

**MASSACHUSETTS DEPARTMENT OF CORRECTION
SELECTION AND HIRING
103 DOC 201**

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MASSACHUSETTS DEPARTMENT OF CORRECTION	DIVISION: ADMINISTRATION
TITLE: SELECTION AND HIRING	NUMBER: 103 DOC 201

PURPOSE: To establish Department of Correction ("Department") policy concerning the selection and hiring of all employees.

REFERENCES: M.G.L., c. 124, §§ 1 (c) and (q).
Applicable Executive Orders
Department's Affirmative Action Plan
Prison Rape Elimination Act ("PREA"), 28 CFR § 115 et seq.

APPLICABILITY: Staff **PUBLIC ACCESS:** Yes

LOCATION: Department's Central Policy File
Deputy Commissioner of Administrative Services
Division Policy File
Each Institution's Policy File
Department's Personnel Policy Manual
Office of Diversity and Equal Opportunity Policy File

RESPONSIBLE STAFF FOR IMPLEMENTATION AND MONITORING OF POLICY:

- Deputy Commissioner of Administrative Services Division
- Assistant Deputy Commissioners
- Director of Diversity and Equal Opportunity
- Superintendents and Division Heads

EFFECTIVE DATE: 03/29/2020

CANCELLATION: 103 DOC 201 cancels all previous Department policy statements, bulletins, directives, orders, notices, rules or regulations regarding selection and hiring which are inconsistent with this policy.

SEVERABILITY CLAUSE: If any part of 103 DOC 201 is, for any reason, held to be in excess of the authority of the Commissioner, such decision shall not affect any other part of this policy.

201.01 DEFINITIONS

Affirmative Action: Executive Order 526 for the Commonwealth mandates the development of an employment program encompassing goals for non-discrimination, diversity, equal opportunity and affirmative action. To accomplish these goals, guidelines are provided to address any disparities in the public workplace. To that end, specific steps are taken to implement a program to identify opportunities for recruiting, hiring, retaining and providing advancement opportunities for all persons. No state agency may base employment decisions such as selection, retention, rate of pay, demotion, transfer, layoff, termination and promotion or take actions that unlawfully discriminate based on race, color, age, gender, ethnicity, sexual orientation, gender identity, religion, creed, ancestry, national origin, disability, veteran status (including Vietnam Era Veterans), genetic information or background.

AFFIRMATIVE ACTION GROUPS:

- a. Black - All persons having origin from any of the black racial groups of Africa or origin in the Cape Verde Islands.
- b. Hispanic/Latino (a)-All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.
- c. Native American/Alaskan Native - Persons having documented written evidence of origin in any of the original peoples of North America, and who maintain cultural identification through tribal affiliations or community recognition.
- d. Asian or Pacific Islander - All persons having origin in any of the Far East, Southeastern Asia, the Indian Subcontinent or the Pacific Islands. (Areas include China, India, Japan, Korea, the Philippine Islands and Samoa).
- e. Women - adult female persons.
- f. Veteran - A person who 1) served on active duty for a period of more than ninety (90) days, any

part which occurred between August 5, 1964, and May 7, 1975, and was discharged or 2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975, (EEO 7). (Must self-declare to receive certification - form J). Veteran is defined in Chapter 4 s. 7 Clause 43 of the M.G.L. as anyone that served in the Armed Forces of the United States and was honorably discharged for a period of not less than ninety (90) days during wartime and one hundred and eighty (180) days during peacetime. The exceptions to this would be the National Guard and Reservists who must have been called to active duty for one hundred and eighty (180) days under Title 10 of the U.S.C.A or ninety (90) days under Title 10 or Title 32 during wartime and anyone who suffered a service connected disability. For detailed information about eligibility please review the employee statute or check Commonwealth's HRD website at <http://www.mass.gov/?pageID=veteransmodulechunck&L=1&L0-Home&sid=Eveterans&b=terminalcontent&f=definitionveteran&csid=Eveterans>

- g. Individual with a Disability - Any person who has physical or mental impairment which substantially limits one or more "major life activities", or has a record of such an impairment; or is regarded as having such an impairment.

Americans with Disabilities Act ("ADA"): A common name for the federal law, 42 U.S.C.A. §§ 12101 *et seq.*, which guarantees equal opportunities to individuals with disabilities in public accommodations, employment, transportation, state and local government services and telecommunications.

Appointing Authority: The Commissioner of Correction or designee.

Civil Service Position: An office or position, appointment to which is subject to the requirement of civil service law (M.G.L., Chapter 31) and rules.

Collective Bargaining Agreement: The contract that applies to an employee's bargaining unit.

Collective Bargaining Unit: One of eleven (11) statewide units, established by the Commonwealth's Labor Relations Commissioner, into which state employees with similar work responsibilities/related job functions represented by a union are grouped for purposes of collective bargaining.

Commissioner: The Commissioner of the Department.

Criminal Offender Record Information ("CORI"): Records and data in any communicable form compiled by a criminal justice agency that concern an identifiable individual and relate to the nature or disposition of a criminal charge, an arrest, a pre-trial proceeding, other judicial proceeding, sentencing, incarceration, rehabilitation or release.

CORI is limited to:

- a. Records and data which set forth the fact or results of an individual's movement through any one or more of the formal stages of the criminal justice process; and,
- b. Factual statements about the occurrence or outcome of an arrest, indictment, warrant, arraignment, bail, continuance, default, trial, appeal, disposition, sentence, probation, commitment, parole, commutation, release, termination or revocation of probation or parole, pardon or similar occurrences or outcomes.

CORI shall not include:

- a. Evaluative information - e.g., classification reports, psychiatric reports - as defined in 103 DOC 153.01;
- b. Intelligence or investigative information - e.g., informant reports, surveillance reports - as defined in 103 DOC 153.01 and,
- c. Statistical reports in which individuals are not identified and from which identities are not ascertainable.

Direct Care Positions: Include the titles of Correction Officer, Correction Officer (Head Cook), Correctional Program Officer, Recreation Officer and Industrial Instructor series of position titles.

Employee: A full-time or regular part-time bargaining unit, managerial, or confidential employee of the Department, excluding all persons paid through other subsidiary accounts.

Employer: Any employer, either public or private, other than the Department.

Equal Employment Opportunity ("EEO"): Guarantees the opportunity for all individuals to compete for employment and promotion free from unlawful discrimination based on race, color, creed, religion, national origin, , ethnicity, gender, age, sexual orientation, gender identity, genetic information, disability, Vietnam Era Veterans status or background.

Hiring Authority: That senior staff person (Deputy Commissioner, Superintendent or Division/Department Head) responsible for selection and hiring of positions that fall under his/her managerial jurisdiction.

Hiring Panel: A diverse selection committee, of three (3) or more members, convened to review and conduct interviews in an effort to fill a vacant position with the most qualified candidate(s). This committee shall possess knowledge of the hiring policy, as well as the operational needs of the appointment. See 201.03 COMPOSITION OF THE HIRING PANEL.

Major Life Activities: Functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

Management Position: An employee so designated in accordance with the provisions of M.G.L., Chapter 150E who (a) participates to a substantial degree in formulating or determining policy, or (b) assists to a substantial degree in preparation for the conduct of collective bargaining, or (c) has substantial responsibility, not initially in effect, in the administration of collective bargaining

agreements or in Personnel Administration and (d) is not included in a bargaining unit.

Occupational Group: A job family into which related non-management position classes were placed for purposes of the Statewide Classification Study. For example, Occupational Group 01 - Police, Guard and Correctional Institution Management included such titles as Correction Officer, Senior Correction Officer and Supervising Correction Officer (now Correction Officer I, II and III).

Office of Diversity and Equal Opportunity ("ODEO"): A Division of the Department that is responsible for implementing and monitoring Executive Order 526, which promotes diversity and equal access in the Commonwealth. In so doing, ODEO provides employees with assistance in resolving complaints of discrimination or retaliation among other services.

Permanent: An appointment from a certified eligible list to a permanent position on a permanent basis as a result of having taken and passed a civil service examination.

Policy: A definite course of action adopted or pursued by the Department that guides and determines present and future decisions, statement(s) of guiding principles directing activities toward the attainment of objectives, and overall goals of the Department.

Posting/Vacancy Announcement: A posted notice which details the knowledge, skills and ability requirements of a particular position which are in accordance with Massachusetts Human Resources Division regulations.

Prison Rape Elimination Act ("PREA"): Federal legislation (Public Law No. 108-79), enacted in 2003 to provide for the analysis of the incidence and effects of prison rape in federal, state and local institutions and to provide information, resources, recommendations and funding to protect individuals from prison rape.

Probationary Period:

- a. That period of time a new or rehired bargaining unit employee must be employed, as specified in the various collective bargaining agreements,

before he/she may file a grievance challenging disciplinary action taken against him/her.

- b. The period of time that a promoted employee must serve in the grade to which he/she has been promoted, as specified in the various collective bargaining agreements, during which he/she may be returned to his/her previous job title without recourse to the grievance procedure.

Protected Class or Group: Legally identified groups that are specifically protected by statute against discrimination.

Provisional Employee: An employee in a civil service position, who does not have any civil service status (i.e.: an employee who is neither permanent nor temporary).

Recruit Training Program: An eight (8) week program of prescribed pre-employment training presented by the Division of Staff Development, specifically for Correction Officers, Recreation Officers, Correction Officer Cooks, Correction Officer Chefs, Correctional Maintenance Workers and Correctional Programs Officers. Industrial Instructors attend a five (5) week program.

Requests for Approval/Authorization to Hire Form: Department form used by hiring authorities to notify the Department's central/facility personnel office that an employee has been hired or promoted. The Department's central facility payroll office is then notified to place a new employee on the payroll or to notify same of changes in an employee's payroll status.

Sexual Abuse: Sexual abuse includes:

- a. Sexual abuse of an inmate, detainee or resident by another inmate, detainee or resident and
- b. Sexual abuse of an inmate, detainee or resident by another a staff member, contractor or volunteer.

Sexual Abuse, Staff-on-Inmate: Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the inmate, detainee, or resident:

- a. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- b. Contact between the mouth and the penis, vulva, or anus;
- c. Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- d. Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- e. Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- f. Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs a-e of this section;
- g. Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident, and
- h. Voyeurism by a staff member, contractor, or volunteer. Voyeurism by a staff member, contractor, or volunteer means an invasion of privacy of an inmate, detainee, or resident by staff for reasons unrelated to official duties, such as peering at an inmate who is using a toilet in his or her cell to perform bodily functions; requiring an inmate to expose his or her buttocks, genitals, or breasts or taking

images of all or part of an inmate's naked body or of an inmate performing bodily functions.

Sexual Harassment: Sexual harassment includes:

- a. Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate, detainee, or resident directed toward another; and
- b. Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

Vietnam Era Veteran: A person who served on active duty for a period of more than ninety (90) days, any part of which occurred between August 5, 1964 and May 7, 1975, and was released or discharged under honorable conditions. Executive Order 526 defines Vietnam Era Veterans and the Commonwealth's commitment to a program to promote their welfare.

Wartime Service: Service performed by a "Spanish War veteran", a "World War I veteran", a "World War II veteran", a "Korean veteran", a "Vietnam veteran", a "Lebanese peace keeping force veteran", a "Grenada rescue mission veteran", a "Panamanian intervention force veteran", a "Persian Gulf veteran", or a member of the "WAAC" as defined in M.G.L. c. 4 § 7 cl. 43.

