Town of Mattapoisett
Application for Senior Property Tax Work-Off Abatement Program | 2019-2020

for period November 1, 2019– October 31, 2020

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)*

☐ Clerical / Filing	☐ Computer Skills (Word ☐ Excel ☐ Access ☐	☐ Carpentry	☐ Driving
☐ Data Entry	☐ Drafting / Sketching	☐ Electrical	☐ Other _____
☐ Reception/Telephone	☐ Building Maintenance	☐ Mechanics	
☐ Accounting	☐ Custodial Services	☐ Construction	
☐ Research	☐ Gardening/Grounds Maintenance	☐ Painting (indoor ☐ / outdoor ☐	

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 Mattapoisett 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 $12/hr. I understand that I can earn an abatement of no more than $750 per tax year (Nov – Oct), per household. I understand that there is no guarantee of hours nor of abatement. I understand that credit will be received based on the number of hours worked x the current hourly 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 income for Federal Income Tax** purposes and a **W2** will be issued.
    In addition, I will complete the following: a **W-4** Form (Employee Withholding Allowance); an **I-9** form (employment eligibility) and a **OBRA** (exempt if retired from Plymouth County Retirement).
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 Mattapoisett is an Equal Opportunity Employer (EOE)

********Please submit completed application NO LATER THAN October 11, 2018 to********

Council on Aging Director, P.O. Box 528, 17 Barstow St., Mattapoisett, MA

(form updated 8/2019)