



Town of Mattapoissett
Application for Senior Property Tax Work-Off Abatement Program – FY2016

for period November 1, 2015 – October 31, 2016

Name: Last First Middle

Address: Street City State Zip

() Telephone () Cell Phone #/ Other Email

(check all that apply)

1. Are you **available** to work **YEAR ROUND**? YES NO
 If NO, **what months** are you **NOT** available? Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct

2. What **timeframes** are you available for work? Mornings Afternoons Evenings

3. What **days** of the week are you available for work? Mon. Tues. Wed. Thurs. Fri. Sat/Sun

4. Are you available for **on-call** duties, if needed? Yes. No

5. Are you willing to **work outside during summer**? (sun/rain protection would be available) Yes No

6. Please identify your skills, knowledge and abilities. *(check all that apply)*

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Clerical / Filing | <input type="checkbox"/> Computer Skills (Word _ Excel_ Access_) | <input type="checkbox"/> Carpentry |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Drafting / Sketching | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Reception/Telephone | <input type="checkbox"/> Building Maintenance | <input type="checkbox"/> Mechanics |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Custodial Services | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Painting (indoor_ / outdoor_) | <input type="checkbox"/> Driving |
| <input type="checkbox"/> Research | <input type="checkbox"/> Gardening/Grounds Maintenance | <input type="checkbox"/> Other _____ |

EDUCATION: (highest level achieved) _____

EMPLOYMENT HISTORY / PROFESSION: _____

I have performed work-off service in the past. Year(s) _____ Dept(s): _____

7. I am **60 years of age or older**. I OWN AND OCCUPY THE PROPERTY to which Mattapoissett taxes are paid.
8. I understand that no position is guaranteed. Should I receive a position, I will provide my own transportation.
9. I understand that, upon selection, I will report to the department head and/or his/her designee.
10. I understand that I will receive compensation in the form of a Property Tax Abatement earned at the rate of the State of MA the current State minimum. I understand that I can earn an abatement of no more than \$750 per tax year (Nov – Oct), per household. I understand that credit will be received based on the number of hours worked x the current state minimum wage. Any hours worked that total over \$750 will be considered voluntary, and no additional compensation will be earned. I understand these monies are not considered income or wages for State purposes; however, these earnings are not exempt from federal, social security, or Medicare taxes.
11. I understand that a CORI (criminal records check) will be completed by the Town prior to my service, and that the Town reserves the right to conduct a CORI check annually.
12. I AGREE to work the day(s) and hour(s) that I am scheduled. If I cannot keep my scheduled time, I will call the respective department head as soon as possible.
13. I AGREE to maintain the respect and privacy of citizens and guests and will **maintain confidentiality** regarding issues about which I may be privy during my service and thereafter.
14. I have read the above information and certify that all information on this application is true and correct, to the best of my knowledge.

Signed: _____

Date: _____

The Town of Mattapoissett is an Equal Opportunity Employer (EOE)

Please submit completed application NO LATER THAN October 16, 2015 to:
 Council on Aging Director, P.O. Box 528, 17 Barstow St., Mattapoissett, MA

(form updated 9/2015)