For detailed information please review the employee statute or check Commonwealth's HRD website at <http://www.mass.gov/?pageID=veteransmodulechunck&L=1&L0=Home&sid=Eveterans&b=terminalcontent&f=definitionveteran&csid=Eveterans>

201.02 VACANCY ANNOUNCEMENT PROCEDURES

1. All requests to post vacant positions shall be made by hiring authorities to the Administration. Upon receiving an approval to post a vacant position, the Division of Human Resources ("DHR") shall check the applicable transfer list, if any, to determine if the

vacancy can be filled from said list. If it can, the position shall be filled in this manner.

2. In the event that the position cannot be filled via a transfer, DHR shall prepare a Vacancy Announcement Form (Attachment A). If an eligible civil service list for the title to be filled exists, a list shall be requested prior to posting the vacancy. In addition, applicable Massachusetts Human Resources Division Personnel Administration Rule ("PAR") 10, Special Certifications in the Civil Service, and/or bilingual certifications may be requested.
3. The Vacancy Announcement Form shall contain the following information: the position title; the position number; the entrance requirements for the position in accordance with the Massachusetts Human Resources Division ("MHRD") class specifications; license and/or registration; work requirements; entry salary; job grade; location of the position; work schedule and the essential functions of the position.
4. DHR shall forward to the ODEO all Vacancy Announcements for review and approval.
5. All Vacancy Announcements shall then be forwarded to the Deputy Commissioner of Administrative Services Division, by the Division of Human Resources, for review and final approval.
6. When the review by the Deputy Commissioner of Administrative Services Division is completed, the Vacancy Announcement shall be electronically forwarded to each facility/division by DHR to Superintendents, Directors and their Assistants. It shall then be posted for ten (10) working days.
7. In addition to the foregoing procedures, all position vacancies shall be posted via the Commonwealth Employment Opportunities ("CEO") job posting system for two (2) weeks or fourteen (14) days. There are exemptions to the CEO posting process including the following:
 - a. Internal Transfers
 - b. Civil Service Appointments

- c. Demotions
 - d. Reductions in force ("RIF")
 - e. Position reclassifications
8. All Vacancy Announcements shall become void sixty (60) calendar days after the last date to file. Any request for an extension of this date must be approved by the Director of Diversity and Equal Opportunity or his/her designee.

201.03 **COMPOSITION OF THE HIRING PANEL**

1. Upon completion of the ten (10) day posting period of the Vacancy Announcement and the expiration of the end date of the CEO posting if applicable, a hiring panel shall be convened for all appointments made. The hiring panel shall be comprised of a minimum of three (3) members who collectively possess knowledge of this policy as well as the operational needs relative to the appointment being made.
2. The hiring panel shall be comprised of a subject matter expert of the position being filled; preferably the manager at the site of the vacancy and a certified panel member who has completed the 103 DOC 201, Selection and Hiring, Policy Training. It is required that one (1) of the members be a representative of a protected class. If this panel cannot be filled by Department staff, individuals of needed classifications shall be sought from outside the Agency to fulfill the requirements. Centralized Hiring Panels for Correction Officers and Correctional Program Officers shall be scheduled and convened by the Director of Personnel to ensure its diversity in partnership with the ODEO.
3. Composition of the hiring panel shall not change once the selection process has commenced without approval by the Director of Diversity and Equal Opportunity or his/her designee.
4. The Commissioner may designate any employee to serve on a hiring panel.

5. The hiring panel shall not discriminate on the basis of race, color, creed, religion, national origin, ethnicity, gender, age, sexual orientation, gender identity, genetic information, disability or Vietnam Era Veteran status.

201.04 **SELECTION PROCESS**

1. All interested applicants must submit a resume/Application for Employment (Attachment B) and cover letter to DHR for vacancy announcement postings. The DHR shall then screen the applicants' qualifications. Those applicants not qualified for a position shall be notified in writing by the Hiring Authority. Information on all applicants shall be entered on the Applicant Flow Data Sheet, Attachment C, listed alphabetically. The completed package shall be sent to the Hiring Authority.
2. In order to initiate the interview process, the DHR shall supply the Hiring Authority with the following: the Vacancy Announcement and resumes of those applicants qualified for the position; the Applicant Flow Data Sheet; the applicable Form 16.
3. The ODEO shall refer qualified applicants for vacant positions to the DHR. The ODEO Referral Form, Attachment F, shall be utilized to assess each referral made by the ODEO. Timely referrals shall be made to provide ample opportunity to notify applicants and arrange for interviews.
4. Upon receipt of the above documentation, a hiring panel shall be convened to review the resumes of the applicants and determine which applicants are selected for an interview. The Director of Diversity and Equal Opportunity or his/her designee may make recommendations for interviews from the resume pool. This information shall be documented on the Applicant Flow Data Sheet in the disposition code column. At this time, the hiring panel shall also develop appropriate job-related interview questions regarding the position to be filled. These questions shall be attached to the Interview Evaluation Form, Attachment G. Applicants shall then be contacted by the hiring panel to schedule an interview and are asked at that time to bring with them the completed Employment

Application. Employment applications can be found on the Department's web site or can be printed and mailed to the applicants. A copy of the Applicant Flow Data Sheet shall accompany the materials sent to the hiring panel as set forth below. The hiring panel is asked to enter the EEO codes and the disposition of each of the applicants.

5. All civil service, Executive Order 526 and MHRD requirements shall be met when determining the eligibility of applicants, see 103 DOC 202, Civil Service And The Massachusetts Human Resources Division.
6. Applicants for a provisional promotion to a bargaining unit position, for which no civil service list exists, shall be evaluated in accordance with the criteria set forth in the applicable collective bargaining agreement, see Attachment H, Promotional Criteria.
7. Appointments from civil service certification lists shall be selected in accordance with MHRD rule PAR.09, Civil Service Appointments.
8. The hiring panel shall ensure that those candidates selected for an interview are notified in writing a minimum of five (5) working days prior to the interview date.
9. At the interview, the Hiring Panel shall provide the applicant with the following forms: the Vacancy Announcement; the Background Information Request and Waiver Form for all non-direct care positions, see Attachment B. These forms must be completed and signed by the applicant at the interview. If the applicant is a current employee of the Department, the DHR shall provide to the hiring panel, for its consideration, the applicant's attendance calendar and Employee Performance Review Form or Achievement and Competency Enhancement System ("ACES") Evaluation Form covering, at a minimum, the preceding twelve (12) month period. In addition, the Hiring Panel shall consider letters of recommendation, letters of commendation and other relevant information during the selection process.

NOTE: Evaluation consideration shall be given to applicants who speak two (2) or more languages under the "Communication/Interpersonal Skill" section of the Evaluation Form. Having additional language skills, particularly in the Spanish language, is a desirable goal for the Department's staffing needs and for meeting the Department's Language Access Plan goals. Hiring panels shall consider an applicant's ability to speak a second language when scoring interviewees based on specific language (Spanish) and/or skill level. Candidate's proficiency can be self identified based on his/her response using the following categories (see also application) proficiency in conversation, reading and writing ranging from fair to fluent (1-5.)

10. The hiring authority or his/her designee shall review the material submitted by the hiring panel. Following this review, the hiring authority shall conduct final interviews from among the top 2 or 3 recommended candidates. Once the selection is made, the hiring authority shall complete the Applicant Flow Data Sheet, by filling in the disposition code on each applicant as well as comments, if necessary. The complete hiring package shall then be forwarded to the DHR for review and processing. The Director of Diversity and Equal Opportunity or his/her designee may make recommendations for final selection.
11. Any interviews that fail to comply with the requirements set forth in this policy shall result in a re-initiation of the interview process.

201.05 PROCESSING OF THE HIRING PACKAGE

1. Upon receipt of the hiring package from the Hiring Authority, the DHR shall review the hiring package to ensure that it meets all requirements set forth by the MHRD. The DHR shall also ensure that the hiring package contains all the information necessary for processing. Once this review is complete, the Personnel Director shall forward the package to the Office of Diversity and Equal Opportunity for review and to ensure that all requirements set forth in this policy as well as all Executive Order 526 Diversity and Equal Opportunity requirements have been met.

2. When the Director of Diversity and Equal Opportunity has completed her/his review, she/he shall forward the hiring package to the Personnel Director for further processing. Please note that any concerns relative to diversity and final selections shall be discussed with the Division Head or Superintendent.
3. The Personnel Director shall ensure that a background check/investigation has been completed. Any negative findings such as poor employment record, personal references or involvement with law enforcement - arrests, convictions, probation - found during this background check shall be shared with both the Director of Diversity and Equal Opportunity and the hiring facility/division.
4. If the requirements have been met; DHR shall complete the Authorization to Hire Form, Attachment I. The Personnel Director, DHR or his/her designee shall sign and date the Authorization to Hire Form following the completion of this review. DHR shall then complete the Executive Office of Public Safety and Security ("EOPSS") hiring proposal form, Attachment J, for all management positions.
5. The hiring package, including the EOPSS hiring proposal form shall then be forwarded back to the Director of Diversity and Equal Opportunity for final review and signature.

The Director shall sign and date the Authorization to Hire Form, and where applicable, the Notice of Appointment.

6. DHR shall then forward the hiring package to the Deputy Commissioner of Administrative Services Division for review. Following this review and approval, the Deputy Commissioner of Administrative Services Division shall sign and date the Authorization to Hire Form. He/she shall return the hiring package to the DHR at which time a copy of the completed Authorization to Hire shall be forwarded to the ODEO, and the Notice of Appointment shall be forwarded to the Commissioner for sign off.
7. At the completion of the above review process, the selected candidate for all non-direct care positions

shall receive written notification of appointment by the DHR.

8. Direct care positions, which include Correction Officer I, Correction Officer I (Head Cook), Correction Program Officer A/B and titles in the Industrial Instructor and Recreation Officer series of positions titles, applying to fill a new hire position shall have to complete the following requirements in order to be considered for employment.
 - a. Complete and return all paperwork given at time of signing civil service certification, if applicable.
 - b. Investigator shall run a criminal history check from the background waiver form completed by applicant. If applicant passes the criminal history check and interview with background investigator, the applicant proceeds to the next requirement. If the applicant fails, the process stops immediately and he/she is bypassed for appointment.
 - c. Applicants shall then be scheduled for an initial interview with a background investigator, followed by a formal interview with a hiring panel and physical abilities testing.
 - d. If the hiring panel recommends the candidate for employment, the candidate shall have a pre-employment background investigation completed by a certified pre-employment investigator.
 - e. Applicants that pass the pre-employment investigation shall be extended a conditional offer of employment and shall proceed on to the pre-employment screening process, Attachment K. This shall consist of a drug and psychological screening. Candidates failing any part of the Pre-Employment Screening process shall be bypassed for appointment.

