



## Application for Appointment to the Board of Review

### We offer Comprehensive Benefits

When you embark on a career with the Commonwealth, you are offered an outstanding suite of employee benefits that add to the overall value of your compensation package. We take pride in providing a work experience that supports you, your loved ones, and your future. Want the specifics? Explore our Employee Benefits and Rewards at [mass.gov/commonwealth-employee-benefits-and-rewards](https://mass.gov/commonwealth-employee-benefits-and-rewards).

**We are an Equal Opportunity/Affirmative Action Employer. Females, minorities, Veterans, and persons with disabilities are strongly encouraged to apply.**

The Commonwealth is an Equal Opportunity Employer and does not discriminate on the basis of race, religion, color, sex, gender identity or expression, sexual orientation, age, disability, national origin, veteran status, or any other basis covered by appropriate law. Research suggests that qualified women, Black, Indigenous, and Persons of Color (BIPOC) may self-select out of opportunities if they don't meet 100% of the job requirements. We encourage individuals who believe they have the skills necessary to thrive to apply for this role.

### I. Minimum Qualifications Required

*G.L. c. 23, § 9N requires the following minimum qualifications of all Board of Review candidates. Please check "Yes" or "No" in response to each of the following questions:*

1. Do you have skills in fact-finding? ☐ Yes ☐ No
2. Do you have a basic understanding of the unemployment insurance law? ☐ Yes ☐ No
3. Do you have a bachelor's degree or demonstrated writing ability as evidenced by at least four years in positions in which writing skills are a major job responsibility? ☐ Yes ☐ No

*In order to meet the statutory requirement that the Chairman be an attorney, certain vacancies may include this criterion as a minimum requirement. Please check "Yes" or "No" in response to Question 4, and provide all additional information, if applicable, in response to questions 4A through 4F.*

4. Are you an attorney? ☐ Yes ☐ No. *If yes:*

4A. How long have you been engaged in the practice of law immediately preceding the date of this application?

4B. How long have you been engaged in the practice of law in **Massachusetts** immediately preceding the date of this application?

4C. Please provide your Board of Bar Overseers Number: \_\_\_\_\_

4D. What is the year you were admitted to the Massachusetts Bar? \_\_\_\_\_

4E. Have you ever been denied admission to the Bar of any state due to failure to pass the character and fitness screening? ☐ Yes ☐ No. *If the answer to Question 4E is "Yes", please explain below:*

## II. Personal Information

5. Full Name: (First, Middle, Last):

6. Residential Address: (Street, Town, State, Zip Code):

7. Contact Telephone Number:

8. Contact Email Address:

9. 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. 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 the 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:

Name of Relative	Job Title	Agency

## III. Education

10. Please state the names and dates of attendance of all colleges and professional schools attended and degrees conferred:

Name of School	Location (City, State)	Course of study	Did you graduate?	Degree

11. If no degree was conferred at any of the above-referenced educational institutions, please state the reason for leaving the educational institution below:

14. Please describe significant activities, honors or awards at college, law school and/or professional schools giving dates and offices or leadership positions held:

Educational Institution	Activity/Honor/Award	Brief description

#### IV. Professional

15. Books, articles or other publications authored, giving the citations and dates. Include any speeches made on issues involving unemployment compensation, administrative law or legal policy:

Book/Article/Publication/Speech	Citation/Date	Brief Description

16. Describe your participation as either a faculty member or attendee in law courses or lectures at bar association conferences, law school forums or continuing legal education programs in the last 5 years:

Institution	Course/Lecture/Forum	Brief Description of Your Participation

17. Have you held any appointive or elective public office, or have you been a candidate for elective office? If so, please provide details:

Position	Dates	Brief description

#### V. Employment History

18. Have you ever been engaged in any occupation other than the practice of law (including any occupation while practicing)?  
If so, please provide details, including dates and the name, current address and telephone number of a person, preferably your supervisor, who can verify your employment for each position listed below. Begin with most recent employment:

Company Name: \_\_\_\_\_ May we contact this employer? ☐ Yes ☐ No

Company Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Total Number of Employees Supervised by you: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Specific Duties:

Company Name: \_\_\_\_\_ May we contact this employer? Yes ☐ No ☐

Company Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Total Number of Employees Supervised by you: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Specific Duties:

Company Name: \_\_\_\_\_ May we contact this employer? Yes ☐ No ☐

Company Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Total Number of Employees Supervised by you: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Specific Duties:

