

Holyoke Gas & Electric

Application for Employment



CITY OF HOLYOKE GAS & ELECTRIC DEPARTMENT
99 SUFFOLK STREET
HOLYOKE, MA 01040

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

The City of Holyoke Gas & Electric Department is an equal opportunity employer. In accordance with anti-discrimination law, it is the purpose of this policy to effectuate these principles and mandates. The Holyoke Gas & Electric Department prohibits discrimination and harassment of any type and affords equal employment opportunities to employees and applicants without regard to race, color, religion, sex, national origin, disability status, protected veteran status, sexual orientation, gender identity, or any other characteristic protected by law. The Holyoke Gas and Electric Department conforms to the spirit as well as to the letter of all applicable laws and regulations.

Please review the following instructions for completing HG&E's Employment Application Form. Failure to complete the 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.
1. The City of Holyoke Gas & Electric Department (HG&E) requires all candidates applying for any position to ***complete all the required 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.
2. You MUST apply for a specific position. Applying for "Anything Available" or leaving the space blank (or anything similar) will be considered a failure to complete the application process.
3. If an offer of employment is made to you, HG&E may identify that it is contingent upon the results of a medical exam, drug test and/or background check.
4. FALSE OR MATERIALLY INACCURATE INFORMATION ON THIS APPLICATION WILL BE CAUSE FOR DISQUALIFICATION FOR EMPLOYMENT OR TERMINATION AT ANY TIME AFTER EMPLOYMENT.
5. Read the application, certifications and releases carefully before signing.
6. Return completed application to:

Holyoke Gas & Electric
Attn: Human Resources
99 Suffolk St
Holyoke, MA 01040
Email: humanresources@hged.com



HOLYOKE GAS & ELECTRIC

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of the HG&E to afford equal employment opportunity to all qualified persons regardless of race, color, religion, national origin, age, military status, sexual orientation, genetic information, 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.

PERSONAL INFORMATION

Name (First) (Middle) (Last)	Home Telephone Number:
Mailing Address (Street) (City) (State) (Zip Code)	Cell Phone Number:
Home Address (if different from mailing address)	E-Mail Address:

Are you authorized to work in the U.S. on an unrestricted basis?
 NO YES proof of citizenship or immigration status will be required upon employment.
 Are you 18 or older? YES NO

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"/>
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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 NO

EDUCATION

Name of School	Location City State	Main Course of Study	Did you Graduate	Degree

List any related additional education or training:

COMPUTER SKILLS See Position Announcement for Required Computer Skills						
	N/A	None	Beginner	Intermediate	Advanced	Expert
Windows 7/Windows 8/Windows 10	<input type="checkbox"/>					
Internet	<input type="checkbox"/>					
MS Word	<input type="checkbox"/>					
MS Excel	<input type="checkbox"/>					
MS PowerPoint	<input type="checkbox"/>					
MS Access	<input type="checkbox"/>					
MS Visio	<input type="checkbox"/>					
Lotus Notes/Outlook	<input type="checkbox"/>					
Adobe Acrobat	<input type="checkbox"/>					
Photoshop/CorelDraw	<input type="checkbox"/>					
Other:	<input type="checkbox"/>					
Other:	<input type="checkbox"/>					

CERTIFICATIONS AND/OR 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 _____

EMPLOYMENT HISTORY		COMPLETE ALL INFORMATION IN FULL	
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No		(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 <u>will not</u> 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.	
Have you ever applied for a Job at Holyoke Gas & Electric before? Yes <input type="checkbox"/> No <input type="checkbox"/>			
When (date)?		What Job?	
Company #1 Name		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Phone Number:	
City		State:	
Job Title		Supervisors Name:	
Dates Employed: From: (mm/yyyy) To: (mm/yyyy)		Hours worked per week:	
Reason for Leaving (Explain)			
Job Duties:			

Company #2 Name		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone Number:
Street Address	City	State:
Job Title	Supervisors Name:	
Dates Employed: From: (mm/yyyy) To: (mm/yyyy) Hours worked per week:		
Reason for Leaving (Explain)		
Job Duties:		

Company #3 Name		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone Number:
Street Address	City	State:
Job Title	Supervisors Name:	
Dates Employed: From: (mm/yyyy) To: (mm/yyyy) Hours worked per week:		
Reason for Leaving (Explain)		
Job Duties:		

Company #4 Name		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone Number:
Street Address	City	State:
Job Title	Supervisors Name:	
Dates Employed: From: (mm/yyyy) To: (mm/yyyy) Hours worked per week:		
Reason for Leaving (Explain)		
Job Duties:		

IF YOU NEED ADDITIONAL SPACE PLEASE ATTACH A SEPARATE SHEET

ANY GAPS IN EMPLOYMENT MUST BE BRIEFLY EXPLAINED

From _____ To _____

Reason:

From _____ To _____

Reason:

MISCELLANEOUS JOB-RELATED INFORMATION

Shift preferred
 Days Evenings Other

Are you able to work Saturday & Sunday if needed?
 YES NO N/A

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

If No Why?