- f. Applicants shall be required to have the Industrial Health Questionnaire, Attachment N, completed by their physician. This form needs to be returned to the Human Resources Division for review.
9. All employees approved for hire shall complete the U.S. Department of Justice, Immigration and Naturalization Service, Form I-9, Section 1, Attachment L. Following submission by the employee, this form shall be retained in the employee's personnel folder. Employers are responsible for verifying the employment eligibility of employees whose employment eligibility documents carry an expiration date.
10. No offer to hire shall be made until the above review process is complete in its entirety.
11. At the completion of the above process, non-selected applicants shall receive written notification from the DHR. Non-selected applicants for posted bargaining unit positions shall receive notification as required by the applicable collective bargaining agreement.
12. Hiring packages, which fail to meet the requirements set forth in this policy, shall be subject to a re-initiation of the interview process and sign-off on the Authorization to Hire shall be withheld.

201.06 PRE-EMPLOYMENT PRE-SCREENING PROCESS/RECRUIT TRAINING PROGRAM

1. Prior to assuming any job assignment, all candidates for the positions of Correction Officer I, Correction Officer I (Head Cook), Correction Officer/Chef, Correctional Program Officer A/B, and titles in the Recreation Officer series of position titles must successfully complete the ten (10) week Department Recruit Training Program. Candidates for positions in the titles of Industrial Instructor series shall complete a five (5) week Department Recruit Training Program.
2. In accordance with 103 DOC 208, Personnel Orientation, all candidates for non-direct care positions shall attend a pre-employment orientation as scheduled by

DHR. Part of this orientation shall include the Commissioner's Memoranda related to programs for People with Disabilities and for Vietnam Era Veteran Certification.

3. All candidates for enrollment in the Department Recruit-Training Program must successfully complete a pre-employment screening process. This shall consist of a physical abilities testing, drug and psychological screening, as well as a complete physical examination. Pre-screening is conducted:
 - a. To assure the candidate's conformity with the medical guidelines;
 - b. To ensure that the candidate is physically fit to undergo the full range of training conducted during the Recruit Program; and
 - c. To ensure the recruit is psychologically fit for duty.
4. Vendors hired by the Department shall conduct portions of the pre-screening. Pre-screening shall be scheduled by the Director of Personnel in consultation with the Assistant Deputy Commissioner, Administration, and conducted not more than six (6) months (180 calendar days) prior to the recruit training program start date.
5. Medical

The medical guidelines are designed to ensure that persons appointed to direct care positions in the Department are medically fit to undergo the training requirements for such positions, in order:

- a. To ensure minimal risk to themselves, their fellow employees and the public;
- b. To ensure the selection of persons who may reasonably be expected to perform the essential functions of the position; and
- c. To forestall injuries and disability retirements resulting from work related injuries, which may reasonably be foreseen

as a consequence of admitting medically and/or physically unfit candidates to the training program.

In applying the medical guidelines, if an applicant's physician determines that the applicant has a non-compliant medical condition, that applicant will be considered non-suitable for the position for which he/she is applying. Self reported pre-existing medical conditions shall be reviewed on a case-by-case basis by the Assistant Deputy Commissioner, Administration, or designee. He/she shall review the medical reports to determine whether further review by a State appointed doctor is necessary for the purpose of determining whether the candidate is able to perform the essential functions and tasks required for completion of the training and employment, given the specific medical condition(s) present.

Before rendering a decision on a potentially disqualifying condition, the Assistant Deputy Commissioner, Administration, or designee shall consider whether the condition is remediable by a "reasonable accommodation" as the latter phrase is used in M.G.L. c. 151 B, § 4(16) and the Americans with Disabilities Act.

The term "Potentially Disqualifying Condition" as used in these Medical Guidelines is defined as "any condition specified in the medical guidelines which may render a candidate incapable of satisfactorily completing the training necessary to perform the essential functions of the position".

Candidates having one (1) or more potentially disqualifying conditions shall be considered on a case-by-case basis by the Assistant Deputy Commissioner, Administration, or designee, as to whether they are capable of performing the essential functions of the training program and employment. A potentially disqualifying condition may be temporary or permanent. In those cases where the condition is temporary, the candidate's enrollment in a recruit-training program may be deferred for a reasonable time required to remedy the condition.

All reviews shall be conducted in an expeditious manner and may be appealed to the Deputy Commissioner of Administrative Services Division.

A candidate may not be waived from the physical fitness component of the recruit-training program except under extraordinary conditions and approved by the Deputy Commissioner of Administrative Services Division or his/her designee.

Medical History - The candidate must complete, sign and date the medical history portion of the medical questionnaire, Attachment O.

Physician Examination - The report of medical condition, with the medical history portion completed and signed, must be reviewed, completed, signed and dated by the examination physician following a physical examination of the candidate consistent with medical guidelines.

Medical tests - The following tests are required, at a minimum:

- i. Extensive health history review.
- ii. Height/Weight - commensurate with frame - BMI index.
- iii. Vision test - utilizing Titmus standard vision screening, an internationally recognized and accepted test measuring visual acuity, color vision and lateral fields.
- iv. Hearing test - utilizing exhaustive and daily calibrated audiometer to Ansi standards by AOHC certified staff.
- v. Full set of vital signs.
- vi. Blood Pressure (both arms).
- vii. Urine dipstick to include glucose to rule out diabetes.
- viii. Resting electrocardiogram with reading.

- ix. Five (5) drugs of abuse and urine alcohol screen. This test shall be administered by a Department vendor and scheduled by the Division of Human Resources, Director of Personnel.

Based upon the physician's examination, a determination shall be made whether or not any abnormalities exist that shall preclude an individual from participating in the physical abilities test. In addition, a determination shall be made whether or not any abnormalities exist that shall preclude an individual from participating in the recruit training program or assuming the position of Correction Officer/Correctional Program Officer or any other position.

Documentation outlining the results of the medical exam and a copy of the medical history questionnaire shall be kept on file at the Personnel Department of the DHR.

Any positive drug testing results shall be directed to the Assistant Deputy Commissioner, Administration.

6. Physical Fitness Test Battery

NOTE: Industrial Instructor positions are exempt from the Physical Fitness Test Battery.

The battery consists of three (3) events which measure specific aspects of a candidate's physical fitness. Candidates must meet or exceed the minimum entrance standard in each of the following categories to be enrolled in the recruit training program, Attachment V:

- a. Timed 1.5 mile run;
- b. Sit-ups completed in a one minute timed period;
- c. Push-ups completed in a one minute timed period;

Documentation outlining the results of the physical fitness test battery shall be kept on file at the Academy with a copy forwarded to the personnel department.

Candidates shall be provided with one opportunity to pass the physical fitness test. Candidates shall also be required to provide a signed Physician Release Form, Attachment O, in order to participate in the physical fitness test.

Candidates who fail to attain passing scores in any of the tests in the physical test battery shall be denied enrollment in the recruit training program. Such candidates may be eligible for enrollment in subsequent recruit training programs subject to compliance with applicable enrollment requirements.

7. Psychological Testing

All Department recruit candidates shall be psychologically pre-screened as a condition of employment in order to determine whether candidates have psychological or character disorders that would render them unable to perform the required duties of the position in a manner which could compromise public safety. Any diagnosis shall be related to an inability to fulfill the essential job duties. The screening process shall include written tests in conjunction with clinical interviews.

Documentation outlining the results of this exam shall be sent to the Assistant Deputy Commissioner, Administration.

8. Psychological Exams

- a. Administration of the Minnesota Multiphasic Personality Inventory - 2 (MMPI-2)
- b. Sixteen (16) Personality Factor Questionnaire (16PF)

One-on-one interviews by an psychologist/clinician, regarding background, personality and mental stability.

Based upon the results of the above exam, further testing may be administered.

9. All candidates for employment, regardless of whether for initial employment or promotion, who may have contact with inmates, shall be asked, in either written application(s) or interview(s), about whether he/she has:
 - a. Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution;
 - b. Been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
 - c. Been civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.

Note: Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

201.07 **PRE-EMPLOYMENT PHYSICAL EXAMINATIONS**

All other candidates for employment in titles not listed in 103 DOC 201.05 must present a letter of medical fitness from their personal physician on or before the start date of employment. This examination is at the expense of the candidate.

201.08 **CERTIFIED PRE-EMPLOYMENT INVESTIGATORS**

1. All hiring institutions/divisions should have at least one (1) certified background investigator who has successfully completed the Department's Background Investigators Certified Training.

2. Department institutions/divisions without a certified background investigator on staff must make arrangements with the DHR to have a background investigation completed for all selected non-direct care candidates prior to submission of the hiring package to the DHR.

201.09 **PRE-EMPLOYMENT BACKGROUND INVESTIGATIONS**

1. A criminal record check is conducted on all new employees prior to assuming their duties in order to identify whether there are criminal convictions that may have a specific relationship to job performance in accordance with state and federal statutes. The criminal record check shall not be initiated until the Background Information Request and Waiver form, Attachment B of the application, is received. This record shall include comprehensive identifier information to be collected and run against law enforcement indices. If suspect information on matters with potential terrorism connections is returned on a desirable applicant, it is forwarded to the local Joint Terrorism Task Force ("JTTF") or another similar agency through the chief of the Office of Investigative Services.

The criminal record check results may result in an adverse employment decision for the applicant. Every applicant shall be provided with a copy of the criminal history record in the Department's possession.

2. In the event that the applicant believes that the information on his/her criminal record is in need of correction, several procedures for correction exist.
 - a. If the applicant believes that a case is opened on his/her record that should be marked closed, the applicant may contact the office of the Commissioner of Probation Department at the court where the charges were brought and request that the case(s) be updated.
 - b. If the applicant believes that a disposition is incorrect, he/she should contact the Chief Probation Officer at the court where

the charges were brought or the CARI Unit at the Office of the Commissioner of Probation and report that the court incorrectly entered a disposition on his/her criminal record.

- c. If the applicant believes that someone has stolen or improperly used his/her identity and were arraigned on criminal charges under his/her name, he/she may contact the Office of the Commissioner of Probation CARI Unit or the Chief Probation Officer in the court where the charges were brought. In some situations of identity theft, he/she may need to contact the Department of Criminal Justice Information Services to arrange to have fingerprints analysis conducted.
 - d. If there is a warrant currently outstanding against the applicant, he/she will need to appear at the court and ask that the warrant be recalled. This cannot be done over the telephone.
3. All positions shall have a background investigation completed only for the candidate selected by the hiring authority prior to submission of the hiring package to the DHR. If there is not a certified investigator available, DHR shall be notified to complete the background investigation. The hiring authority shall also review the background investigation information prior to submission.
 4. Candidates for all direct care positions as set forth in 103 DOC 201.05(8) shall have an initial interview with a certified background investigator. At the initial interview, the investigator shall have the candidate complete the Background Information Request and Waiver Form (if not previously submitted); complete an Initial Interview Check List, Attachment P, to ensure that the applicant meets all entrance requirements; review the personnel application form; complete fingerprinting of the applicant and copy all relevant documentation.
 5. The background investigation shall include, but not be limited to, the following: a criminal records check

(local police departments, Massachusetts Board of Probation, National Criminal Information Center ("NCIC") National Law Enforcement Telecommunications System ("NLETS") (if applicable), Registry of Motor Vehicles, FBI fingerprints, and Warrant Management System ("WMS") check); past employment check (minimum of five (5) years, if applicable) (Attachments Q and R), including the investigator's best efforts in contacting prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse; character reference check (minimum of one (1) reference) (Attachment S) and all original documentation pertaining to applicable entrance requirements. Copies of the original documentation relative to the entrance requirements shall be made and the originals returned to the applicant.

