

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/)

REVISED MARCH 2015

**COMMONWEALTH OF MASSACHUSETTS
APPLICATION FOR EMPLOYMENT**

IMPORTANT!

INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM

Note: People using screen-reading software (e.g., JAWS) should navigate through this document using the arrow keys to avoid updating unrestricted sections.

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 later in the application process, 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, education, certification, professional licenses, driver's license (if required for job) 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 3 years 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, religious creed, national origin, age, military status, sexual orientation, disability, genetic information, gender identity, gender expression or gender unless based upon a bona fide occupational qualification.

PERSONAL INFORMATION

First Name		Middle Initial	Last Name	
Home Telephone Number	Personal Cell Phone Number		Email Address	
Mailing Address				
Street		City	State	Zip Code
Home Address - if different from mailing address				
Street		City	State	Zip Code
Are you authorized to work in the U.S. on an unrestricted basis?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you 18 years or older?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Who referred you?				
Current Employee <input type="checkbox"/>				
Employment Agency <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 : _____				

EMPLOYMENT DESIRED

Position Applied For		How soon can you 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?		

**COMMONWEALTH OF MASSACHUSETTS
APPLICATION FOR EMPLOYMENT**

EDUCATION

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

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

MILITARY SERVICE INFORMATION

This information is furnished on a voluntary basis.

Check all that apply.

<input type="checkbox"/> Not Indicated	<input type="checkbox"/> No Military Service	<input type="checkbox"/> Not a Veteran	<input type="checkbox"/> Active Reserve
<input type="checkbox"/> Inactive Reserve	<input type="checkbox"/> Afghanistan Veteran	<input type="checkbox"/> Desert Shield Veteran	<input type="checkbox"/> Desert Storm Veteran
<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Iraq Veteran	<input type="checkbox"/> Operation Enduring Freedom Veteran	<input type="checkbox"/> Operation Iraq Freedom Veteran
<input type="checkbox"/> Other Protected Veteran	<input type="checkbox"/> Retired Military	<input type="checkbox"/> Vietnam Veteran	<input type="checkbox"/> Vietnam Era Veteran*
<input type="checkbox"/> Recently Separated Veteran	<input type="checkbox"/> Armed Forces Services Medal Veteran	<input type="checkbox"/> Special Disabled Veteran	

Dates of Most Recent Service:

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 Number?

*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.

**COMMONWEALTH OF MASSACHUSETTS
APPLICATION FOR EMPLOYMENT**

IMMEDIATE FAMILY WORKING IN MASSACHUSETTS STATE GOVERNMENT

Per **Chapter 93 of the Acts of 2011** and 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, parent, child or sibling or the spouse of the candidate's parent, child or 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.

IMMEDIATE FAMILY WORKING IN MASSACHUSETTS STATE GOVERNMENT			
Name of Relative	Relationship	Title of Relative's Job	State Agency

COMMONWEALTH OF MASSACHUSETTS

APPLICATION FOR EMPLOYMENT

COMPLETE ALL INFORMATION IN FULL. All applicants must complete this page even if they are also submitting a resume. BEGIN WITH YOUR MOST RECENT EMPLOYMENT, INCLUDING ANY PRESENT EMPLOYMENT. YOUR PRESENT EMPLOYER WILL NOT BE CONTACTED WITHOUT YOUR PERMISSION. YOU MAY INCLUDE ANY VERIFIABLE WORK PERFORMED ON A VOLUNTEER BASIS. ANY GAPS IN EMPLOYMENT MUST BE BRIEFLY EXPLAINED.

EMPLOYMENT HISTORY

Are you employed now? Yes No

Company Name		Telephone		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address	City	State	Zip Code		
Job Title		Supervisor			
Specific Duties					
Dates Employed From:		To:	Salary		
Reason for Leaving					

Company Name		Telephone		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address	City	State	Zip Code		
Job Title		Supervisor			
Specific Duties					
Dates Employed From:		To:	Salary		
Reason for Leaving					

Company Name		Telephone		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address	City	State	Zip Code		
Job Title		Supervisor			
Specific Duties					
Dates Employed From:		To:	Salary		
Reason for Leaving					

Company Name		Telephone		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address	City	State	Zip Code		
Job Title		Supervisor			
Specific Duties					
Dates Employed From:		To:	Salary		
Reason for Leaving					

**COMMONWEALTH OF MASSACHUSETTS
APPLICATION FOR EMPLOYMENT**

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, education, certification, professional licenses, driver's license and history (if job related), professional references and any other information concerning knowledge, skills, and abilities 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 statements, 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 penalties 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 after I accept the job offer and no later than my first day of work, I must complete and sign I-9 form, Section 1 Employee Information and Attestation. I understand that I will be required to provide approved documentation that verifies my right to work in the United States within 3 business days of my first day of employment. I have received the list of approved documents with this application.

