



## New Bedford Port Authority

52 Fisherman's Wharf  
New Bedford, MA 02740  
508-961-3000  
508-984-2640 fax

For Office Use Only

Initials \_\_\_\_\_ Mail ☐ Office ☐

# APPLICATION FOR EMPLOYMENT

**INSTRUCTIONS:** You must complete this application to be considered for employment. If you need more space, attach a separate sheet. If information does not apply, indicate N/A. **DO NOT LEAVE BLANK SPACES.**

Position applying for: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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

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

Years Lived at Current Address: \_\_\_\_\_ Home Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Last 4 Digits Social Security No. xxx-xx- \_\_\_\_\_

Can you furnish proof you are eligible to work in the U.S.? Yes No

Do you have a valid driver's license? Yes No Driver's License #: \_\_\_\_\_

Do you have a valid commercial driver's license? Yes No Class A Class B

Have you ever been employed with:

YES NO

IF YES, WHAT YEAR(s)?:

The City of New Bedford \_\_\_\_\_  
New Bedford Public Schools \_\_\_\_\_  
Greater New Bedford VOKE \_\_\_\_\_  
Greater New Bedford Refuse District \_\_\_\_\_  
SRTA (Administrative Position) \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**EDUCATION:** Please list high school, college, post grad and additional relevant training or studies.

School Name	Location	# of Years Attended	Degree Received	Major

## MILITARY HISTORY:

Are you a veteran of the U.S. Armed Forces? Yes No

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

Rank at discharge: \_\_\_\_\_ Discharge status: \_\_\_\_\_

Present Military status: \_\_\_\_\_

**EMPLOYMENT HISTORY:** List names of employers with present employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, please give firm name and supply business references.

NAME OF EMPLOYER:	JOB TITLE AND DUTIES:
ADDRESS:	EMPLOYMENT DATES: FROM: _____ TO: _____
CITY, STATE, ZIP CODE:	REASON FOR LEAVING:
TELEPHONE #:	IMMEDIATE SUPERVISOR:
NAME OF EMPLOYER:	JOB TITLE AND DUTIES:
ADDRESS:	EMPLOYMENT DATES: FROM: _____ TO: _____
CITY, STATE, ZIP CODE:	REASON FOR LEAVING:
TELEPHONE #:	IMMEDIATE SUPERVISOR:
NAME OF EMPLOYER:	JOB TITLE AND DUTIES:
ADDRESS:	EMPLOYMENT DATES: FROM: _____ TO: _____
CITY, STATE, ZIP CODE:	REASON FOR LEAVING:
TELEPHONE #:	IMMEDIATE SUPERVISOR:
NAME OF EMPLOYER:	JOB TITLE AND DUTIES:
ADDRESS:	EMPLOYMENT DATES: FROM: _____ TO: _____
CITY, STATE, ZIP CODE:	REASON FOR LEAVING:
TELEPHONE #:	IMMEDIATE SUPERVISOR:

Can we contact your present and former employers?	Yes	No
If no, please give reason why: _____		
Have you worked under any other name?	Yes	No
If yes, give names: _____		

**SPECIAL TRAINING & SKILLS:**

What skills, special licenses or additional training do you have that are related to the job for which you are applying?
What machines or equipment can you operate that are related to the job for which you are applying? _____
What computer programs are you familiar with? _____

**ADDITIONAL COMMENTS & WORK EXPERIENCE SHEET:**


**REFERENCES:** Provide the names of two responsible persons whom you have known well for a long period of time. Do not submit names of relatives.

Name: _____					Years Known: _____				
Address: _____					_____				
Number		Street		City/Town		State		Zip Code	
Home Telephone #: _____					Cell #: _____				
Occupation: _____									
Email Address: _____									

Name: _____					Years Known: _____				
Address: _____					_____				
Number		Street		City/Town		State		Zip Code	
Home Telephone #: _____					Cell #: _____				
Occupation: _____									
Email Address: _____									

### **AGREEMENT**

The New Bedford Port Authority does not discriminate in hiring or employment on the basis of age, sex, color, race, creed, national origin, ancestry, veteran status, sexual orientation, religion, marital status, political belief or due to a disability that does not prohibit performance of essential job functions. No question on this application is intended to secure information to be used for such discrimination.

The information provided in this application for employment is true and complete. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that all appointments are probationary and I must demonstrate my fitness for continued employment during the probationary period. I also understand that I must be available on occasion for work outside my normal work hours as the needs of the department require. Conditional offers of employment are subject to passing a mandatory CORI (Criminal Offender Record Information) background check. Further, I may be required to take a physical examination, given by an appointed physician, which may include testing for drugs and alcohol, as required, and recognize that 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 this application and the release of any pertinent information regarding my education, past employment history and background. I understand this application will be kept on file for two years from date received or twenty years after end of employment.