6. Department employees under consideration for promotion shall also be subject to a Massachusetts Board of Probation and WMS check.
7. A full criminal records check and fingerprinting shall be conducted regarding all contractors as described in 103 DOC 201.09 (1).

201.10 **BACKGROUND CHECKS FOR MV OR ABOVE**

1. All candidates being hired or promoted into management positions at the MV level or above are required to go through a full background check through the Office of the Governor.
2. Background checks shall be initiated by DHR.
3. DHR shall forward a blank Governor's Background package to the management candidate, directing the candidate to fill the package out completely. The candidate shall forward the Governor's Background package directly to the Director of Human Resources & Background Checks, Office of the Governor, State House, Room 280, Boston, MA 02133.

201.11 TRANSFERS

A transfer to a lateral assignment at another Department facility shall not be permitted unless an employee's probationary period has been completed at the current work location.

201.12 ACTING STATUS APPROVAL

All acting status appointments anticipated to be filled for more than thirty (30) days shall be approved by the Deputy Commissioner of Administrative Services Division and DHR shall submit a request for acting status form to EOPSS for final approval.

201.13 REQUEST FOR WAIVER

Any request for a waiver of this policy must be forwarded to the Commissioner for approval.

201.14 EMPLOYMENT OF EX-OFFENDERS

1. Except as provided in 201.14(2), ex-offenders may be employed by the Department provided the Commissioner certifies that such appointment shall contribute substantially to the work of the Department.
2. Pursuant to M.G.L. c. 125 § 9, but subject to the provisions of M.G.L. c. 119 § 60, no person who has been convicted of a felony or who has been convicted of a misdemeanor and has been confined in any jail or house of correction for said conviction, shall be appointed to the position of correction officer, captain, deputy superintendent, superintendent or any other position involving the regulation of a state or county correctional facility.

201.15 EXIT INTERVIEW

All employees that leave their employment with the Department through resignation or retirement shall be afforded the opportunity to complete an exit interview. This exit interview form will be located on the DHR, Intranet page. The form shall not be placed in the employee's personnel file and a copy will be sent to the ODEO.

Department Of Correction

Posting ID:

JOB INFORMATION

Official Title:

Salary:

Location:

Functional Title:

Bargaining Unit:

Facility Location:

Occupational Group:

Number of Vacancies:

Region:

Position Type:

Confidential:

Shift:

Civil Service Exam Required:

Application Deadline:

Full-Time/Part-Time:

Duties: *

Qualifications:

Comments:

How to apply:

Mail cover letter and resume to:

Department Of Correction

Division of Human Resources

50 Maple Street

Milford, MA 01757

Fax: (508) 850-5217

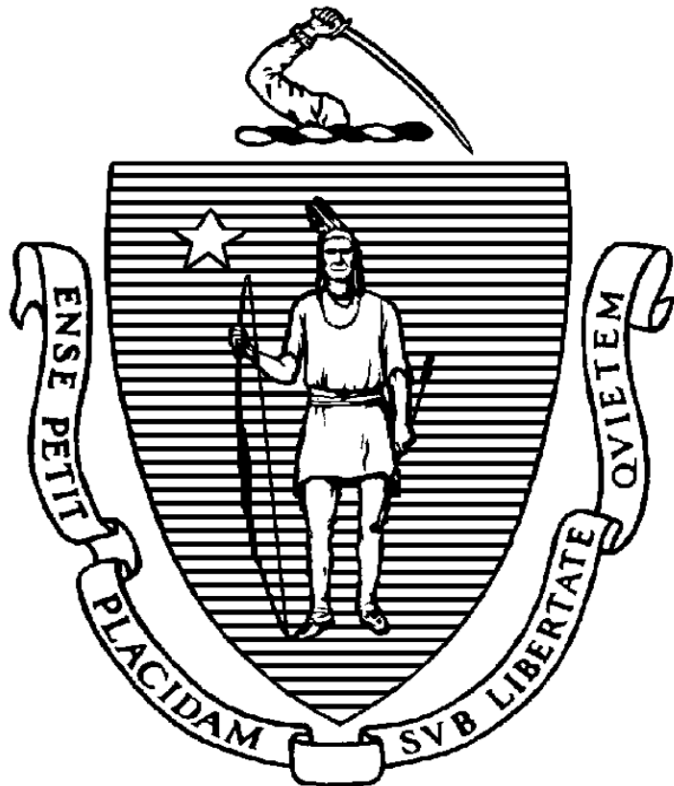
Agency Web Address: <http://www.mass.gov/doc/>

Affirmative Action Officer: (508) 850-7730

An Equal Opportunity/Affirmative Action Employer.

Women, minorities, veterans, and people with disabilities are strongly encouraged to apply.

Commonwealth of Massachusetts



EXECUTIVE BRANCH
Application for Employment

ALSO SEE JOB POSTINGS AT
[HTTPS://MASSCAREERS@STATE.MA.US/](https://masscareers@state.ma.us/)

[REVISED 5/15/19](#)

**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 Office at (508) 850-7730.

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
- Employment Agency
- Newspaper advertisement
- Commonwealth's Employment Opportunities (CEO)
- Other Internet job site
- Unemployment office/One-Stop Career Center
- 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 is 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**

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.

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"/>	<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**

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. This information will be forwarded to Attention: Director of the Office of Diversity & Equal Opportunity, 50 Maple Street, Milford, MA, 01757.

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

**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, genetic information, military status, sexual orientation, or disability, which can be reasonably accommodated, unless there exists a bona fide occupational qualification.

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. This information will be forwarded to Attention: Director of the Office of Diversity & Equal Opportunity, 50 Maple Street, Milford, MA 01757.

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. This information will be forwarded to Attention: Director of the Office of Diversity & Equal Opportunity, 50 Maple Street, Milford, MA 01757.

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, Attention: Director of the Office of Diversity & Equal Opportunity, 50 Maple Street, Milford, MA 01757.

*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

IN CASE OF AN EMERGENCY, PLEASE NOTIFY:

Name: _____ Relationship: _____

Address: _____
City State (zip code)

Home Phone number: _____ Cell Phone number: _____

Has any member of your immediate family or a relative (**including in-laws**) ever **been** or is **currently** incarcerated in any Massachusetts State or County Correctional Institution?

Yes No

Are you aware of any acquaintance(s) or personal friend(s) who **are or have** been incarcerated?

Yes No

Please disclose the names and relevant information for all family, friends, relatives and acquaintances incarcerated in any Massachusetts State or County Correctional Institutions.

Name	Relation	Date	Place Incarcerated	Charge	Final Disposition

**COMMONWEALTH OF MASSACHUSETTS
APPLICATION FOR EMPLOYMENT**



**COMMONWEALTH OF MASSACHUSETTS
HUMAN RESOURCE DIVISION
CONTRACT EMPLOYEE DISCLOSURE FORM**

IMPORTANT	
1. Type or print clearly in black or blue ink. 2. Answer every question fully and accurately.	3. Read certification and release carefully before signing 4. Return completed application.
PERSONAL INFORMATION	
Name (First) (Middle) (Last) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	
Home Telephone Number	
Mailing Address (Street) (City) (State) Zip(Postal) Code	
Business or Message Phone:	
Home Address (if different from mailing address)	
(Street) (City) (State) Zip(Postal) Code	
E-Mail Address:	
CONTRACT EMPLOYMENT	
POSITION APPLIED FOR:	Agency:
<i>IMMEDIATE FAMILY WORKING IN MASSACHUSETTS STATE GOVERNMENT</i>	

Per Executive Order 444, please disclose any immediate family members, including those related to your immediate family by marriage, who is 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 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	Title of Job	State Agency

Signature of Applicant	Date
Printed Name	

**COMMONWEALTH OF MASSACHUSETTS
APPLICATION FOR EMPLOYMENT**

THIS IS AN INSERT

Employment History Addendum

In the space below please list all discipline 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 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**



*The Commonwealth of Massachusetts
Executive Office of Public Safety & Security
Department of Correction
Division of Human Resources
50 Maple Street
Milford, Massachusetts 01757
Tel: (508) 850-7888 Fax: (508) 850-5217
www.mass.gov/doc*



**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**



*The Commonwealth of Massachusetts
Executive Office of Public Safety & Security
Department of Correction
Division of Human Resources
50 Maple Street
Milford, Massachusetts 01757
Tel: (508) 850-7888 Fax: (508) 850-5217
www.mass.gov/doc*



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)
STATE

ZIP

NUMBER

STREET

CITY

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.

**COMMONWEALTH OF MASSACHUSETTS
APPLICATION FOR EMPLOYMENT**

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)

3. Have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution?

Circle One; YES NO

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

4. Have you been convicted of engaging or attempt to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse?

Circle One; YES NO

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

5. Have you been civilly or administratively adjudicated to have engaged in the activity described above?

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

Attachment C

APPLICANT FLOW DATA SHEET

ALL APPLICANTS THAT SUBMITTED RESUMES/APPLICATIONS FOR POSITION

DIVISION/INSTITUTION:
APPROPRIATION:
CERTIFICATION:
VACANCY ANNOUNCEMENT:
INTERNET:

POSITION TITLE:
POSITION:
DATED:
LAST DATE TO APPLY:
LAST DATE TO APPLY:

<u>NAME</u>	<u>C.S.</u>	<u>SCORE</u>	<u>RACE/GENDER</u>	<u>DISP. CODE</u>	<u>COMMENTS</u>

- | | |
|--|--|
| <u>RACE/PROTECTED CLASS/GENDER</u> | <u>DISPOSITON CODE</u> |
| 1 - WHITE | A - SELECTED FOR HIRE |
| 2 - BLACK/AFRICAN AMERICAN | B - SELECTED AS FINALIST: NOT HIRED |
| 3 - HISPANIC/LATINO | C - INTERVIEWED |
| 4 - ASIAN | D - NOT INTERVIEWED |
| 5 - AMERICAN INDIAN/ALASKAN NATIVE | E - WITHDREW |
| 6 - NOT SPECIFIED | F - OTHER (No show, not qualified, etc.) |
| 7 - NATIVE HAWAIIANOTHER PACIFIC ISLANDS | |

Attachment D



The Commonwealth of Massachusetts
Executive Office of Public Safety & Security
Department of Correction
Division of Human Resources
50 Maple Street
Milford, Massachusetts 01757
Tel: (508) 850-7888 Fax: (508) 850-5217
www.mass.gov/doc



TO: All Applicants and Employees

RE: Civil Rights Program
Invitation to Self –Identify as a Person with Disabilities

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.

The Executive Branch of the Commonwealth recognizes the importance of non-discrimination, diversity and equal opportunity in all aspects of state employment, programs and activities. It is being requested on a voluntary basis, and refusal to provide it will not subject you to any adverse treatment.

If you would like to self-identify as an individual with a disability, please complete the attached “Confidential Self-Identification of Disability” form and return it to: Attention: ADA Coordinator, Office of Diversity and Equal Opportunity, 50 Maple Street, Milford, MA 01757, (508) 850-7730. These forms will be processed as expeditiously as practical.

