing address)	E-Mail Address:
Are you authorized to work in the U.S. on an unrestricted basis? NO <input type="checkbox"/> YES <input type="checkbox"/> proof of status will be required upon employment.	Social Security # (optional)
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	City	Location State	Main Course of Study	Did you Graduate	Degree

List any additional education or training:

\_\_\_\_\_

**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				

**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.

<b>Company #1 Name</b>		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
Hours worked per week:		Reason for Leaving	

<b>Company #2 Name</b>		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
Hours worked per week:		Reason for Leaving	

<b>Company #3 Name</b>				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
Total number of hours worked per week:				

<b>Company #4 Name</b>				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
Number of hours worked per week:				

<b>Company #5 Name</b>				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
Total number of 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:	
From	To
Reason:	

**HAVE YOU EVER BEEN INVOLUNTARILY DISCHARGED FROM ANY EMPLOYMENT? YES  NO**

Company Name \_\_\_\_\_ Date of Discharge \_\_\_\_\_

If yes, give reason:

Company Name \_\_\_\_\_ Date of discharge \_\_\_\_\_

If yes, give reason:

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"/>
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Are you able to work over time if needed? YES  NO

If No Why?

**CERTIFICATIONS AND 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 _____

**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: \_\_\_\_\_



**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 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*



**CRIMINAL RECORD INFORMATION**

**PLEASE READ BEFORE SIGNING**

If employed, I agree to abide by all rules and regulations of the HG&E. I understand if convicted of a felony, I will notify my supervisor immediately. I agree to furnish such additional information and complete such examination as may be required to complete an employment process and understand that this application for employment in no way obligates the Holyoke Gas & Electric Department to employ me. I acknowledge that the Holyoke Gas & Electric Department will, if applicable, review the Criminal Offender Record Information (C.O.R.I.) and the Central Registry of Child Abuse/Neglect reports in accordance with M.G.L., Chapter 119, Section 51B.

I hereby acknowledge that I have read in full and understand the above statement.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



**PRE-EMPLOYMENT PHYSICAL & DRUG SCREENING NOTICE**

**PLEASE READ BEFORE SIGNING**

If an offer of employment is made, I freely and voluntarily agree to submit to a **pre-employment medical examination and drug screen**, and understand that my subsequent employment will be contingent upon the results of the medical examination and drug test. I understand that either refusal to submit to such screening, or failure to qualify according to the minimum standards established by the Holyoke Gas & Electric 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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

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.

**THIS DOCUMENT IS NOT PART OF THE EMPLOYMENT APPLICATION**



**AFFIRMATIVE ACTION DATA RECORD**  
**CONFIDENTIAL**

(PLEASE PRINT)

Position Applied for \_\_\_\_\_

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

**CHECK ONE**  Male  Female

Check one of the following: **(Race)**

- White (not Hispanic or Latino)
- Black or African American (not Hispanic or Latino)
- Hispanic or Latino
- Asian (not Hispanic or Latino)
- American Indian or Alaska Native (not Hispanic or Latino)
- Two or More Races (not Hispanic or Latino)

**US MILITARY SERVICE INFORMATION**

This information is furnished on a voluntary basis.

Check all that apply to you:  Veteran  Disabled Veteran  Vietnam Era Veteran

Dates of Service: From: \_\_\_\_\_ To: \_\_\_\_\_ Branch: \_\_\_\_\_

Honorable discharge? YES  NO