Through this application, HR collects a range of highly personal information voluntarily provided by users. Unless otherwise required by law (including public records law), HR will use this information solely for hiring, payroll, and other human resources purposes. HR also makes this information available to other agencies or entities that are part of the Commonwealth of Massachusetts, but will require any entity receiving this information to agree to the same restrictions on its use. Upon hire, employee information that falls under the definition of public records may be published on one or more Commonwealth websites. Victims of domestic violence, sexual assault, or rape, and victims of an adjudicated crime may request that their information remain private by checking here:

Similarly, eligible family members of victims may request that their information remain private by checking here:

I understand that unless I attain permanent status pursuant to MGL Chapter 31 or am subject to the terms of a collective bargaining agreement and have completed the requisite probationary period, 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**

COMMONWEALTH OF MASSACHUSETTS

APPLICATION FOR EMPLOYMENT

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	
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.	
<input type="checkbox"/> Boston <input type="checkbox"/> Metro Boston <input type="checkbox"/> Central <input type="checkbox"/> Northeast <input type="checkbox"/> Southeastern <input type="checkbox"/> Western	

CERTIFICATIONS AND LICENSES				
List any professional licenses, registrations or certifications you possess.				
License	License Number	Date Issued	State Issued	Expiration Date
License	License Number	Date Issued	State Issued	Expiration Date
License	License Number	Date Issued	State Issued	Expiration Date
License	License Number	Date Issued	State Issued	Expiration Date

ENGLISH LANGUAGE		
Indicate your proficiency in the English Language below.		
Simple Conversation YES <input type="checkbox"/> NO <input type="checkbox"/>	Simple Reading YES <input type="checkbox"/> NO <input type="checkbox"/>	Basic Writing YES <input type="checkbox"/> NO <input type="checkbox"/>
List any language(s) other than English in which you are proficient, including Sign Language and Braille.*		

LANGUAGE CAPABILITIES									
Language	Speaking			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"/>								

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

**COMMONWEALTH OF MASSACHUSETTS
APPLICATION FOR EMPLOYMENT**

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, religious creed, color, national origin, ancestry, marital status, gender, gender identity or gender expression, 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, religious 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.

First Name	Middle Initial	Last Name
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Address

Street	City	State	Zip Code
Telephone Number	CHECK ONE Male <input type="checkbox"/> Female <input type="checkbox"/>		

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Further, the Commonwealth will act in good faith, to affirmatively recruit and consider for promotion individuals in protected categories. Age, race, religious 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, unless there exists a bona fide occupational qualification.

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]*.

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Are you Hispanic or Latino?

FORMCHECKBOX ⁺ Yes No

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

What is your race? Select one or more.

American Indian* or Alaska Native
*Requires supporting documentation of Tribal affiliation or *heritage*

A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.

Asian

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American

A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Pacific Islander

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Do you have a primary Ethnic Group (Optional)?

Hispanic or Latino

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Pacific Islander

White

No Primary

Applicant Signature, Name and Address

Date

**COMMONWEALTH OF MASSACHUSETTS
APPLICATION FOR EMPLOYMENT**

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**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, unless there exists a bona fide occupational qualification.

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.

First Name	Middle Initial	Last Name
Telephone Number		
Check if the following is applicable:		
<input type="checkbox"/> Person with a disability*		

A disability means a physical or mental impairment that 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.

*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.

Signature of Applicant

Date

Printed Name

**COMMONWEALTH OF MASSACHUSETTS
APPLICATION FOR EMPLOYMENT**

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

COMMONWEALTH OF MASSACHUSETTS

APPLICATION FOR EMPLOYMENT

IMMIGRATION REFORM AND CONTROL ACT REQUIREMENT

THIS IS AN INSERT provided for Informational Purposes Only

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 March 2013.

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. For a non-immigrant alien authorized to work for a specific employer because of his or her status: a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.
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 such as name, date of birth, gender, height, eye color, and address
2. ID card issued by federal, state, or local government agency containing photo or identifying information such as name, date of birth, gender, height, eye color, and address
3. School ID card with photograph
4. Voter's registration card
5. U.S. Military card or a draft card
6. Military dependent's ID card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority

For those under 18 years of age who are unable to present a document listed above:

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 unless the card includes one of the following restrictions: not valid for employment, valid for work only with INS Authorization, or valid for work only with DHS authorization
2. Certification of Birth Abroad issued by the U.S. Department of State (Form FS-545)
3. Certification of Report of Birth issued by the U.S. Department of State (Form DS-1350)
4. Original or certified copy of a birth certificate bearing an official seal issued by a state, county, municipal authority, or outlying possession of the United States
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 U.S. Department of Homeland Security

**COMMONWEALTH OF MASSACHUSETTS
APPLICATION FOR EMPLOYMENT**

THIS IS AN INSERT

Employment History Addendum

In the space below please list all discipline to include terminations that you have received from your current and/or previous employers. Also indicate any charge against you for either workplace violence or sexual harassment.

