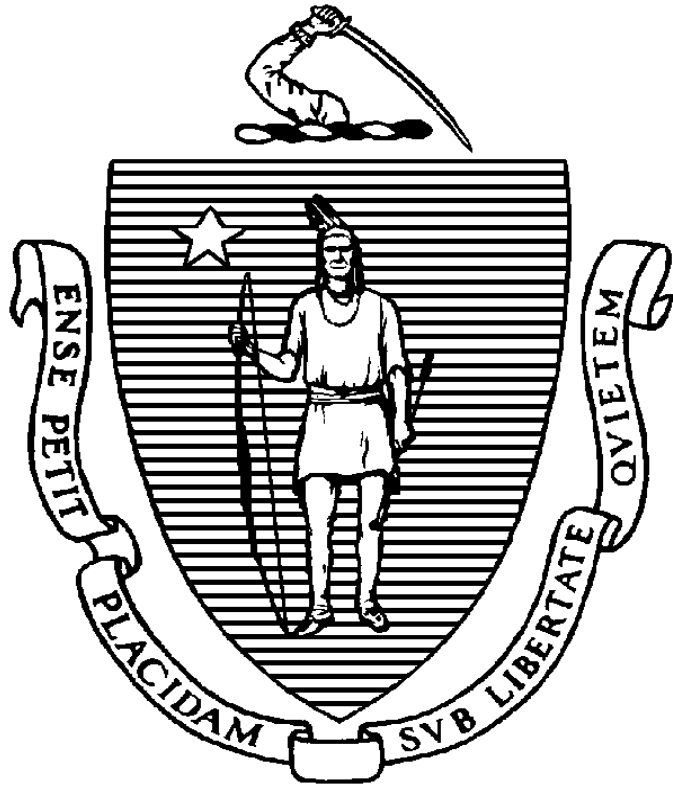


Commonwealth of Massachusetts



EXECUTIVE BRANCH APPLICATION FOR EMPLOYMENT

ALSO SEE JOB POSTINGS AT
[HTTPS://JOBS.HRD.STATE.MA.US/](https://jobs.hrd.state.ma.us/)

IMPORTANT

Instructions for completing the application form.

1. Type or print clearly in black or blue ink.
2. Answer every question fully and accurately. If not applicable, please put N/A.
3. For an applicant for employment who meets the minimum entrance requirements, the Commonwealth may review, if applicable:
 - Criminal Offender Record Information (C.O.R.I) and;
 - Sex Offender Registry Information (S.O.R.I.) and;
 - The Central Registry of Child Abuse/Neglect reports maintained in accordance with M.G.L. Chapter 119, Section 51 B.
4. If an offer of employment is made to you, the Commonwealth agency may declare that the offer is contingent upon the successful results of a medical exam, references, and/or a tax and background check.
5. **False or materially inaccurate information on the application will be cause for disqualification for employment or dismissal at any time during employment.**
6. Read certification and releases carefully before signing.
7. Return completed application.
8. If there is a need for an alternative version of this form, please contact the Agency Diversity Officer.

This application will be kept on file for one year but applicants are responsible for applying for each vacancy for which there is an interest in being considered.



COMMONWEALTH OF MASSACHUSETTS

APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

It is the policy of the Commonwealth of Massachusetts to afford equal employment opportunity to all qualified persons regardless of race, color, religion, national origin, age, military status, sexual orientation, disability, or gender, 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) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Home Telephone Number
Mailing Address (Street) (City) (State) Zip(Postal) Code	Personal Cell Phone
Home Address (if different from mailing address)	Personal E-Mail Address
Are you authorized to work in the U.S. on an unrestricted basis? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are you over 18 years or older? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Who referred you? Employment Agency <input type="checkbox"/> Employee <input type="checkbox"/> Newspaper advertisement <input type="checkbox"/> Commonwealth's Employment Opportunities (CEO) <input type="checkbox"/> Other Internet job site <input type="checkbox"/> Unemployment office/One-Stop Career Center <input type="checkbox"/> Other : _____ _____ _____	Have you received unemployment benefits in the past 12 months? <i>(required question for applicants to federal stimulus jobs)</i> YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have an application pending for unemployment benefits? <i>(required question for applicants to federal stimulus jobs)</i> YES <input type="checkbox"/> NO <input type="checkbox"/>