The information you provide will be kept confidential, not be part of your personnel file and used only in accordance with the State 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). 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
Division of Human Resources
50 Maple Street
Milford, Massachusetts 01757
Tel: (508) 850-7888 Fax: (508) 850-5217
www.mass.gov/doc*

TO: All Vietnam Era Veterans

**RE: Invitation to Self-Identify for Affirmative Action
Program for Vietnam Era Veterans**

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 which is issued by the DOC Office of Diversity and Equal Opportunity. 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 Department of Correction, Office of Diversity and Equal Opportunity, 50 Maple Street, Milford, MA 01757 or call (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

Attachment F

(DEPARTMENT LETTERHEAD)

OFFICE OF DIVERSITY AND EQUAL OPPORTUNITY APPLICANT REFERRAL FORM

Position Title: _____ Functional Title _____

Division/Institution: _____

Posting ID: _____ Posting Deadline: _____

The Office of Diversity and Equal Opportunity is responsible for implementing and monitoring Executive Order 526 which promotes diversity and equal opportunity in the public job market for the Commonwealth. It is the mission of the Department of Correction to create a workplace that reflects the diversity of all our citizens. Through this referral service we endeavor to create an inclusive work environment that embraces and respects all racial, cultural backgrounds and linguistic skills.

In review of the above job vacancy our office has searched our resume data bank and has matched a qualified candidate for your consideration. Attached please find the resume for candidate (name) _____ referred to your Institution/Division for an interview.

If we can be of any assistance in your hiring process, please notify our office. Thank you for your consideration.

Referral made by : _____ Date: _____

Attachment G

Department of Correction Interview Panel Guidance

Enclosed you will find a copy of the job posting/vacancy announcement, which outlines the Minimum Entrance Requirements (MER) for the position. The MER listed on the posting have been determined by the Commonwealth's Human Resources Division and are included on the Classification Specification for each title. The DOC Division of Human Resources (DHR) has screened all resumes received for this posting for the authorized MER's and forwarded to you only those that meet the MER's. You should now review the resumes, selecting for interview those candidates who possess the most directly related experience. Be careful that all candidates are held to the same standard and in compliance with all of the Commonwealth's MER's. In order to fulfill the mandates of Executive Order 526 all applicants representing protective classes should be considered for interviews if they meet the "MER".

Guidance for Panelists for Conducting Interviews

Once it is determined who is selected for interviews, questions need to be developed. The following recommendations should be used in conducting all interviews.

Questions Should:

- Be open ended, requiring more than a yes or no response.
- Measure verbal and technical skills, knowledge and abilities needed to perform the job.
- Assess only prerequisites for performing important aspects of the job.
- Explore the candidate's current and previous positions and search for the highlights of these experiences.
- Allow the interview panel to uncover the candidate's work behaviors.
- Focus on professional skills and knowledge.
- Seek information about work style, if applicable, and the candidate's management/supervisory style.
- Focus on past and future departmental goals.
- Allow candidates to summarize strengths and identify areas for development and how they may address those areas.

Questions Should Not:

- Focus on skills, knowledge and abilities that can only be learned on the job.
- Focus on specific agency rules, regulations and policies that the applicant would not be expected to know prior to an interview. (There may be exceptions to this for promotional interviews).
- Lead to the response that is being sought.

Instructions for Panelists for Completing Interview Evaluation Forms

All panel members should make sure each applicant is treated equally. In so doing, all applicants must be asked the same questions.

The Interview Evaluation Form requires a total combined score including verbal responses during the interview as well as points in the "Experience and Abilities" or Part A of the Form. This Evaluation Form should be completed for every applicant immediately after each interview. If applicants noted ability to speak two languages in the application or cover letter, this should be noted and considered for scoring in the area of Communication/Interpersonal Skills.

The "Experience and Abilities" section of the Interview Evaluation Form or Part A covers the following areas: Experience and Competence in Related Work, Education/Training Related to this Position, Work History and Communication/Interpersonal Skills. The points in Part A will be derived from information on the candidates' resume/application as well as information obtained from the interview.

NOTE: Evaluation consideration should be given to applicants who speak two languages under the "Communication/Interpersonal Skills" or part A of the Evaluation Form. Having additional language skills particularly in Spanish is desirable for our staffing needs. Hiring panels shall consider an applicant's ability to speak a second language when scoring interviewees based on specific language (Spanish) and/or skill level. A candidate's proficiency can be self identified based on his/her response using the following categories (see also application) proficiency in conversation, reading, and writing ranging from fair to fluent or from 1-5.

In Part B of the Interview Evaluation Form, candidates will receive points based on their responses to the Panel interview questions.

Using a scale of one (1) through five (5), one being the lowest, please evaluate the candidates. Each candidate's responses to the questions should be assigned a score for their responses to the questions. The score should be recorded in the Interview Evaluation Form.

The candidate (s) with the highest overall points, combined from Part A and Part B, should be the final candidate (s) recommended for the position and for second interviews.

The Interview Panel must complete an *Interview Evaluation Form* for each candidate interviewed. There are four categories in Part A for overall evaluation of the candidate. Using a scale of one (1) through five (5), one being the lowest, please evaluate the candidates. This total should then be added to the score from the interview questions to come up with a total complete score.

If there were specific observances that led to the recommended selection or non-selection of a candidate, those should be noted in the Comments

section of the Interview Evaluation Form. Comments can include descriptions of the candidate's behavior during the interview.

Interviewee Mishaps and Behaviors to Look For:

- Applicant is late
- Applicant gets lost finding interview location
- Having no working knowledge of agency nor its mission
- Unfamiliar with the agency - didn't do his/her homework
- Chews gum
- Dressed inappropriately
- Behavior is too casual or inappropriate
- Shows a lack of depth to answers to questions demonstrating lack of preparedness

What Happens After Interview Process:

After completing the interview process and receiving approval from the Superintendent/Division Head, the package is sent back to DHR for review and processing. Please go through the Check List carefully to ensure that all required materials have been included.

Once the evaluation process is completed, a cover memo should be drafted by the Chair of the Interview Panel. This memo should be routed through the appropriate Division Head/Superintendent for their review and consideration for scheduling second interviews.

**Department of Correction
Interview Evaluation Form**

Applicant Name: _____ Date of Interview: _____

Position Interviewed for: _____ Posting ID #: _____

Length of Service within DOC: _____ Length of Service within the State: _____

Certified Vietnam Era Veteran: Yes / No Certified Disabled: Yes / No

Bilingual: Yes / No Language: _____

Part A	Experience and Abilities				
	<i>(Based on resume application and interview)</i>				
Experience & Competence in Related Work:	1	2	3	4	5
Education/Training Related to this Position:	1	2	3	4	5
Work History:	1	2	3	4	5
Communication/Interpersonal Skills:	1	2	3	4	5
				Total:	_____

* 1. Less than satisfactory; 2. Satisfactory; 3. Average; 4. Excellent; 5. Outstanding.

Part A. Experience and Abilities Points: _____

Part B. Points from Interview Questions: _____

A + B Total Points: _____

Recommended For Hire? YES / NO (circle one)

Comments:

Part B

**Department of Correction
Interview Form**

Please use the ratings below to evaluate candidate's response to the interview questions asked. One form per applicant.

- | | | |
|----|------------------------|---|
| 1. | Less than satisfactory | Candidate articulated weak or irrelevant response |
| 2. | Satisfactory | Answer was satisfactory |
| 3. | Average | Competent answer |
| 4. | Excellent | Response was excellent |
| 5. | Outstanding | Exceptional answer |

Evaluation Criteria	(Circle one)		(Circle one)
Question 1	1 2 3 4 5	Question 2	1 2 3 4 5
Comment:		Comment:	
Question 3	1 2 3 4 5	Question 4	1 2 3 4 5
Comment:		Comment:	
Question 5	1 2 3 4 5	Question 6	1 2 3 4 5
Comment:		Comment:	
Question 7	1 2 3 4 5	Question 8	1 2 3 4 5
Comment:		Comment:	
Question 9	1 2 3 4 5	Question 10	1 2 3 4 5
Comment:		Comment:	

TOTAL SCORE Part B _____

INTERVIEW PANEL

Name (Print Clearly)	Position Grade	Race/Sex
_____	_____	_____
Chairperson		
_____	_____	_____
Member		
_____	_____	_____
Member		

Attachment H
PROMOTIONAL CRITERIA

NAGE UNIT 1

Article 14 Section 1

- A. The following factors in priority order shall be used by the Appointing Authority or his designee in selecting the employee for a promotion:
1. Ability to do the job as determined by, but not limited to:
 - a. Experience and competence (job performance) in the same or related work
 - b. Education and training related to the vacant position
 2. Seniority, as measured by length of service within the Appointing Authority
 3. Work History
- B. For promotions made pursuant to the article, the Appointing Authority shall consider applicants and post promotional opportunities within the Appointing Authority's jurisdiction. The employer shall notify all unsuccessful applicants in writing on the Non-Selection Form (see page 47) and shall post the name of the person selected to fill the position.
- C. The provisions of Section B and Section 2 of this Article shall apply to all Bargaining Unit 1 positions except approved managerial and confidential exclusions, disputed managerial and confidential exclusions and positions covered by the provisions of Chapter 14, Section 4 of the General Laws.

ALLIANCE, AFSME UNIT 2

Article 14 Section 2

- A. For positions in job grades 2 through 10, the Appointing Authority shall select the employee who is qualified to perform the work with the longest length of service in the work unit containing the vacancy. The Appointing Authority shall make the selection from the appropriate applicants as set forth in Paragraph C of this section on the basis of ability to do the job and seniority within the appropriate work unit(s).
- B. The following procedure shall apply to promotions made pursuant to this Article for positions in job grades 11 and above which have not been excluded from this procedure under the provisions of Paragraph E

of this Section. The following factors shall be used by the Appointing Authority in determining his/her selection for a given vacancy:

1. Ability to do the job:
 - a) Licenses or Registration - in positions where licenses or registration is required in the job specification or by a state approving agency, applicant must possess adequate license or certificate of adequate registration on the date application is made.
2. Work history.
3. Experience in related work.
4. Education and training directly related to the duties of the vacant position.

In the event that two (2) or more applicants are considered approximately equal in accordance with the foregoing factors, then length of service within the appropriate work units(s) shall be the deciding factor.

- C. For promotions made pursuant to this Article, the Appointing Authority shall consider applicants and post promotional opportunities in the following sequence:
1. Within the work unit.
 2. Within all other work units under the jurisdiction of the Appointing Authority.

The work unit and/or work units shall be designated by the Appointing Authority. No later than sixty (60) days following execution of this Agreement, each Department/Agency shall provide to the Union a current listing of Appointing Authorities in its jurisdiction, and the designation of work units within the jurisdiction of each Appointing Authority. Once designated, the work unit and/or work units shall not be arbitrarily changed.

- D. Unsuccessful applicants for posted vacancies shall receive a Notice of Non-Selection form (see page 48) stating the reason(s) for non-selection in accordance with the criteria contained in Sections 2A and 2B of this Article. Such notice shall be given at the time the vacancy is filled. Employees who receive such notice shall, at their option, be provided with the opportunity to discuss their non-selection with the appropriate hiring authority, or Human Resources Director. The fact that said discussion took place, and the statements made during that discussion, shall not be used in any way

in connection with any grievance regarding the employee's non-selection, but the underlying issues of the non-selection grievance may be presented during the grievance process.