- I have never been formally disciplined by an employer.
- I have been formally disciplined by an employer.

If you indicated that you HAVE BEEN formally disciplined, terminated or charged with workplace violence or sexual harassment by an employer please provide below the information requested:

Company Name	
Street Address	
City and State	
Telephone Number	
Supervisor	
Date of Discipline	
Reason	
Sanction	

Company Name	
Street Address	
City and State	
Telephone Number	
Supervisor	
Date of Discipline	
Reason	
Sanction	

Company Name	
Street Address	
City and State	
Telephone Number	
Supervisor	
Date of Discipline	
Reason	
Sanction	

Use separate paper if necessary.

COMMONWEALTH OF MASSACHUSETTS
APPLICATION FOR EMPLOYMENT



CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

DANIEL BENNETT
Secretary

*The Commonwealth of Massachusetts
Executive Office of Public Safety & Security*

*Department of Correction
50 Maple Street, Suite 3
Milford, MA 01757*

*Tel: (508) 422-3300
www.mass.gov/doc*



Carol Higgins O'Brien
Commissioner

Katherine A. Chmiel
Thomas E. Dickhaut
Michael G. Grant
Deputy Commissioners

PRESENT EMPLOYER CONTACT
RELEASE INFORMATION

I _____
PRINT NAME

(CIRCLE ONE)

DO AUTHORIZE or DO NOT AUTHORIZE

The Massachusetts Department of Correction to contact my present employer(s) regarding any pre-employment background information.

Signature

Date

COMMONWEALTH OF MASSACHUSETTS
APPLICATION FOR EMPLOYMENT



CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

DANIEL BENNETT
Secretary

The Commonwealth of Massachusetts
Executive Office of Public Safety & Security

Department of Correction
Division of Human Resources
P.O. Box 946, 1 Industries Drive
Norfolk, MA 02056

Tel: (508) 850-7888 Fax: (508) 850-5217
www.mass.gov/doc



Carol Higgins O'Brien
Acting Commissioner

Katherine A. Chmiel
Thomas E. Dickhaut
Michael G. Grant
Deputy Commissioners

Kelley J. Correira
Assistant Deputy Commissioner

BACKGROUND INFORMATION REQUEST AND WAIVER
(PLEASE PRINT CLEARLY OR TYPE)

INSTITUTION/DIVISION _____

NEW EMPLOYEE

CONTRACT EMPLOYEE

PERSONAL DATA:

NAME _____

LAST

FIRST

MIDDLE

PREVIOUS NAME AND/OR ALIAS _____

RESIDENTIAL ADDRESS _____

(Not a P.O. Box) NUMBER STREET CITY STATE ZIP

HAVE YOU EVER RESIDED IN ANOTHER STATE? _____ IF YES, WHICH STATE (S)? _____

SOCIAL SECURITY NUMBER _____ DRIVER'S LICENSE NUMBER _____

DATE OF BIRTH _____ PLACE OF BIRTH _____ SEX _____ RACE _____

MOTHER'S MAIDEN NAME _____

FATHER'S NAME _____

I, _____, hereby release, discharge, and exonerate the Massachusetts Department of Correction, its agents and representatives, and any person so furnishing information, for any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of the Massachusetts Department of Correction.

I further understand that the Massachusetts Department of Correction will conduct a background investigation which will include a check with any past employers, a criminal records check with the local police department, the State Police, the FBI in Washington D.C., the Massachusetts Board of Probation, Registry of Motor Vehicles and interviews with my character references. The Department of Correction will conduct these checks as the Department deems necessary, including but not limited to initial hire, promotion, investigations and disciplinary cases.

