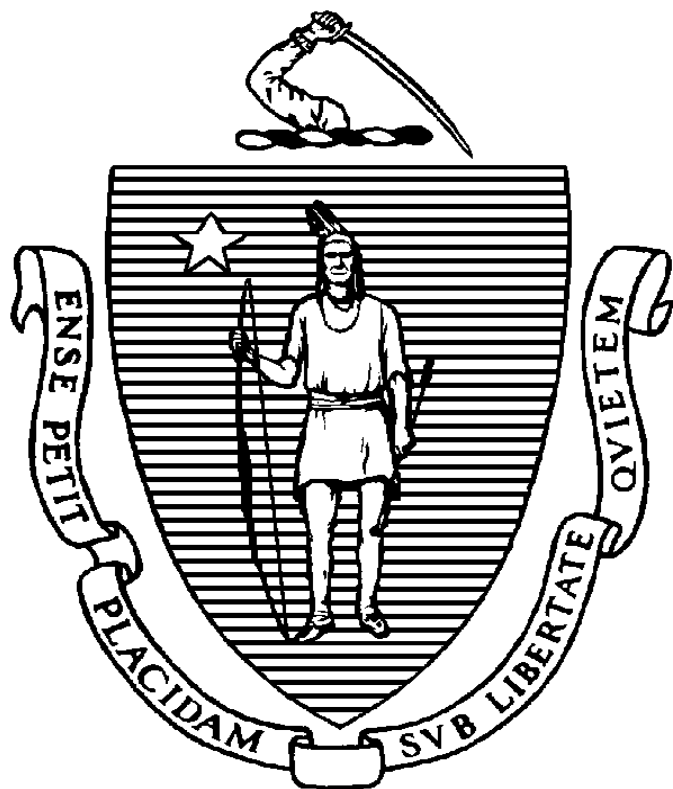


Commonwealth of Massachusetts



EXECUTIVE BRANCH APPLICATION FOR EMPLOYMENT

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

REVISED AUGUST 2016

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:

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:

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:

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:

Reason for Leaving

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"/>	<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
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, and as part of this investigation, my personal identifying information may be transmitted to a third-party performing the investigation.

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, rape, or stalking and victims of an adjudicated crime may request that their information remain private by submitting a Public Records Exemption Form to their Domestic Violence Coordinator. Similarly, eligible family members of victims who are employees of the Commonwealth may also request that their information remain private.

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

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

COMMONWEALTH OF MASSACHUSETTS

APPLICATION FOR EMPLOYMENT

AFFIRMATIVE ACTION DATA RECORD

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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]*.

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.

Are you Hispanic or Latino?

☐ 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

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, 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		
<u>Check if the following is applicable:</u> <input type="checkbox"/> <u>Person with a disability*</u>		

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