Company Name: \_\_\_\_\_ May we contact this employer? Yes ☐ No ☐

Company Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Total Number of Employees Supervised by you: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Specific Duties:

19. Have you ever been discharged from employment for any reason or have you ever resigned after being informed that your employer intended to discharge you? ☐ Yes ☐ No. *If you answered "Yes" to Question 20, please provide detail below:*

## VI. Additional Information

20. To the best of your knowledge, has any complaint ever been made against you to or by the Board of Bar Overseers or any other bar grievance committee or professional association? (If currently an administrative judge or administrative law judge, has any complaint ever been made against you to the BBO and/or the State Ethics Commission?) ☐ Yes ☐ No

21. To the best of your knowledge, are you currently under investigation for any alleged violation of any law, regulation or ordinance or rule of conduct? ☐ Yes ☐ No. If so, please provide details below:

22. Have you ever been a party to or been involved in any other legal proceedings other than as counsel? (Do not include proceedings in which you were a guardian ad litem, executor or administrator, but do include all bankruptcies and proceedings in which you were a party in interest). ☐ Yes ☐ No

23. If as a past or current member of the armed forces, have you been the subject of any charges which resulted in disciplinary action or court martial? ☐ Yes ☐ No
24. Have you filed all state and federal tax returns in each year since you became a member of the bar? ☐ Yes ☐ No
25. To the best of your knowledge, have federal, state or local authorities ever instituted a tax lien or other collection procedure against you? If so, please provide details, including case numbers and court. ☐ Yes ☐ No
26. To the best of your knowledge, Are there any unsatisfied judgments against you? ☐ Yes ☐ No
27. Have you ever defaulted in the performance of any court-imposed obligations, including payment of child support or alimony or compliance with another court order or decree? ☐ Yes ☐ No
28. Have you ever made an assignment for the benefit of creditors? ☐ Yes ☐ No
29. Has any petition in bankruptcy ever been filed by you? If so, please state the circumstance, docket number, and the outcome? ☐ Yes ☐ No
30. Is there any other information tending to reflect adversely on your personal or professional background or qualifications, or which you think might be so interpreted by others, which the Council and the Governor should know in the interests of full disclosure? ☐ Yes ☐ No

*If the answer to any of the questions in Questions 22-33 is "Yes", please attach a separate sheet of paper and provide additional detail.*

31. Can you perform all of the specific job functions of this position? ☐ Yes ☐ No

#### **XI. Additional Information**

32. Using no more than 3 pages—with standard font, margins, and spacing, please answer the following questions and include it as an attachment to the application. The heading of the attachment should include your name and a notation indicating "Response to Question 34".
- Explain how you are qualified to be a member of the Board of Review and indicate how your experience meets the following statutory criteria for appointment:
    - Skills in fact-finding and how it was demonstrated in the positions held; and
    - Basic understanding of unemployment insurance law, where and how acquired.
  
  - If you were advising the Governor about who should be appointed to the vacancy in question, what are the three or four attributes or accomplishments you believe should be given the greatest weight in assessing candidates, and how do you assess yourself?
  
  
  
  
  
  
  
  
  
  
  - Please make any additional comments regarding your experience and suitability for this position.

33. Certification and Waiver:

I hereby swear or affirm under penalties of perjury that the information provided within my application is true and complete to the best of my knowledge and belief. I waive any privilege of confidentiality I may have with respect to information concerning my qualifications for appointment to the Board of Review that the Department of Unemployment Assistance (DUA) Advisory Council and/or the screening subcommittee may desire to obtain. I specifically authorize the DUA Advisory Council and the screening subcommittee to obtain and examine my personnel files from current and past employers, including all files maintained by the Massachusetts Court System, and to obtain information, records and documents regarding me from any credit reporting agency, any law enforcement agency, any bar association, any occupational licensing board, any educational institution, and any disciplinary body, including specifically the Board of Bar Overseers. I further authorize these institutions, organizations, and individuals, and any other institutions, organizations and individuals to make available to the Panel all confidential and non-confidential documents, records and information concerning me that the Panel may request.

I understand the submission of this application expresses my willingness to accept appointment to the Commonwealth of Massachusetts, Department of Unemployment Assistance, Board of Review, if tendered by the Governor.

**Signature of Applicant:**

---

**Printed Name of Applicant:**

---

**Date:**

---