SIGNATURE _____ DATE _____

**COMMONWEALTH OF MASSACHUSETTS
APPLICATION FOR EMPLOYMENT**

THIS IS AN INSERT

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 here at this agency. Please be prepared to provide any of the following documentation if you are offered and accept a position with us:

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

1. U.S. Passport
2. Certificate of U.S. citizenship (issued by Immigration & Naturalization Service)
3. Certificate of Naturalization (issued by INS)
4. Current foreign passport with valid endorsement authorizing employment
5. Resident alien card or other alien registration card, with photo or other approved identifying information, which evidences employment authorization

OR one from List A and one from List B:

LIST A These establish employment authorization:

1. Social Security Card (unless it specifies that it does not authorize employment)
2. Certificate of U.S. birth or other documentation which establishes U.S. nationality or birth
3. Other approved documentation

LIST B These establish identity:

1. Driver's license or similar state I.D. card with photo or other approved identifying information
2. Other approved documentation of identity for applicants under age 16 or from a state which does not issue an I.D. card (other than a driver's license)

THIS VERIFICATION PROCESS IS REQUIRED FOR ALL EMPLOYEES HIRED ON OR AFTER NOVEMBER 6, 1986.



The Commonwealth of Massachusetts
 Executive Office of Public Safety & Security
 Department of Correction
 50 Maple Street, Suite 3
 Milford, MA 01757
 Tel: (508) 422-3300
 www.mass.gov/doc



CHARLES D. BAKER
 Governor

CAROL HIGGINS O'BRIEN
 Commissioner

KARYN E. POLITO
 Lieutenant Governor

KATHERINE A. CHMIEL
 THOMAS E. DICKHAUT
 MICHAEL G. GRANT
 Deputy Commissioners

DANIEL BENNETT
 Secretary

TO: All Applicants and Employees
FROM: Carol Higgins O'Brien, Commissioner
C Higgins O'Brien
DATE: February 5, 2015
RE: Civil Rights Program
 Invitation to Self-Identify as a Person with a Disability

In accordance with Executive Order 526 – Non-discrimination and equal opportunity shall be the policy of the Executive Branch of the Commonwealth. To that end, employees or applicants for employment within the executive branch of state government are invited to indicate whether s/he has a disability and self-identify as a Person with a Disability for purposes of receiving the affirmative action benefits of protected status. This information is intended for the use solely in connection with the Commonwealth's Affirmative Action and Equal Employment Opportunity

The Department of Correction recognizes the importance of non-discrimination, diversity and equal opportunity in all aspects of state employment, programs, activities and services. Your participation is being requested on a voluntary basis, and refusal to provide this information will not subject you to any adverse treatment.

If you would like to self-identify as person with a disability, please complete the attached "Confidential Self-Identification of Disability" form and return it to: Monserrate Quiñones, Department ADA Coordinator, Office of Diversity and Equal Opportunity, Industries Drive, P.O. Box 946, Norfolk, MA 02056 or call (508) 850-7730 with any questions. These forms will be processed as expeditiously as practical.

The information you provide will be kept confidential is not part of your personnel file and used only in accordance with the state guidelines and any applicable Federal regulations (e.g. 45 C.F.R. Part 84) implementing Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794. Copies of the Executive Order and other regulations are available through the DOC Office of Diversity and Equal Opportunity.

Department of Correction
CONFIDENTIAL

SELF IDENTIFICATION OF DISABILITY FORM

This information is intended for use solely in connection with the Commonwealth's Affirmative Action and Equal Employment Opportunity efforts. It is being requested on a voluntary basis and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and used in accordance with the Office of Diversity and Equal Opportunity guidelines and any applicable Federal regulations (e.g. 45 C.F.R Part 84) implementing Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794). The self-identifying individual must submit to the ADA/504 Coordinator this self-identification of Disability form.

A self-identification is presumed accurate. As a general rule agencies may not ask employees to verify their disability. Verification of disability by competent medical authority or designated agency will only be required when both of the following criteria are present: (A) The individual's status as a person with a disability is potentially relevant, as a beneficial factor, in connection with a pending employment decision, such as being hired or promoted, or being spared a lay-off; and (B) The individual's status as a person with a disability is not obvious. Where a verification request is made, an employee who had self-identified as a person with a disability may be asked to submit a Confidential Verification of Disability form to the agency ADA/504 Coordinator within thirty (30) working days of the agency's ADA/504 Coordinator's request.

DO YOU QUALIFY FOR PROTECTED STATUS?

You will qualify for protected status if you (1) have a physical or mental impairment which substantially limits one or more major life activities (2) have a record of such impairment or (3) you are regarded as having such impairment. "Major Life Activities" include, but are not limited to: (i) Caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others, and working; and (ii) the operation of a major bodily function, including functions of the immune system, special sense organs, and skin; normal cell growth; and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, and reproductive functions. The operation of a major bodily function includes the operation of an individual organ within a body system.

PLEASE PRINT: _____
[name]

I, residing at: _____
[street address] [City and state] [Zip code]

[] am employed OR [] am an applicant for employment as: _____
[Job title if any]

at: _____ [department/division/agency]
voluntarily self-identify as a person with disabilities, according to the definition given above.
I understand that my protected status is subject to verification.