NAGE UNIT 3

Article 14 Section 14.2

B. 2) The Appointing Authority shall use the following criteria in selecting from candidates who are presently employees covered by the Agreement in the priority order of listing, that is, if two (2) or more employee applicants have equal ability to do the job, the Appointing Authority shall next compare the work histories, and so forth:

- a) Ability to do the job, (applicant must possess any and all licenses or registration required in job specification at the time of application).
- b) Work history, including attendance record.
- c) Experience in related work.
- d) Education and training directly related to the duties of the vacancy.
- e) In the event that two or more applicants are considered approximately equal in accordance with the foregoing factors and one or more of the applicants are current employees, then seniority as measured by length of service within the Appointing Authority, prorated for time off the payroll greater than thirty (30) days, shall be the decisive factor.

In addition, each applicant who was not selected shall be sent immediately the Notice of Non-Selection Form (see page 49), which shall contain the reasons for non-selection of the individual applicant, using the form attached at the end of the contract.

MCOFU UNIT 4

Article 14 Section 2

B. Selection Criteria

1. Nothing in this Article shall preclude an Appointing Authority from hiring outside applicants.
2. The Appointing Authority shall use the following criteria in selecting from the candidates who are presently employees covered by the Agreement in priority order listing, that is, if

two or more employee applicants have equal ability to do the job, the Appointing Authority shall next compare the work histories, and so forth:

- a) Ability to do the job (applicant must possess any and all licenses or registration required in job specification at time of application).
- b) Work history, including attendance record.
- c) Experience in related work.
- d) Education and training directly related to the duties of the vacancy.
- e) In the event that two or more applicants are considered approximately equal in accordance with the foregoing factors and one or more of the applicants are current employees, then seniority as measured by length of service within the Appointing Authority, prorated for time off the payroll greater than thirty (30) days, shall be the decisive factor.

In addition, unsuccessful applicants for the posted vacancies shall receive a Non-Selection Form (see page 50), stating the reason(s) for non-selection in accordance with the criteria contained in Sections 2A and 2B of this Article.

NAGE UNIT 6

Article 14 Section 1

A. The following factors in priority order shall be used by the Appointing Authority or his designee in selecting the employee for a promotion:

1. Ability to do the job as determined by, but not limited to:
 - a) Experience and competence (job performance) in the same or related work
 - b) Education and training related to the vacant position
2. Seniority, as measured by length of service within the Appointing Authority

3. Work history

B. For promotions made pursuant to this article, the Appointing Authority shall consider applicants and post promotional opportunities within the Appointing Authority's jurisdiction. The employer shall notify all unsuccessful applicants in writing on the

Non-Selection Form (see page 51) and shall post the name of the person selected to fill the position.

- C. The provisions of Section B shall apply to all bargaining unit 6 positions except approved managerial and confidential exclusions, disputed managerial and confidential exclusions and positions covered by the provisions of Chapter 14, Section 4 of the General Laws.

MNA UNIT 7

Article 14 Section 3

Promotions

There shall be a Promotion Committee in each facility consisting of five (5) members. Said committee shall include the Director of the facility or his/her designee, the Association Chairperson or his/her designee and three members of the bargaining unit, one of whom shall be selected by the Director or his/her designee, one of whom shall be selected by the Association Chairperson or his/her designee, and one of whom shall be jointly selected by the Director or his/her designee and the Association Chairperson or his/her designee. At least one of the three members of the bargaining unit shall belong to the professional discipline for which the vacancy has been posted.

Employees wishing to apply for a promotion pursuant to a posted vacancy shall submit their application to the Employer who shall forward it to the Promotion Committee who shall review the application. The Committee shall interview applicants as it deems it necessary, and it shall make a recommendation to the Appointing Authority. Recommendations shall be made on the basis of qualifications, and where qualifications are relatively equal, seniority in the Department shall be the determining factor. The Appointing Authority shall review the Committee's recommendation but he/she shall make the final determination. In the event the appointing authority fails to appoint the person recommended by the Promotion Committee, he/she shall report the reasons for the failure to follow the Committee's recommendation in writing to the Committee.

ALLIANCE, SEIU UNITS 8 AND 10

Article 14 Section 2 (B)

- B. The following procedures shall apply to promotions made pursuant to this Article within Bargaining Units 8 and 10 to positions in job grade 13 and above which have not been excluded from the procedure.

The following factors in priority shall be used by the Appointing Authority or his/her designee in selecting the employee for a promotion:

1. Ability to do the job.

2. Education and training related to the vacant position.
3. Seniority, as measured by length of service within the Appointing Authority.
4. Experience in related work.
5. Work History.

In addition, unsuccessful applicants for posted vacancies shall receive a Non-Selection Form (see page 52) stating the reason(s) for non-selection. Such notice shall be given at the time the vacancy is filled.

MOSES UNIT 9

Article 14 Section 2

The following factors in priority shall be used by the Appointing Authority or his/her designee in considering employees covered by this Agreement and other employees within the Appointing Authority who apply for promotions under the provisions of this Article:

1. Ability to do the job as determined by:
 - a. Experience and competence (job performance) in the same or related work.
 - b. Education and training related to the vacant position.
2. Seniority, as measured by length of service within the Appointing Authority.
3. Work history.

Article 14 Section 3J

At the time the vacancy is filled, the unsuccessful applicant(s) for promotion to the vacancy posted under these provisions shall receive a notice on a Non-Selection Form (see page 53) stating the reason(s) for non-selection.

NON-SELECTION FORM - BARGAINING UNIT 1

EMPLOYEE NAME _____ CURRENT POSITION J.G. _____

ADDRESS _____ TITLE _____

POSITION SOUGHT J.G. _____

TITLE _____

Employee Identification Number: _____

We regret to inform you that another applicant has been selected for the position you sought. That applicant has been selected (because he/she has been deemed to be more qualified than you by virtue of) for one or more of the following reasons:

- () 1. Better Able (Ability) to perform the job due to:
 - () More experience in the same or related work.
 - () Demonstrated competence in the same or related work.
- () 2. Interview - *An explanation must be provided below if this section is checked.*
- () 3. Education and training (directly related to the duties of the vacant position), including Licenses and/or Registration.
- () 4. More Seniority.
 - () (Applicant from within the work unit selected)
- () 5. Other

Comments/Explanation:

This notice is for the purpose of meeting the notice requirements of Article 14, Section 1B. It does not preclude either party from raising other issues under the provisions of Article 23 of the Agreement.

By: _____ Date _____
Supervisor Date

NON-SELECTION FORM - BARGAINING UNIT 2

EMPLOYEE NAME _____ CURRENT POSITION J.G. _____

ADDRESS _____

TITLE _____

POSITION SOUGHT J.G. _____

TITLE _____

We regret to inform you that another applicant has been selected for the position you sought. That applicant has been selected (because he/she has been deemed to be more qualified than you by virtue of) for one or more of the following reasons:

- () 1. Better Able (Ability) to perform the job due to:
 - () More experience in the same or related work.
 - () Demonstrated competence in the same or related work.
- () 2. Interview - *An explanation must be provided below if this section is checked.*
- () 3. Education and training (directly related to the duties of the vacant position), including Licenses and/or Registration.
- () 4. More Seniority.
 - () (Applicant from within the work unit selected)
- () 5. Other

Comments/Explanation:

This notice is for the purpose of meeting the notice requirements of Article 14, Section 2D. It does not preclude either party from raising other issues under the provisions of Article 23A of the Agreement.

By: _____
Supervisor

_____ Date

NON-SELECTION FORM - BARGAINING UNIT 3

EMPLOYEE NAME _____ CURRENT POSITION J.G. _____

ADDRESS _____ TITLE _____

POSITION SOUGHT J.G. _____

TITLE _____

Employee Identification Number: _____

We regret to inform you that another applicant has been selected for the position you sought. That applicant has been selected (because he/she has been deemed to be more qualified than you by virtue of) for one or more of the following reasons:

- () 1. Better Able (Ability) to perform the job due to:
 - () More experience in the same or related work.
 - () Demonstrated competence in the same or related work.
 - () Job Performance (including evaluations and disciplinary record.)
- () 2. Interview - *An explanation must be provided below if this section is checked.*
- () 3. Education and training (directly related to the duties of the vacant position), including Licenses and/or Registration.
- () 4. More Seniority.
 - () (Applicant from within the work unit selected.)
- () 5. Other

Comments/Explanation:

This notice is for the purpose of meeting the notice requirements of Article 14, Section 2 (C) (3). It does not preclude either party from raising other issues under the provisions of Article 23 of the Agreement.

By: _____
Supervisor

Date

NON-SELECTION FORM - BARGAINING UNIT 4

Name: _____

Address: _____

Current Position J.G. _____

Title _____

Position Sought J.G. _____

We regret to inform you that another applicant has been selected for the position you sought. That applicant has been selected because he/she has been deemed to be more qualified than you by virtue of one or more of the following reasons:

- () 1. Ability to do the Job
 - () Performance Evaluation
 - () Interview
- () 2. Licenses/Registrations
- () 3. Work History
- () 4. Experience in related work
- () 5. Education and training directly related to the duties of the vacant position
- () 6. Seniority
- () 7. Applicant from within the work unit selected
- () 8. Other (explain)

Comments: _____

This notice is for the purpose of meeting the requirements of Article 14, Section 2 (C) (4). It does not preclude either party from raising other issues under the provisions of Article 23A (Grievance Procedure) of the Agreement.

By: _____
Supervisor

Date

NON-SELECTION FORM - BARGAINING UNIT 6

EMPLOYEE NAME _____ CURRENT POSITION J.G. _____

ADDRESS _____ TITLE _____

POSITION SOUGHT J.G. _____

TITLE _____

Employee Identification Number: _____

We regret to inform you that another applicant has been selected for the position you sought. That applicant has been selected (because he/she has been deemed to be more qualified than you by virtue of) for one or more of the following reasons:

- 1. Better Able (Ability) to perform the job due to:
 - More experience in the same or related work.
 - Demonstrated competence in the same or related work.
 - Job Performance (including evaluations and disciplinary record).
- 2. Interview - *An explanation must be provided below if this section is checked.*
- 3. Education and training (directly related to the duties of the vacant position), including Licenses and/or Registration.
- 4. More Seniority.
- (Applicant from within the work unit selected).

Comments/Explanation:

This notice is for the purpose of meeting the notice requirements of Article 14, Section 1B. It does not preclude either party from raising other issues under the provisions of Article 23 of the Agreement.

By: _____ Date _____
Supervisor Date

NON-SELECTION FORM - BARGAINING UNITS 8 AND 10

EMPLOYEE NAME _____ CURRENT POSITION J.G. _____

ADDRESS: _____ TITLE: _____

POSITION SOUGHT J.G.: _____

TITLE: _____

SOCIAL SECURITY NUMBER: _____

We regret to inform you that another applicant has been selected for the position you sought. That applicant has been selected because he/she has been deemed to be more qualified than you by virtue of one or more of the following reasons:

- () 1. Ability to do the job
 - () Performance evaluation
 - () Interview
- () 2. Licenses/Registrations
- () 3. Work History
- () 4. Experience in related work
- () 5. Education and training directly related to the duties of the vacant position
- () 6. Seniority
- () 7. Applicant from within the work unit selected
- () 8. Other (Explain) _____

Comments:

This notice is for the purpose of meeting the notice requirements of Article 14, Section 2D. It does not preclude either party from raising other issues under the provisions of Article 23A of the Agreement.

