COMMONWEALTH OF MASSACHUSETTS
HUMAN RESOURCES DIVISION
CONTRACT EMPLOYEE DISCLOSURE FORM

IMPORTANT	
1. Type or print clearly in black or blue ink.	3. Read certification and release carefully before signing.
2. Answer every question fully and accurately.	4. Return completed application.

PERSONAL INFORMATION	
Name (First) (Middle) (Last) ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss	Home Telephone Number
Mailing Address (Street) (City) (State) Zip(Postal) Code Home Address (if different from mailing address) (Street) (City) (State) Zip(Postal) Code	Business or Message Phone: E-Mail Address:

CONTRACT EMPLOYMENT	
POSITION APPLIED FOR:	Agency:

IMMEDIATE FAMILY WORKING IN MASSACHUSETTS STATE GOVERNMENT

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

Name of Relative	Relationship	Title of Relative's Job	State Agency

_____ _____
Signature of Applicant Date

_____
Printed Name