Signature: _____ Date: _____

Confirmation of receipt by ADA/504 Coordinator _____
Signature of ADA/504 Coordinator Date: _____



The Commonwealth of Massachusetts
 Executive Office of Public Safety & Security
 Department of Correction
 50 Maple Street, Suite 3
 Milford, MA 01757
 Tel: (508) 422-3300
 www.mass.gov/doc



CHARLES D. BAKER
 Governor

CAROL HIGGINS O'BRIEN
 Commissioner

KARYN E. POLITO
 Lieutenant Governor

KATHERINE A. CHMIEL
 THOMAS E. DICKHAUT
 MICHAEL G. GRANT
 Deputy Commissioners

DANIEL BENNETT
 Secretary

TO: All Vietnam Era Veterans
FROM: Carol Higgins O'Brien, Commissioner
C. Higgins O'Brien
DATE: February 5, 2015
RE: Invitation to Self-Identify for Vietnam Era Veteran Certification

In accordance with Executive Order 526 regarding non-discrimination, diversity, equal opportunity and affirmative action shall be the policy of the Executive Branch of the Commonwealth. To that end, employees or applicants for employment within the executive branch of state government are invited to indicate whether s/he is a Vietnam Era Veteran. It is being requested on a voluntary basis, and refusal to provide it will not subject you to any adverse treatment. The DOC diversity initiatives are designed to address the needs of Vietnam Era Veterans in the areas of recruitment, placement, training, promotions, transfers and counseling.

If you are a Veteran with more than 90 days of active duty service, any part of which occurred between August 5, 1964 and May 7, 1975, you may be eligible for protected status. In order to receive such status you must apply for eligibility certification. Your participation in this program is not required, it is voluntary and any information which you provide will be kept confidential.

If you believe you may be eligible and would like to receive certification, please complete the attached form and forward it to the Human Resources Division, State Office of Diversity and Equal Opportunity, One Ashburton Place, Room 213, Boston, MA 02108 or call the DOC Office of Diversity at (508) 850-7730 with any questions.

AN AFFIRMATIVE ACTION/EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

**OFFICE OF DIVERSITY AND EQUAL OPPORTUNITY
REQUEST FOR CERTIFICATION OF AFFIRMATIVE ACTION STATUS**

I do hereby request a certificate of Vietnam Era Veteran Status. I understand in accordance with the rules and regulations formulated pursuant to Executive Order 526 that this request is required to be completed and approved as prerequisite to a certificate being issued.

PLEASE PRINT Home phone #: _____ Work phone #: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NO: _____

DATES OF ACTIVE SERVICE: _____ TO: _____

DD Form 214 must be attached to this application. *Submit a copy not the original.* DD form 215 (Correction of the DD form 214) may also be submitted in addition to DD form 214. NO other document is acceptable for the program.

_____ DD FORM 214 Employed by the State? Yes _____ No _____

_____ DD FORM 215 Applying for a position? Yes _____ No _____

Name of current State Employer: _____

I attest that the information, which I have provided, is true and accurate. Further, I understand that the Office of Diversity and Equal Opportunity reserve the right to request additional documentation, and/or revoke my certified status if the information or documents, which have been submitted to substantiate your request, are not authentic.

Signature: _____ Date: _____

IMPORTANT: (section below must be completed by a notary public)

County: _____

Personally appeared before me the said _____

who made oath that the foregoing was his/her free act and deed.

Candidate's Signature _____ Date _____

Notary Public _____ Date _____

My Commission Expires: _____

Human Resources Division
Office of Diversity and Equal Opportunity
One Ashburton Place, Room 213 - Boston, MA. 02108

**This is a DOC Insert
Military History Addendum**

MILITARY HISTORY

A. Are you registered for Selective Service?
If "YES", Selective Service Number
Local Board Number

Yes

B. Have you served in the United States Military?

Yes

IF YOUR ANSWER TO EITHER QUESTION A OR B IS "YES", COMPLETE QUESTION C

C. Starting with the most current (#1) and working backward, enter information for all periods of Active/Reserve Service into the table below. In the "CODE" block use one of the following:

1 = AIR FORCE; 2 = ARMY; 3 = NAVY; 4 - MARINE CORPS; 5 = COAST GUARD;
6 = MERCHANT MARINE; 7 = NATIONAL GUARD
(For RESERVES, place an "R" after the appropriate CODE. For example: Army Reserve would be "2R")

INDICATE STATUS (MARK "X" IN APPROPRIATE BLOCKS - USE STATE CODE FOR NATIONAL GUARD)