By: _____
Supervisor

Date

NON-SELECTION FORM - BARGAINING UNIT 9

Name _____

Address: _____

Social Security Number: _____

Position Held J.G. _____

Position Sought J.G. _____

We regret to inform you that another applicant(s)

has been selected for the position you sought located at

Via Promotional Bulletin: _____

That applicant(s) has been selected because he/she has been deemed to be more qualified than you because of one or more of the following reasons:

Greater ability to do the job as determined by:

- 1.
- () (a) Experience and competence (job performance) in the same or related work.
- () (b) Education and training related to the vacant position.
- () 2. Seniority, as measured by length of service within appointing authority.
- () 3. Work history.
- () A person from outside the department/agency has been selected.

This notice is for the purpose of meeting the requirements of Article 14, Section 3 (J). It does not preclude either party from raising other issues under the provisions of Article 23A of the Agreement.

By: _____
Supervisor

_____ Date

Attachment I

DEPARTMENT OF CORRECTION
AUTHORIZATION TO HIRE

WORK LOCATION _____ TELEPHONE # _____ CONTACT PERSON _____

POSITION _____ POSITION # _____ GRADE _____ APPRO. _____

CIVIL SERVICE LIST ESTABLISHED _____ SCORE _____
YES/NO

FULL TIME/PART TIME _____

VACANCY ANNOUNCEMENT REF. # _____ END DATE _____

INTERNET # _____ END DATE TO APPLY _____

REQUEST TO HIRE

NAME: _____ ADDRESS: _____

RACE/SEX SOCIAL SECURITY # _____ CERT. DISABLED V.E.V. _____

NEW HIRE _____ PROMOTION (From Position/Location) _____ TRANSFER _____

(From) _____ RE-HIRE (LAST EMP.) _____

DEMOTED (From) _____ CHANGE OF STATUS _____

REQUEST TO START DATE _____ PROPOSED TRAINING CLASS DATE _____

I CERTIFY THAT ALL AA/EEO REQUIREMENTS HAVE BEEN MET AND REALIZE THAT IT IS THE RESPONSIBILITY OF THE HIRING AUTHORITY TO ENSURE CIVIL SERVICE GUIDELINES HAVE BEEN FOLLOWED TO INCLUDE A LAWFUL BACKGROUND INVESTIGATION, PHYSICAL EXAMINATION AND SCHEDULED TRAINING IN ACCORDANCE WITH 103 DOC 201 SELECTION AND HIRING POLICY.

PERSONNEL DIRECTOR _____ DATE: _____

DIRECTOR OF DIVERSITY AND EQUAL OPPORTUNITY _____

DATE: _____

DEPUTY COMMISSIONER ADMIN. _____ DATE: _____

PROCESSED DATE: _____

Attachment J

**(DHR LETTERHEAD)
CONDITIONAL OFFER TO HIRE
DIRECT CARE POSITION**

Dear

We are pleased to advise you that you are a candidate for employment with the Department of Correction contingent on passing the pre-screening process. If you are being considered for appointment to one of the following position titles: Correction Officer I, Correction Officer I (Head Cook) or Correction Officer/Chef, a written psychological examination shall be administered. This test shall begin with a briefing of the whole process. Each candidate shall spend approximately three hours completing several forms and psychological tests. This shall be followed by one or more interviews with the psychologist and perhaps also a psychiatrist. A detailed description has been enclosed. All candidates for these positions shall also be required to undergo drug screening.

All candidates shall be notified when and where to appear for pre-screening. You shall be considered qualified for an appointment if you pass the required pre-screening process for the position title you have been appointed to. In that event, the Division of Human Resources shall contact you regarding your appointment. Should you be rejected as a result of the medical or psychological screening, you shall also be informed in writing and your rights to request review or to appeal shall be explained.

Thank you for choosing a career with the Department of Correction. We look forward to having you join our team.

Sincerely,

Attachment K

DESCRIPTION OF THE PSYCHOLOGICAL SCREENING PROCESS

INFORMATION FOR CANDIDATES ABOUT PSYCHOLOGICAL SCREENING

INTRODUCTION

You have been offered an appointment with the Department of Correction contingent on your passing the medical and psychological screening. This information handout describes the psychological screening.

PURPOSE

Psychological screening is administered to determine if candidates are psychologically able to perform the job. The screening is designed to detect any psychological disorders or characteristics, which would render candidates unable to perform as entry-level public safety personnel.

THE PSYCHOLOGICAL EXAMINATION

Pencil and paper tests. In the first part of the psychological screening you shall take two (2) written tests requiring about one and one-half hours to complete. Depending on the outcome of these tests, you may be required to take one other test. All test instruments are described below:

Stage One

A. Administration of the Minnesota Multiphasic Personality Inventory - 2 (MMPI-2)

The MMPI-2 is a test with 566 statements that evaluate your personality. You shall be asked to answer "true or false" to each of these statements. They refer to issues that you deal with and think about and also contain a few that may seem unusual to you. It is not a "test" like in school. There is no right or wrong answers. It is designed to help the examiner learn about your personality and how it relates to your personal and social adjustment. This test is used in the evaluation process because it supplies information that is based on a lot of research and is therefore very accurate. The results of this test indicate unique details about how you behave and think about things. Some examples are, if you are outgoing or shy; or have a tendency to be depressed; or how you react to stress. This information about your personality shall be combined with the information from the other tests to help the examiner decide on his/her recommendation about your ability to do police work.

B. Administration of the STAXI-II. The State Trait Anger Inventory is a measure used to determine the presence and intensity of a candidate's anger, as well as mode of control and expression.

Stage Two

Clinical Interview

The psychologist shall meet with you for a period of time depending on the results of your evaluation. He/She will talk with you to learn about your background, personality and mental stability. You should answer questions truthfully. You may be asked to take some additional psychological tests like those described below. This additional testing shall be used to verify data already acquired but about which there are some questions to be clarified.

- A. Inwald Personality Inventory (IPI)
A specific test of personality.
- B. 16 Personality Factor Inventory (16PF)
A test measuring one's overall adjustment.

Do not try to manipulate the interview by providing responses you think that the interviewer wants to hear. As with written tests, false responses often can be detected and are likely to hurt you. We all have some problems and they shall not necessarily ruin your chances of being hired.

If the Psychologist decides at this stage that there is no clear evidence that the candidate has any psychological disorder or characteristics that might interfere with job performance, the screening of the applicant shall end. The Psychologist shall notify the Department and the Department shall so notify the candidate if he/she is appointed. If the Psychologist finds the candidate unqualified for psychological reasons, the candidate shall be notified in writing that it is necessary to proceed to stage three (3.)

Stage Three

In this stage, psychiatrists, or an independent board-certified psychiatrist appointed by the Massachusetts Department of Correction, reviews the candidate's entire psychological screening file. The applicant is then given a clinical interview and evaluation by the psychiatrist. If the psychiatrist concurs with the psychologist that the candidate should be rejected because of a psychological disorder or characteristic that makes successful job performance unlikely, the Department shall be notified by means of a written report agreed to and signed by both the psychologist and psychiatrists, or an independent board-certified psychiatrist appointed by the Massachusetts Department of Correction.

The report shall describe why the candidate is unqualified for appointment as an Entry-Level Public Safety Officer. Evidence substantiating this position shall be supplied, and the report shall explain specifically why the disorder prevents the candidate from successfully performing the essential duties of an entry-level law enforcement officer. In addition, the report shall explain how reasonable accommodation to the candidate's condition can be accomplished or why reasonable accommodation is not possible.

For each candidate found unqualified for appointment, the psychologists also write and send the Department a brief explanation of why the candidate was found psychologically unsuitable.

POSSIBLE OUTCOMES

There are two possible outcomes to the screening. You could be found to be acceptable, in which case you shall be considered qualified to serve in the position. Or, you could fail, in which case you shall not be appointed. In this case, your name shall be removed from the civil service list.

Psychological screening is a pass-fail procedure only. Hiring decisions are not made on the basis of degrees of candidates' psychological qualification.

Time and Method of Review Procedure ("What if I flunk?")

If you fail the psychological screening, you have the right to appeal to the Civil Service Commission (CSC) and to file a complaint with the Massachusetts Commission Against Discrimination (MCAD). No appeal should be initiated until and unless you receive a letter from the D.O.C., saying you have failed your second interview. (This letter shall also offer the opportunity for an explanatory interview with a clinician to explain the decision.) You should contact the CSC or MCAD directly if you wish to start an appeal.

What if the Appeal is Turned Down?

If your appeal is turned down, you shall not be appointed and your name shall not be restored to the civil service list for this position.

When Does it Start?

You shall be told when to report to take the psychological tests and to meet with the psychologist.

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1 - Employee. All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1.

Section 2 - Employer. For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. **Employers must record: 1) document title; 2) issuing authority; 3) document number, 4) expiration date, if any; and 5) the date employment begins.** Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. **However, employers are still responsible for completing the I-9.**

Section 3 - Updating and Re-verification. Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/ reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.

- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B and:
 - examine any document that reflects that the employee is authorized to work in the U.S. (see List A **or** C),
 - record the document title, document number and expiration date (if any) in Block C, and
 - complete the signature block.

Photocopying and Retaining Form I-9. A blank I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

For more detailed information, you may refer to the INS Handbook for Employers, (Form M-274). You may obtain the handbook at your local INS office.

Privacy Act Notice. The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Naturalization Service, the Department of Labor and the Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Reporting Burden. We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: **1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response.** If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to the Immigration and Naturalization Service, HQPDI, 425 I Street, N.W., Room 4034, Washington, DC 20536. OMB No. 1115-0136

**EMPLOYERS MUST RETAIN COMPLETED FORM I-9
PLEASE DO NOT MAIL COMPLETED FORM I-9 TO INS**

Form I-9 (Rev. 11-21-91)N

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security # - -

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen or national of the United States
- A Lawful Permanent Resident (Alien # A _____)
- An alien authorized to work until ___/___/___ (Alien # or Admission # _____)

Employee's Signature	Date (month/day/year)
----------------------	-----------------------

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name:
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ___/___/___		___/___/___		___/___/___
Document #: _____		_____		_____
Expiration Date (if any) ___/___/___		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ___/___/___ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name:	Title:
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
-----------------------------	--

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____ Document #: _____ Expiration Date (if any): ___/___/___

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------

LISTS OF ACCEPTABLE DOCUMENTS

List A	List B	List C
<p style="text-align: center;">Documents that Establish Both Identity and Employment Eligibility</p> <ol style="list-style-type: none"> 1. U.S. Passport (unexpired or expired) 2. Certificate of U.S. Citizenship (<i>INS Form N-560 or N-561</i>) 3. Certificate of Naturalization (<i>INS Form N-550 or N-570</i>) 4. Unexpired foreign passport, with <i>I-551 stamp</i> or attached <i>INS Form I-94</i> indicating unexpired employment authorization 5. Permanent Resident Card or Alien Registration Receipt Card with photograph (<i>INS Form I-151 or I-551</i>) 6. Unexpired Temporary Resident Card (<i>INS Form I-688</i>) 7. Unexpired Employment Authorization Card (<i>INS Form I-688A</i>) 8. Unexpired Reentry Permit (<i>INS Form I-327</i>) 9. Unexpired Refugee Travel Document (<i>INS Form I-571</i>) 10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (<i>INS Form I-688B</i>) 	<p style="text-align: center;">Documents that Establish Identity</p> <p style="text-align: center; font-size: 2em; font-weight: bold; margin: 0;">OR</p> <ol style="list-style-type: none"> 1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 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 <p style="text-align: center; font-weight: bold; margin: 0;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor or hospital record 12. Day-care or nursery school record 	<p style="text-align: center;">Documents that Establish Employment Eligibility</p> <p style="text-align: center; font-size: 2em; font-weight: bold; margin: 0;">AND</p> <ol style="list-style-type: none"> 1. U.S. social security card issued by the Social Security Administration (<i>other than a card stating it is not valid for employment</i>) 2. Certification of Birth Abroad issued by the Department of State (<i>Form FS-545 or Form DS-1350</i>) 3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (<i>INS Form I-197</i>) 6. ID Card for use of Resident Citizen in the United States (<i>INS Form I-179</i>) 7. Unexpired employment authorization document issued by the INS (<i>other than those listed under List A</i>)

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

Attachment M

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



*Department of Correction
Division of Human Resources
50 Maple Street
Milford, Massachusetts 01757*

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

TO: Applicant's Physician
FR: Massachusetts Department of Correction, Division of Human Resources
RE: Applicant's Entrance Requirements/Job Description

Please be advised that your patient is attempting to seek employment with Massachusetts Department of Correction, which would require the applicant to participate in a ten (10) week academy. The applicant must have the attached form completed prior to participating in any part of the employment process.