EMPLOYMENT DESIRED	
Position Applied For:	How soon can you can start if a job offer is made?
State Agency Applying:	
Have you worked for the Commonwealth before? NO <input type="checkbox"/> YES <input type="checkbox"/> Dates:	Starting salary desired
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 as listed on the CEO or job posting? YES <input type="checkbox"/> NO <input type="checkbox"/>	
In addition to your work history, what other experiences, skills or qualifications would qualify you for this work? _____ _____	

EDUCATION				
Name of School	Location City State	Main Course of Study	Did you Graduate	Degree
List any additional education or training: _____				

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
1				
2				
3				

MILITARY SERVICE INFORMATION				
<i>This information is furnished on a voluntary basis.</i>				
Check all that apply : <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> 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 <input type="checkbox"/> NO <input type="checkbox"/>				
If yes, what is the Certification #? _____				
(Please attach Form DD214 or a copy of ODEO certification.)				

IMMEDIATE FAMILY WORKING IN MASSACHUSETTS STATE GOVERNMENT			
Per Executive Order 444, please disclose any immediate family members, including those related to your immediate family by marriage, who are employed by the Commonwealth of Massachusetts. You are required to complete the information below. "Immediate family" is defined as a spouse, child, parent, and sibling; and the spouse's child, parent and sibling. Include those employed in all branches of state government: judicial, legislative, executive, higher education and state authorities; and those employed as regular or contract employees, or elected officials. This "sunshine disclosure" is intended to ensure that the citizens of our Commonwealth have full confidence in their government and its hiring process. The disclosure will not be used to exclude any qualified applicant seeking a position within the Executive Branch from receiving full consideration based on the merits of his/her credentials and the requirements of the job. Attach additional pages if needed.			
Name of Relative	Relationship	Title of Relative's Job	State Agency

IF YOU NEED ADDITIONAL SPACE PLEASE ATTACH A SEPARATE SHEET

EMPLOYMENT HISTORY		COMPLETE ALL INFORMATION IN FULL. All applicants must complete this page even if they are also submitting a resume.	
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No		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 any verifiable work performed on a volunteer basis. Any gaps in employment must be briefly explained.	
Company Name		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Telephone	Specific Duties
City & State		Postal Code	
Job Title			
Supervisor			
Dates Employed:	From	To	Salary
		Reason for Leaving	
Company Name		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Telephone	Specific Duties
City & State		ZIP (Postal) Code	
Job Title			
Supervisor			
Dates Employed:	From	To	Salary
		Reason for Leaving	
Company Name		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Telephone	Specific Duties
City & State		ZIP (Postal) Code	
Job Title			
Supervisor			
Dates Employed:	From	To	Salary
		Reason for Leaving	
Company Name		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Telephone	Specific Duties
City & State		ZIP (Postal) Code	
Job Title			
Supervisor			
Dates Employed:	From	To	Salary
		Reason for Leaving	

ALL APPLICANTS MUST SIGN AND SUBMIT THIS PAGE

**RELEASE AND CERTIFICATION
PLEASE READ BEFORE SIGNING**

I understand that the foregoing will be verified in order to expedite my application for employment with the Commonwealth of Massachusetts. I hereby authorize the Commonwealth to conduct a full investigation into my background.

I authorize the Commonwealth 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 the Commonwealth of Massachusetts for the purpose of making its hiring decision. I agree that the Commonwealth 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. I agree that my previous employers shall not be liable with regard to any information provided by them in connection with this release.

I certify under the pains and penalty of perjury that 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. I understand that any false statements, omissions or answers made by me on this application can result in my immediate termination.

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 work in the United States on my first day of employment. I have received the list of approved documents with this application.