MONTH/YEAR	CODE	RANK	NONE	ACTIVE DUTY	ACTIVE RESERVE	NATIONAL GUARD	INACTIVE RESERVE	RETIRED
#1 to								
#2 to								

MILITARY DISCHARGE AND DISCIPLINARY RECORD

A. If you have been discharged from military service, what type of discharge did you receive?

Type of Discharge _____ Date of Discharge _____

B. Was any type of Disciplinary action taken against you while in the Service? Yes No

If "YES", complete the following

Month/Year Charge of Specification/Action Taken Place (City and County/Country if outside US)

1. _____

2. _____

AUTHORIZATION TO RELEASE INFORMATION

I authorize the National Personnel Records Center, St. Louis, MO or other custodian of my military records to release to the Department of Correction, information or photocopies from my military personnel and related medical records, or only the following information / records: Disciplinary records, Character of Discharge, Reenlistment Code. This could include a photocopy of my Form DD214, Report of Separation, as well as information regarding commendations, medals and awards received.

_____ Date

_____ Signature

Attachment X

PREA Inquiries

In accordance with National Standards to Prevent, Detect and Respond to Prison Rape, 28 CFR § 115.17, a correctional facility must make the following inquiries on this page of any applicant for employment in a position that may have contact with inmates and all contractors who may have contact with inmates. In accordance with 28 CFR § 115.17 (g), any material omission in answering the following questions or the provision of materially false information, shall be grounds for disqualification or for termination if discovered after hire.

1. Have you ever engaged in or been accused of engaging in sexual harassment in any prior employment?

Circle One: YES NO

If yes, please provide full details. (Attach additional sheets if necessary)

2. Have you resigned from or quit any job following allegations that you engaged in any form of sexual misconduct?

Circle One: YES NO

If yes, please provide full details. (Attach additional sheets if necessary)

I understand that I have a continuing, affirmative duty to immediately report in writing to the DEPARTMENT any such misconduct during the time I am employed by/contract with or volunteer for the Massachusetts Department of Correction.

I further understand that failure to do so may result in disciplinary action up to and including discharge.

Signature

Print Name Date



The Commonwealth of Massachusetts
 Executive Office of Public Safety & Security
 Department of Correction
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 Milford, MA 01757
 Tel: (508) 422-3300
 www.mass.gov/doc



CHARLES D. BAKER
 Governor

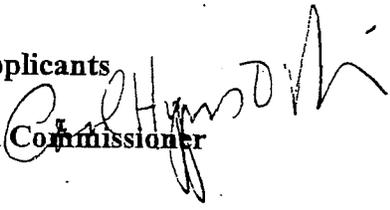
CAROL HIGGINS O'BRIEN
 Commissioner

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 Lieutenant Governor

KATHERINE A. CHMIEL
 THOMAS E. DICKHAUT
 MICHAEL G. GRANT
 Deputy Commissioners

DANIEL BENNETT
 Secretary

TO: All Employees and Applicants

FROM: Carol Higgins O'Brien  Commissioner

DATE: September 16, 2014

RE: Process for Requesting ADA Reasonable Accommodation due to Disability

The State Office of Diversity and Equal Opportunity and the Massachusetts Office on Disability have issued guidelines to all executive branch departments concerning policies and legal rights for persons with disabilities. These guidelines outline the implementation of Executive Order 526 and the American with Disabilities Act (ADA) regulations. Each agency is required to make a reasonable accommodation to the known physical and/or mental limitations of an otherwise qualified applicant or employee with a disability in order to assist the employee with their ability to perform the essential functions of their position.

Accordingly, through the work of the Department of Correction's Office of Diversity such as the Affirmative Action Plan we strive to inform all employees of the existence and importance of non-discrimination and equal access policies and procedures in all aspects of employment, programs, services and activities for people with disabilities. Attached to this memo is a copy of the forms including steps job applicants/employees must follow to request an ADA reasonable accommodation.

The purpose for an ADA reasonable accommodation is to provide employees the opportunity to seek an accommodation regardless whether she/he has self-identified as a person with a disability. Any Department of Correction employee can contact Monserrate Quiñones who is the Department ADA Coordinator for further information at the DOC Office of Diversity and Equal Opportunity located at One Industries Drive, P.O. Box 946, Norfolk, MA 02056 or call directly at (508) 850-7730.

Attachment: Formal Written Request for ADA Reasonable Accommodation – Form 526

**DEPARTMENT OF CORRECTION
CONFIDENTIAL**

FORMAL WRITTEN REQUEST FOR REASONABLE ACCOMMODATION

INSTRUCTIONS: Full assistance shall be provided to any applicant/employee seeking to utilize this formal process of request for reasonable accommodation. The individual requesting shall have the opportunity for a thorough discussion with the ADA/504 Coordinator when these forms are provided.