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"/>								

CIVIL SERVICE INFORMATION

Have you ever taken a Civil Service Examination for this job title for which you are applying?

YES NO If YES Date _____ If yes, please specify examination title(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: _____

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

Interoffice Memorandum

To: All Department Employees
From: Terry Sweeney, Human Resources Coordinator
Date: December 2, 2016
Subject: The Massachusetts Regulation and Taxation of Marijuana Act

THE REGULATION AND TAXATION OF MARIJUANA ACT

As you may be aware, as of December 15, 2016, Massachusetts has legalized the sale and recreational use of Marijuana with certain limitations. This notice is to advise employees of applicable Department policy that is designed to comply with the law, protect employees, and ensure the reliable delivery of services to our customers.

FEDERAL DRUG FREE WORKPLACE ACT 1988

To be clear, the use or possession of Marijuana, whether recreational or medical, still violates Federal Law and is also a violation of Department Policy. The Department is required to follow the Federal Law; The Federal Drug Free Workplace Act 1988, that still considers Marijuana as a Schedule 1 drug by the Drug Enforcement Agency (DEA).

For those employees who fall under the Department of Transportation (DOT) CDL Drivers, Gas Pipeline Drug and Gas Pipeline Alcohol Policies, nothing changes. See DOT Notice attached hereto and incorporated herein.

The Department prohibits all employees from using, selling, dispensing, distributing, possessing, or manufacturing illegal or legal controlled drugs (including Marijuana) while on Department premises, work sites, or in a Department vehicle.

The Department will use reasonable suspicion in determining if any Employee is under the influence of a substance (Drugs and/or Alcohol), and will be sent to the Work Connection to be tested. Reasonable suspicion means that the Department believes that the employee's appearance or conduct is indicative of the use of alcohol and/or drugs. Supervisors are trained to determine reasonable suspicion.

Any employee failing the Drug and/or Alcohol Test will be subject to corrective action, up to and including termination, for violation of this policy. Cases of use, possession or distribution of illegal or prohibited drugs or controlled substances on the job will be dealt with in accordance with the "Holyoke Gas and Electric Department Employee Discipline Policy". The employees' cooperation and willingness to seek assistance will be considered at any disciplinary hearing.

For more information, please contact Human Resources.

DOT OFFICE OF DRUG AND ALCOHOL POLICY AND COMPLIANCE NOTICE



Recently, some states passed initiatives to permit use of marijuana for so-called “recreational” purposes.

We have had several inquiries about whether these state initiatives will have an impact upon the Department of Transportation’s longstanding regulation about the use of marijuana by safety- sensitive transportation employees – pilots, school bus drivers, truck drivers, train engineers, subway operators, aircraft maintenance personnel, transit fire-armed security personnel, ship captains, and pipeline emergency response personnel, among others.

We want to make it perfectly clear that the state initiatives will have no bearing on the Department of Transportation’s regulated drug testing program. The Department of Transportation’s Drug and Alcohol Testing Regulation – 49 CFR Part 40 – does not authorize the use of Schedule I drugs, including marijuana, for any reason.

Therefore, Medical Review Officers (MROs) will not verify a drug test as negative based upon learning that the employee used “recreational marijuana” when states have passed “recreational marijuana” initiatives.

We also firmly reiterate that an MRO will not verify a drug test negative based upon information that a physician recommended that the employee use “medical marijuana” when states have passed “medical marijuana” initiatives.

It is important to note that marijuana remains a drug listed in Schedule I of the Controlled Substances Act. It remains unacceptable for any safety-sensitive employee subject to drug testing under the Department of Transportation’s drug testing regulations to use marijuana.

We want to assure the traveling public that our transportation system is the safest it can possibly be.

Jim L. Swart
Director
Office of the Secretary of Transportation
Office of Drug and Alcohol Policy and Compliance
Department of Transportation
December 3, 2012

Holyoke Gas and Electric Department



Policy Title: Holyoke Gas and Electric Department Policy involving the Hands-Free use of Mobile Telephones and Texting While Driving.

Policy Number:

Page 1 of 1

Effective Date: February 23, 2020

Approval:

Bill Code:

PURPOSE:

The Holyoke Gas & Electric Department cell phone policy outlines general guidelines for using personal and company cell phones while driving. The purpose of this policy is to help us benefit from the advantages cell phones offer our company while adhering to the Massachusetts Law and minimizing distractions, accidents, and frustrations improper cell phone use can cause. This policy applies to all Holyoke Gas & Electric employees.