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 the Commonwealth of Massachusetts 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 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 19B

Applicants with Special Language Skills or Professional Licenses or those applying to agencies that are open nights and weekends should complete and submit this form

MISCELLANEOUS JOB-RELATED INFORMATION

JOB INTEREST	
Shift preferred <input type="checkbox"/> 1 st (Days) <input type="checkbox"/> 2 nd (Evenings) <input type="checkbox"/> 3 rd (approx. 11:00pm –7:00am)	Are you available to work EVERY Saturday and Sunday? YES <input type="checkbox"/> NO <input type="checkbox"/>

Please prioritize your geographical preference(s) by numbering the boxes for locations to work.
 1 means the most desired position; 6 equals the least desired location.

Boston
 Metro Boston
 Central
 Northeast
 Southeastern
 Western

CERTIFICATIONS AND 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 _____

ENGLISH LANGUAGE			
Describe your proficiency in the English Language	Simple conversation: YES <input type="checkbox"/> NO <input type="checkbox"/>	Simple Reading: YES <input type="checkbox"/> NO <input type="checkbox"/>	Read and speak fluently YES <input type="checkbox"/> NO <input type="checkbox"/>

LANGUAGE CAPABILITIES									
List any language(s) other than English in which you are proficient including Sign Language and 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* If language proficiency is required, the Commonwealth may administer a Bilingual Certification Examination.



**COMMONWEALTH OF MASSACHUSETTS
HUMAN RESOURCES DIVISION
AFFIRMATIVE ACTION DATA RECORD**

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

The Commonwealth of Massachusetts 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 Commonwealth 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.

In order to effectively monitor the success of our recruitment and employment efforts, it is requested that you provide the following information. Please submit your form directly to *[name and address of agency Diversity Officer]*.

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.

(PLEASE PRINT)

Name (First) (Middle) (Last)

Address (Street) (City) (State) (Zip Code)

Telephone Number (s)

CHECK ONE

Male

Female

Check one of the following: **(Race)**

White

Black

Hispanic

Asian/Pacific Islander

Native American (American Indian or Alaskan Native)

(If Native American, please attach documentation of tribal affiliation)

Check if the following is applicable:

Vietnam Era Veteran*

(Ninety (90) days of active duty service, any part of which occurred between August 5, 1964 and May 7, 1975)

*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 (617) 727-7441.

Applicant Signature

Date



**COMMONWEALTH OF MASSACHUSETTS
HUMAN RESOURCES DIVISION
AFFIRMATIVE ACTION DATA RECORD**

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

The Commonwealth of Massachusetts 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 disability which can be reasonably accommodated.

Further, the Commonwealth will act in good faith, to affirmatively recruit and consider for promotion individuals in protected categories. Disability is not a factor in employment, promotion, transfer, compensation, lay-off, disciplining and termination.

In order to effectively monitor the success of our recruitment and employment efforts, it is requested that you provide the following information. *Please submit your form directly to [name and address of agency ADA coordinator].*

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.

(PLEASE PRINT)

Name (First) (Middle) (Last)	
Address (Street) (City) (State) (Zip)	
Telephone Number (s)	
Check if the following is applicable: <input type="checkbox"/> <u>Person with a disability*</u> A disability means a physical or mental impairment with substantially limits one or more major life activities; a record of such impairment; or being regarded as having such an impairment. (“Major Life Activities” includes but is not limited to functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. Information on disability is maintained by the ADA Coordinator and is not shared with Human Resources.)	

*If you wish to obtain Affirmative Action status as a Person with a Disability after you have been employed by this agency you may need to submit self-identification and verification of such with the ADA Coordinator if your disability is not obvious. Appropriate forms are available at this agency’s Diversity Office.

Applicant Signature

Date

Do not complete this page unless a hiring state agency requests this information.

