



(Office Use Only)

COMMONWEALTH OF MASSACHUSETTS
HUMAN RESOURCES
MUNICIPAL LABOR SERVICE APPLICATION
CITY OF TAUNTON

Date: _____

Applicants must be at least sixteen years old to register for Labor Service. Please print all answers in ink.
INCOMPLETE APPLICATIONS WILL BE RETURNED.

POSITIONS: Please checkoff positions applying for on pages 3 and 4. Submit with application.

1. Name: Last First Middle

2. Home Address: Number Street City/Town Zip Code

3. Mailing Address: (If different)

4. Telephone #: 5. Social Security:

6. Do you have a valid driver's license? Do you have a valid CDL? Driver's License #: Class of License:

7. Please check response. I will accept: Full Time Work Temporary Work Part-Time Work

8*. Have you ever served in the Armed Forces of the United States? If yes, attach a copy of discharge (DD214).

9*. Are you the widowed un-remarried spouse or parent of a veteran who died from a service-connected disability incurred in wartime service?

* Questions 8 & 9 are asked to award preference, if applicable.

Response to the following is voluntary. Failure to provide the information requested will not adversely affect your application. Please circle one:

I am: Male Female
I am: (1) White (2) Black (3) Hispanic (4) Asian (5) American Indian or Alaskan Native (6) Cape Verdean

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 local Labor Service Director 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. You must file a separate Labor Service application for each City or Town in which you wish to be considered. Applications may be filed in person or by mail at the Labor Registration Office in each City or Town.

Employment History

Name of Employer: _____

Address: _____
Number Street City/Town State Zip Code

Employment Dates: From _____ To _____

Type of work: _____

Name of Employer: _____

Address: _____
Number Street City/Town State Zip Code

Employment Dates: From _____ To _____

Type of work: _____

Name of Employer: _____

Address: _____
Number Street City/Town State Zip Code

Employment Dates: From _____ To _____

Type of work: _____

Name of Employer: _____

Address: _____
Number Street City/Town State Zip Code

Employment Dates: From _____ To _____

Type of work: _____

The information provided in this application is true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I agree to take a physical examination, given by an appointed physician, as required, and recognize any offer of employment may be contingent upon the results of the examination. I understand that any employment offer by the City is conditional upon my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986. I authorize investigation of all statements contained in the application and the release of any pertinent information regarding my education, past employment, history and background. 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.

DO NOT SIGN UNTIL YOU HAVE READ ABOVE STATEMENT

Signature (Do not print)

Date