



CITY OF REVERE, MASSACHUSETTS  
281 BROADWAY  
REVERE, MA 02151  
PH. 781-286-8100

MARC SILVESTRI  
VETERAN SERVICE OFFICER

OFFICE OF THE MAYOR  
BRIAN M. ARRIGO

## VETERAN WORK-OFF PROGRAM

**DEADLINE FOR SUBMISSION TO THE VETERAN SERVICE OFFICE:  
DECEMBER 31<sup>ST</sup>**

*This program offers veterans, the spouse of a disabled veteran, or the surviving spouse of a deceased veteran, the opportunity to contribute 68 hours within City departments in exchange for a \$750 property tax abatement or 45.5 hours for a \$500 water bill credit.*

*This program is limited to 50 applicants working for a property tax abatement and 50 applicants to work for a water bill credit. In the event more than 100 applicants apply for the Veteran Work Off Program, a public lottery shall be announced.*

DATE: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

NAME: \_\_\_\_\_  
(FIRST) (LAST)

ADDRESS: \_\_\_\_\_

PHONE #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMAIL: \_\_\_\_\_

ARE YOU A VETERAN OF THE UNITED STATES? Y \_\_\_\_\_ N \_\_\_\_\_ (DD 214 REQUIRED)

ARE YOU THE SPOUSE OF A VETERAN WHO IS DECEASED OR WHO HAS A SERVICE RELATED DISABILITY? Y \_\_\_\_\_ N \_\_\_\_\_

ARE YOU AN OWNER/TRUSTEE OF THE PROPERTY AT YOUR CURRENT ADDRESS?  
Y \_\_\_ N \_\_\_ (IF YOUR DOMICILE IS HELD IN A TRUST, YOU WILL BE CONSIDERED THE OWNER **ONLY IF** YOU ARE A TRUSTEE OR CO-TRUSTEE OF THAT TRUST **AND** YOU HAVE SUFFICIENT BENEFICIAL INTEREST IN THE DOMICILE.)

**PLACEMENT INFORMATION**

WHAT ARE YOUR PAST EXPERIENCE, TYPES OF SKILLS, AND QUALIFICATIONS?

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**PLEASE LIST THE CITY DEPARTMENTS OR AREAS WHERE YOU MAY LIKE TO WORK  
(WE WILL TRY OUR BEST TO ACCOMMODATE REQUESTS):**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**IN CASE OF EMERGENCY PLEASE NOTIFY:**

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<b>(NAME)</b>	<b>(ADDRESS)</b>
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<b>(PHONE #)</b>	<b>(RELATIONSHIP)</b>

“I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time.”

“In consideration of my employment, I agree to conform to the rules and regulations for the City of Revere and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the City of Revere’s option.”

“I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the City of Revere.”

“I understand that no City representative, other than the Mayor, and then only when in writing and signed by the Mayor, has the authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.”

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_