Criminal Records History Disclosure Form

**Criminal Offender Record Information (C.O.R.I) and
Sex Offender Registry Information (S.O.R.I)**

Have you been convicted of a felony? YES NO

Having a conviction may not necessarily automatically disqualify you from consideration. A criminal background check will only occur, and its results will only be considered, in those instances where a prospective employee shall have been deemed otherwise qualified and the content of a criminal record is relevant to the duties and qualifications of the position in question. Such instances will include, without limitation, those in which a criminal conviction creates a statutory disqualification for the position, or the position requires interaction with vulnerable populations and a criminal background check is necessary to ensure that the applicant does not pose a public safety risk.

If yes, please explain.*

Have you been convicted of a misdemeanor other than a first misdemeanor conviction for drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace within the last 5 years? YES NO
(Conviction will not necessarily disqualify an applicant from employment.) If yes, please explain.*

* "An applicant for employment with a sealed record on file with the Commissioner of Probation may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer 'no record' with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution."

MGL Ch. 276, Section 100A.

Do not complete this page unless a hiring state agency requests this information.

Criminal Records Notification Form

If employed, I agree to abide by all rules and regulations of the Commonwealth. I understand if convicted of a felony, I will notify my supervisor immediately. I agree to furnish such additional information and complete such examination as may be required to complete an employment process and understand that this application for employment in no way obligates the Commonwealth to employ me. I acknowledge that the Commonwealth will, if applicable, review the Criminal Offender Record Information (C.O.R.I.), Sex Offender Registry Information (S.O.R.I.) and the Central Registry of Child Abuse/Neglect reports in accordance with M.G.L., Chapter 119, Section 51B.

I hereby acknowledge that I have read in full and understand the above statement.

Signature of Applicant

Date

Printed Name

Do not complete this page unless a hiring state agency requests this information

PRE-EMPLOYMENT PHYSICAL & DRUG SCREENING NOTICE

PLEASE READ BEFORE SIGNING

If an offer of employment is made to you, the Commonwealth may specify that it is contingent upon the results of a medical exam. I freely and voluntarily agree to submit to a pre-employment physical and/or drug screen, as it relates to the requirements of a specific job, as part of my pre-employment application to the Commonwealth. I understand that either refusal to submit to such screening, or failure to qualify according to the minimum standards established by the Commonwealth for this screening may disqualify me from further consideration for employment. Further, I understand that any positive drug test results will be communicated in a confidential manner.

I hereby acknowledge that I have read in full and understand the above statements.

Signature of Applicant

Date

Printed Name

THIS IS AN INSERT provided for Informational Purposes Only

IMMIGRATION REFORM AND CONTROL ACT REQUIREMENT

In compliance with the Immigration and Reform and Control Act of 1986, you will be required to provide approved documentation that verifies your right to work in the United States prior to beginning work. Please be prepared to provide any of the following documentation if you are offered and accept a position:

(This Verification Process Is Required For All Employees (Both Citizen And Non-Citizen) Hired After November 6, 1986.) The list below is effective April 3, 2009.

List A: Any one of the following: (These establish both identity and employment authorization)

1. U.S. Passport or U.S. Passport Card
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa.
4. Employment Authorization Document containing a photo (Form I-766)
5. In the case of a non-immigrant alien authorized to work for a specific employer incident to status a foreign passport with Form I-94 or Form I-94A bearing the same as the passport and containing an endorsement of the alien's nonimmigrant status.
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating non-immigrant admission under the Compact of Free Association between the United States and the FSM or RMI.

OR one from List B and one from List C:

LIST B These establish identity:

1. State Driver's license or similar state I.D. card with photo or other approved identifying information
2. ID card issued by federal, state, or local government agency containing photo and required identifying information
3. School ID card with photograph
4. Voter's registration card
5. US military card or a draft card
6. Military dependent's ID card
7. US Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian governmental authority

For those under 18 years of age:

10. School record or report card
11. Clinic, doctor or hospital record
12. Day-care or nursery school record

LIST C These establish employment authorization:

1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States.
2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Original or certified U.S. birth certificate bearing an official seal
5. Native American tribal document
6. U.S. Citizen ID Card (Form I-197)
7. ID Card for Use of Resident Citizen in the United States (Form I-179)
8. Employment authorization document issued by Department of Homeland Security