The purpose of providing reasonable accommodation is to enable a person with a disability to perform the essential functions of the job. Therefore, information is necessary to determine:

- (a) whether the requester actually requires a reasonable accommodation, and
- (b) the nature and extent of the accommodation, if one is required.

This information will be used only for the purpose of taking voluntary action to overcome the effects of conditions limiting opportunities for persons with disabilities. Although the information is being requested on a VOLUNTARY basis and will be kept CONFIDENTIAL, your failure to provide us with sufficient information necessary for us to make a reasonable accommodation determination may result in a decision that does not adequately address your needs.

I WISH TO INITIATE A FORMAL REASONABLE ACCOMMODATION REQUEST.		
NAME: _____ DATE OF REQUEST: _____ DOB _____		
ADDRESS: _____		
(STREET)	(CITY)	
(STATE)	(ZIP)	(TELEPHONE)
WORK LOCATION: _____	POSITION TITLE: _____	HOW LONG IN YOUR POSITION: _____
LENGTH OF SERVICE WITHIN THE DOC _____		
WORK TELEPHONE: _____	WORK E-MAIL: _____	
ACCOMMODATION REQUESTED (<i>See below</i>):		
LIMITATIONS REQUIRING ACCOMMODATION:		
POSITION/SERVICE/EXAMINATION FOR WHICH ACCOMMODATION IS REQUESTED:		

TO THE EMPLOYEE/APPLICANT: If you have received these forms without the benefit of explanation or if you have questions regarding this process, please contact the ADA/504 Coordinator at the telephone and/or address found at the bottom of this form.

TYPE OF ACCOMMODATION REQUESTED

- 1. MODIFICATION OF DUTIES/ASSIGNMENTS:** includes, but is not limited to, job modification, job tasks, flexible time to allow for transportation and/or medical schedules, task modifications, reassignment of job tasks, etc.
- 2. ACCESS:** includes, but is not limited to, physical accessibility of parking lots, entrances, rest rooms, work stations, cafeterias, elevators, etc.
- 3. PURCHASE OR MODIFICATION OF EQUIPMENT OR DEVICES:** includes, but is not limited to, push button telephones, hand controls for dictating devices, speaker phones, telephone amplifiers, Braille typewriters, dictating machines, optical scanners, telecommunication devices, noise activated equipment, etc.
- 4. WORK-RELATED PERSONAL ACCOMMODATIONS:** includes, but is not limited to, utilization of additional staff as a method of overcoming a physical or mental handicap, readers, drivers, interpreters, personal care attendants for imposed travel, etc.

ADDITIONAL INFORMATION THAT REQUESTER FEELS IS RELEVANT:

SIGNATURE OF REQUESTER OR PERSON	RELATIONSHIP TO REQUESTER ACTING ON HIS/HER BEHALF
---	---

IT IS THE AGENCY POLICY TO PROCESS ALL FORMAL REASONABLE ACCOMMODATION REQUESTS WITHIN TWENTY (20) WORKING DAYS OF THE DATE THE REQUEST IS RECEIVED, EXCEPT IN SITUATIONS WHEN THE REQUESTER MAY NEED AN EARLIER ACCOMMODATION TO MEET VITAL HEALTH OR SAFETY NEEDS. IF ACCOMMODATION IS REQUESTED TO ASSIST WITH THE APPLICATION PROCESS OR A DECISION REQUIRES MEDICAL INFORMATION, THE AGENCY WILL BE ALLOWED CONSIDERATION FOR SPECIAL TIME REQUIRED.

THE INDIVIDUAL REQUESTING A REASONABLE ACCOMMODATION WILL RECEIVE A WRITTEN RESPONSE.

Form should be marked **CONFIDENTIAL** and mailed or delivered to:

ADA/504 Coordinator: Monserrate Quiñones, Director of the Office of Diversity & Equal Opportunity

Address: P.O. Box 946-One Industries Drive, Norfolk, MA 02056

Telephone: (508) 850-7730 e-mail address: mquinones@doc.state.ma.us

If you have further questions, please contact the Program Coordinator for the Disabled, Office of Diversity and Equal Opportunity, 727-7441, TTY 727-6015.



MEDICAL INQUIRY FORM IN RESPONSE TO AN ACCOMMODATION REQUEST

- For any questions to complete this form please contact Monserrate Quifones, ADA Coordinator, DOC Office of Diversity and Equal Opportunity, Industries Drive, P.O. Box 946, Norfolk, MA 02056 (508) 850-7730.
- For Correction Officers and Correctional Program Officers please review the list of the 7 essential functions enclosed to be addressed in the physician's letter.
- This form must be signed by a physician along with the Doctor's letter.

