

**COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PERSONNEL ADMINISTRATION
MUNICIPAL LABOR SERVICE APPLICATION
FOR CITIES AND TOWNS EXCEPT BOSTON**

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(OFFICE USE ONLY)

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Applicant must be at least sixteen years old to register for Labor Service.
TYPE or PRINT all answers in INK. INCOMPLETE APPLICATIONS WILL BE RETURNED.

I wish to apply for the POSITION(S) of: _____ in the City or Town of: _____
SOCIAL SECURITY NO. _____

1. NAME _____ 2. DATE OF BIRTH _____
MONTH _____ DATE _____ YEAR _____
3. HOME ADDRESS _____
NUMBER _____ STREET _____ CITY/TOWN _____ ZIP CODE _____
MAILING ADDRESS _____
(if different) _____

4. TELEPHONE NO. HOME _____ BUSINESS _____
NUMBER _____ STREET _____ CITY/TOWN _____ ZIP CODE _____

5. ON BACK OF THIS FORM, list all positions held over the past 10 years.

6. Have you completed a course in building, mechanical maintenance or repair trade?

School/Program	Title of Course	Dates From & To	Completed Yes or No

7. Circle Response:
I will accept:
Temporary Work: YES NO
Part-Time Work: YES NO

8. Have you ever served in the Armed Forces of the United States?
YES NO
if "YES" attach a copy of your discharge (Form DD214).

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

Response to the following is voluntary. Failure to provide the information requested will not adversely affect your application. Circle one:
I am: Male Female
I am: (2) White (3) Black (4) Hispanic (5) Asian
(6) American Indian or Alaskan Native (7) 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.
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.

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

WE ARE AN AFFIRMATIVE ACTION EQUAL OPPORTUNITY EMPLOYER
SEE REVERSE SIDE