In November 2019, Governor Charlie Baker signed a hands-free driving bill into law. The bill is titled "An Act Requiring The Hands-Free Use of Mobile Telephones While Driving." Per the new law, anyone operating a motor vehicle cannot touch or hold a mobile electronic device, "except to perform a single tap or swipe to activate, deactivate, or initiate hands-free mode." The law allows talking, texting and other tasks to be completed via voice command only.

POLICY:

Under no circumstances can you write, read, or send text or other messages while driving on Department Business. This restriction applies even when you are stopped in traffic. In addition, the Massachusetts law stipulates that no motor vehicle operator may use electronic devices while driving unless the technology is being used hands-free.

If you have a hands-free navigational device that is permanently or temporarily affixed to your car, you are not running afoul of cell phone driving laws. But you must not be checking directions from a phone that is loose on your lap or in the passenger seat. Similarly, even if you're checking websites or emails to help you get where you're going, you cannot access these screens while driving; that would be an offense.

Can I text while stopped in traffic?

No! See above answer on texting while driving in MA.

Another point of emphasis: you cannot read text messages that have already been sent to you while driving.

SCOPE:

All employees of Holyoke Gas & Electric using Department issued Cell Phone while Driving a Department Vehicle, or Employees using Personnel Cell phones while Driving Department Vehicles, or Employees using Personnel Cell phones while Driving Non-Department Vehicles..

The Department will not pay for any violation of you using Texting or talking while not using a hands-free device on a Department or Personal Cell Phone

RESPONSIBILITIES:

It is the responsibility of each employee to not violate the Massachusetts texting and hands-free Law. Texting or talking will lead to discipline and may lead to having Department cell phone privileges revoked. Texting or talking not using a Hands-free device while driving with a Cell phone for illegal or dangerous activity, or in ways that violate the company policy will result in disciplinary action up to and including discharge.

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 legally work in the United States on my first day of employment.

I have read and agree to the terms and conditions of the Interoffice Memorandum dated December 2, 2016, in this Employment Application referred to as the "The Regulation and Taxation Of Marijuana Act" and the following page "Dot Office of Drug and Alcohol Policy and Compliance Notice" And the Departments Policy on violating this policy for employees who are not covered under the Departments Commercial Driver's License (CDL) Substance and Alcohol Testing Policy and/or Program, Gas Division Pipeline Substance Abuse Policy and/or the Gas Division Alcohol Misuse Prevention Policy and Program. I hold harmless the Department for any action it may take against me as a result of the Department enforcement of these Polices may take against me for violating such policies, up to an including discharge.

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 agree if an offer of employment is made, the Department may specify that it is contingent upon the results of a medical exam 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 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 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

THIS IS A CONFIDENTIAL INSERT
APPLICANTS ARE ENCOURAGED BUT NOT REQUIRED TO COMPLETE

The Holyoke Gas and Electric Department is committed in spirit as well as in action, to abide by all laws dealing with equal employment opportunity. It is our policy to guarantee equal employment opportunities for all qualified persons without regard to their age, race, creed, color, national origin, ancestry, marital status, gender, military status, sexual orientation, or disability, which can be reasonably accommodated.

Further, the Department will act in good faith, to affirmatively recruit and consider for promotion individuals in protected categories. Age, race, creed, color, national origin, ancestry, marital status, gender, military status, sexual orientation, or disability are not factors in employment, promotion, transfer, compensation, lay-off, disciplining and termination.

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.

MILITARY SERVICE INFORMATION

This information is furnished on a voluntary basis.

Check all that apply: No Military Service Veteran Disabled Veteran Vietnam Era Veteran

Dates of Service: _____ to _____ Branch?

If Vietnam Era Veteran, have you been certified by the Office of Diversity and Equal Opportunity?
YES NO

If yes, what is the Certification #? _____
(Please attach Form DD214 or a copy of ODEO certification.)

*In order to qualify for Affirmative Action status as a Vietnam Era Veteran, you must apply for Eligibility Certification, which is issued by the Office of Diversity and Equal Opportunity. Forms are available from the Office of Diversity and Equal Opportunity, One Ashburton Place, Room 213, Boston, MA 02122, Phone: 617-727-7441, Fax: 617-878-9830, TTY: 617-727-0615 (617) 727-7441.

Applicant Name (Printed)

Date

Applicant Signature

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(PLEASE PRINT)

Name	First	Middle	Last	
<hr/>				
Address	Street	City	State	ZIP
<hr/>				
Telephone Number (s) <hr/>				
CHECK ONE		<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Check one or more of the following: (Race)				
<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian/Pacific Islander	
<input type="checkbox"/> Native American (American Indian or Alaskan Native) (If Native American, please attach documentation of tribal affiliation)				
<input type="checkbox"/> Other <hr/>				

Applicant Name (Print)

Date

Applicant Signature