Employee Name: _____

To be completed by the employee:

A. Questions to help determine the nature of the request.

A reasonable accommodation is any change in the work environment that helps an employee perform the essential functions of their job or to enjoy the benefits and privileges of employment. To be eligible for a reasonable accommodation you must establish the connection between your disability related limitations and the specific request you are making. If you have a disability that limits the ability to do the essential/core functions of your job, your employer must provide a reasonable accommodation, unless the accommodation requested poses an undue hardship. Additionally once an accommodation has been provided you must be capable of performing the essential functions of your job.

1. What limitation(s) due to a disability do you have that interferes with your job performance?

2. What job functions are you having trouble performing because of the limitation(s)?

3. Describe how this limitation(s) interferes with your ability to perform the job function(s)?

To be completed by the medical provider:

You have been asked to complete this form on behalf of your patient who requested a disability related workplace accommodation from their employer. The employer seeks verification that your patient has: 1) a disability as defined by the ADA (See B below) and that: 2) their disability results in the functional limitations described in A above (See C below).

B. Questions to verify disability.

For reasonable accommodation under the ADA, an employee has a disability if he or she has an impairment that substantially limits one or more major life activities. The following questions may help determine whether the employee has a disability as defined by the ADA.

Note: The questions should be answered based on what limitations the employee has when his or her condition is in an active state and what limitations the employee would have if no mitigating measures were used. Mitigating measures include things such as medication, medical supplies, equipment, hearing aids; mobility devices, the use of assistive technology, reasonable accommodations or auxiliary aids or services, prosthetics, and learned behavioral or adaptive neurological modifications. Mitigating measures do not include ordinary eyeglasses or contact lenses.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as provided by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

According to the ADA, major life activities may include but are not limited to:

This is for information purposes only – **do not circle**. This will be used to answer the question below.

Caring for Self	Walking	Hearing	Lifting	Bending
Interacting With Others	Standing	Seeing	Sleeping	Reading
Performing Manual Tasks	Reaching	Speaking	Concentrate	Eating
Breathing	Thinking	Learning	Reproducing	Working
Toileting	Sitting	Communicating		

1. Does the employee have a physical or mental impairment that substantially limits a major life activity? <i>Note: Does not need to significantly or severely restrict the life activity to meet this standard.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

According to the ADA, major bodily functions may include but are not limited to:

This is for information purposes only – **do not circle**. This will be used to answer the question below.

Immune	Genitourinary	Brain	Musculoskeletal
Normal Cell Growth	Hemic	Respiratory	Cardiovascular
Digestive	Special Sense Organs or Skin	Circulatory	Reproductive
Bowel/Bladder	Lymphatic	Endocrine	Neurological

2. Does the impairment substantially limit the operation of a major bodily function? <i>Note: Does not need to significantly or severely restrict the bodily function to meet this standard.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

C. Verification of functional limitation(s).

1. Does your patient have the functional limitation(s) described in A-1?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

2. Is the functional limitation due to their disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

3. What is the anticipated duration of the impairment?	
--	--

D. Comments:

Employers are obligated to make reasonable accommodations to allow their employees with disabilities the opportunity to perform the essential functions of their job provided the requested accommodation does not fundamentally alter the nature of the job or result in an undue administrative or financial burden.

In order to help us work with our employee, do you have suggestions on accommodations that might be provided?

Note: Your suggestions will be used in the interactive process with the employee. The specific accommodation you suggest may or may not be the accommodation ultimately provided.

E. Medical Professional Information and Signature.

Name:		License:	
Address:		City/St./ZIP:	
Medical Professional's Signature:		Date:	

The Massachusetts Department of Correction
Office of Diversity and Equal Opportunity

Authorization for Release of Medical Information

“I, _____, hereby authorize the Department of Correction’s ADA Coordinator or the Coordinator’s designee to speak to the physician who completed or provided the medical certification/documentation accompanying my reasonable accommodation request. This authorization is limited to information about my disability, including the nature, severity, and duration of the impairment, the activities that it limits, and the extent to which it limits my ability to perform those activities. The purpose of the documentation is to enable the Department of Correction to determine whether I am a qualified individual with a disability, evaluate how these limitations affect my ability to perform the essential functions of the job, and evaluate my accommodation request.”

This authorization shall expire in one (1) year from the date of signature.

Full name of Employee

Signature of Employee

Date of Signature

Legal Representative (where applicable)
(please print)

Signature of Legal Representative
(where applicable)

Date of Signature