### **DO NOT SIGN UNTIL YOU HAVE READ ABOVE STATEMENT**

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

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.

***The New Bedford Port Authority is an Equal Opportunity/Affirmative Action Employer***

**NEW BEDFORD PORT AUTHORITY  
VOLUNTARY SELF - IDENTIFICATION FORM**

The New Bedford Port Authority has an Affirmative Action Program to ensure equal employment opportunity. Applicants are considered for all positions without regard to race, color, national origin, sex or age, marital status, veteran status, or the presence of a non-job related medical condition or handicap. We are asking you to help us measure the effectiveness of this program by answering the questions below.

The information collected will be used for statistical purposes only. **THIS FORM WILL NOT REMAIN WITH YOUR APPLICATION, NOR WILL IT IN ANY WAY BAR YOU FROM EMPLOYMENT CONSIDERATION.** If you have any questions, comments, suggestions or complaints about the employment process, please contact the In-House Counsel at (508) 961-3000.

**Position Applied For:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Sex:**    ☒ Male            ☐ Female

**Ethnic Origin** (Please check the race you most *strongly* identify with):

NOTE: Ethnic origin is defined by the Federal Equal Employment Opportunity Commission as follows:

**☒ 1. White** - (Not of Hispanic origin) - Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East (includes all countries within the Arabian peninsula; excluding countries within the Indian Subcontinent).

**☐ 2. Black** - (Not of Hispanic origin) - Persons having origins in any of the Black racial groups of Africa.

**☐ 3. Hispanic** - Persons having origins in the original people of Spain and persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

**☐ 4. Asian or Pacific Islanders** - Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands.

**☐ 5. American Indian or Alaskan Native** - Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

**☐ 6. Cape Verdean** - Persons having origins in the Cape Verde Islands.

**☐ 7. Two or More Races** – All persons who identify with more than one of the above five races. NOTE: If you check the “Two or more races box, please check **ALL** boxes that identify your race/ethnicity.

**How did you learn about the job for which you are applying? (Please limit your selection to ONE)**

- |                                 |   |
|---------------------------------|---|
| 1. Walk-In                      | <b><input type="checkbox"/> 5. Social Media/Online Website (name)</b> _____ |
| 2. City/Port Authority Employee | <b><input type="checkbox"/> 6. Community Agency (name)</b> _____            |
| 3. City/Port Authority Website  | <b><input type="checkbox"/> 7. College/University (name)</b> _____          |
| 4. Employment Agency            | <b><input type="checkbox"/> 8. Other (Please indicate)</b> _____            |

## VOLUNTARY SELF – IDENTIFICATION OF DISABILITY

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have or ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such impairment or medical condition.

Examples of disabilities include, but are not limited to:

- |             |                      |  |  |
|-------------|----------------------|--|--|
| - Blindness | - Autism             | - Bipolar disorder                         | - Post-traumatic stress disorder (PTSD)                          |
| - Deafness  | - Cerebral palsy     | - Major depression                         | - Obsessive compulsive disorder (OCD)                            |
| - Cancer    | - HIV/AIDS           | - Multiple sclerosis (MS)                  | - Impairments requiring the use of a wheelchair                  |
| - Diabetes  | - Schizophrenia      | - Missing limbs or partially missing limbs | - Intellectual disability (previously called mental retardation) |
| - Epilepsy  | - Muscular dystrophy |  |  |

### Please check one of the boxes below:

- ☐ Yes, I have a disability (or previously had a disability)
- ☐ No, I don't have a disability
- ☐ I don't wish to answer

## VOLUNTARY SELF – IDENTIFICATION OF VETERAN STATUS

*Veteran status is defined as follows by the U.S. Department of Veterans Affairs. Please check all that apply.*

**☐ Armed Forces Service Medal Veteran** - a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12983 (61 Fed. Reg. 1209).

**☐ Disabled Veteran** - (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (ii) a person who was discharged or released from active duty because of a service-connected disability.

**☐ Recently Separated Veteran** - a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

**☐ Other Protected Veteran** – a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized. Information required to make this determination is available at: <http://www.opm.gov/veterans/html/vgmedal2.htm> or by calling (301) 306 6752 and requesting that a copy of the list be mailed to you.

**☐ Active Duty Wartime Campaign Badge Veteran** – An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

**☐ I am** a protected veteran, but choose not to self-identify the classification to which I belong. **☐ I am not** a protected veteran.