PAGES 1 AND 2 OF THE FORM MUST BE COMPLETED BY THE APPLICANT – PAGES 3 AND 4 MUST BE COMPLETED BY THE PHYSICIAN A MEDICAL DOCTOR MUST SIGN THE PHYSICIANS' SECTION

Listed below is a DETAILED STATEMENT OF DUTIES AND RESPONSIBILITIES:

1. Maintains custodial care and control of inmates by escorting or transportation of inmates under restraint; patrolling facilities; head counts and security checks of buildings, grounds, and inmate's quarters; monitoring inmates' movements and whereabouts, and ensuring inmate direction during work assignments to maintain order and security in a correctional institution.
2. Observes conduct and behavior of inmates, noting significant behavioral patterns, to prevent disturbances, violence, escape or other crises such as suicides.
3. Notes and investigates suspicious inmate activity relative to contraband by searching individuals, vehicles, packages, mail and inmate quarters for weapons or other forbidden devices/objects to maintain prison security.
4. Prepares and reviews reports on such occurrences as fires, disturbances, accidents, security breaches, etc., makes entries into unit log of daily activities and reviews daily activity reports to have accurate and up to date information available for reference by authorized personnel.
5. Maintains care and custody of male inmates and assist in the promotion of their rehabilitation adjustment.
6. Prepare disciplinary, informational and confidential reports.
7. Supervise inmate visits, activities and work assignments.
8. Counsel, guard and direct inmates; skin search inmates for contraband.
9. Patrol housing areas and perform general guard duties to prevent escapes and disorders.
10. Assist in transportation as necessary.
11. Makes periodic rounds, head counts and security checks of buildings and grounds.
12. Operates two-way radios and other communication devices.
13. Operates and carries firearms and other restraint equipment.
14. Advise inmates of appropriate medical, psychiatric or vocational services on an informal basis.
15. Notes and investigates suspicious inmate activity.
16. Observes conduct and behavior of inmates.
17. Performs related work as required.

Attachment N
MASSACHUSETTS DEPARTMENT OF CORRECTION
DIVISION OF HUMAN RESOURCES
50 MAPLE STREET
MILFORD, MA 01757
(508) 850 - 7888

PAGE 1 OF 4

INDUSTRIAL HEALTH QUESTIONNAIRE

NAME: LAST	FIRST	M.I.	D.O.B.
CITY	STATE	ZIP	AGE
SOCIAL SECURITY NUMBER		POSITION AND TITLE	

Please answer YES (Y) or NO (N) to the following regarding your medical history.
Please write a brief comment for all YES answers.

Systems	Yes	No	Comments	Systems	Yes	No	Comments
Allergies				Hearing Problems Hearing Aids			
Asthma				Sinus Problems			
Tuberculosis				Diabetes Mellitus			
Shortness of Breath				Thyroid			
Chronic Cough				Kidney Problems			
Other Respiratory Illness				Flank Pain			
Heart Disease				Pain on urination			
Arrhythmia				Urinary Frequency			
High/Low Blood Pressure				Blood in urine			
Head Trauma				Abdominal Pain			
Head Aches				Stomach Ulcers			
Dizziness or fainting				Black Stool/Red Blood Stool			
Seizures				Vomiting Blood			
Other Neurological problems				Persistent Diarrhea			
Mental Illness				Hernias			
Vision Problems glasses/contacts							

Systems	Yes	No	Comments	Systems	Yes	No	Comments
Liver or Gall bladder problems							
Hepatitis				Deformities			
Jaundice				Disabilities			
Cancer				Paralysis			
Cysts/Tumors				Surgeries/Advised Surgeries			
Venereal Disease				Hospitalizations			
Varicose veins				On going Infections			
Arthritis				Measles/Mumps/Rubella/Chicken Pox			
				Scarlet/Rheumatic Fever			
Gout				Other medical symptoms/Problems			
Bone or Joint Problems/Fractures				Females only – Date of last menstrual period			
Knee injuries/Brace				Any Problems with menstrual cycle?			
Back injuries/Brace				Do you smoke cigarettes, cigars, pipe? How much per day?			
Muscle & Ligament Problems							
Prosthesis				Have you ever smoked? How long?			
				Do you drink alcohol? If so how much per week?			
Forced to give up job for health reasons				Received a pension for disability			
Refused employment for health reasons				Been rejected for Military Service for Health Reasons			
Had a work related disease				Been discharged from the military for Health reasons			
Been refused a driver's license for Health Reasons				Been exposed to chemical or other hazardous substance			
Been refused life insurance				Worked with Radio active material			
Received Workers' Compensation							

THE FOLLOWING IS TO BE COMPLETED BY YOUR PHYSICIAN.

NAME:	LAST	FIRST	M.I.
SOCIAL SECURITY NUMBER			POSITION AND TITLE

Check (X) if normal, Mark (O) if deviation from normal, and give details.

Skin scars _____	Ears _____	Neurological _____
Head-Neck _____	Chest _____	G.U. _____
Nose-sinuses _____	Lungs _____	Hernia _____
Teeth-Gums _____	Heart _____	Varicosities _____
Mouth-Throat _____	Vessels _____	Spine motion _____
Glands _____	Abdomen _____	Thyroid _____
Joints _____	Palpations _____	Eyes _____
Extremities _____	Deformities _____	Rectal _____
Pelvic _____	Breasts _____	Lymph Nodes _____
Chest Wall _____	Liver _____	Spleen _____
Kidneys _____	G.I. Tract _____	Genitalia _____
Upper Extremities _____	Lower Extremities _____	Emotional Status _____
Peripheral Vascular System _____		Inguinal Femoral _____
Musculo-Skeletal System _____		
All Areas are within normal limits _____		
Details of abnormal findings noted above: _____		

VITAL SIGNS			
BLOOD PRESSURE _____ / _____		TEMPERATURE _____	D.O.B. _____
PULSE _____		HEIGHT _____	WEIGHT _____
		SEX <input type="checkbox"/> F	<input type="checkbox"/> M

VISION <input type="checkbox"/> CORRECTED BY	VISUAL ACTIVITY	BOTH	RIGHT	OCCLUDED	LEFT	OCCLUDED	
<input type="checkbox"/> CONTACT LENSES	DISTANCE VISION	20/	20/		20/		COLOR VISION /8
<input type="checkbox"/> GLASSES							
<input type="checkbox"/> BI-FOCALS	NEAR VISION	20/	20/		20/		

HEARING FREQUENCY (HZ)	250	500	1000	2000	3000	4000	6000	8000
RIGHT (A.D.)								
LEFT (A.S.)								

URINALYSIS Protein _____ Blood _____ Specific gravity _____ Glucose _____
--

OTHER	AFTER P.T.	BP	PULSE
--------------	------------	----	-------

ANTHROPOMETRIC EXAMINATION (If Administered)

- MEETS STANDARD**
 DOES NOT MEET STANDARD

Finding – As a result of this examination for a public safety position, this applicant:

Date of Follow-up Finding
(with Physician's Initials)

- | | | |
|--------------------------|--|-------|
| <input type="checkbox"/> | Applicant is medically recommended for employment. | _____ |
| <input type="checkbox"/> | Applicant is NOT recommended medically for employment | _____ |
| <input type="checkbox"/> | Recommendation pending further analysis | _____ |

Examination completed on behalf of Massachusetts Department of Correction

SUMMARY: (Observations/Limitations)

Printed Name of Physician

Address

Signature of Physician

Date

Telephone Number of Physician

Attachment O



The Commonwealth of Massachusetts
Executive Office of Public Safety & Security



Department of Correction
Division of Human Resources
50 Maple Street
Milford, Massachusetts 01757
Tel: (508) 850-7888 Fax: (508) 850-5217
www.mass.gov/doc

Physical Fitness Test

Physician Release Form

I have reviewed the components of the physical fitness test, listed on the reverse side of this form, which are administered by the Department of Correction for entry level correction officer candidates, and persons returning to service after a five (5) year absence. Based on my review of the physical fitness exam, I hereby certify that _____ can participate in this battery of tests.

(Name of Candidate)

Physician's Signature/Date

Physician's Name (print)

Address

Telephone

Applicant's Name

Applicant's Address

**TO BE COMPLETED BY PHYSICIAN
APPLICANT MUST BRING WITH THEM ON PHYSICAL FITNESS TESTING DATE**

Attachment P

PRE-EMPLOYMENT BACKGROUND INVESTIGATION

INITIAL INTERVIEW CHECK LIST FOR CORRECTION OFFICER

NAME _____ ADDRESS _____

TELEPHONE NUMBER _____ EXAM YEAR _____

DATE RECEIVED:

APPLICATION SIGNED _____

H.S. DIPLOMA/G.E.D. _____

BIRTH CERTIFICATE _____

FINGERPRINTS TAKEN _____

D.D. 214 _____

RELEASE FORM COMPLETED _____

SOCIAL SECURITY CARD _____

DRIVER'S LICENSE _____

GENERAL KNOWLEDGE INFORMATION

1. Have you applied for employment at any other D.O.C. facility? If so, where? _____
2. Are you aware that you can be terminated or denied employment for any omissions or false statements made on your application? Yes _____ No _____
3. Have you reached your 19th birthday? Yes _____ No _____
4. Have you ever been convicted of a felony? Yes _____ No _____
5. Have you ever been convicted of a misdemeanor and served time in a jail or House of Correction for said conviction? Yes _____ No _____
6. Have you ever been convicted of any crime, which resulted in your being imprisoned? Yes _____ No _____
7. Have you ever worked under another name? Yes _____ No _____
8. How long have you been a resident at this address? _____
9. Are you a citizen of the United States? Yes _____ No _____
10. Are you aware that you are required to successfully complete the Department of Correction Basic Training to include the physical training component? Yes _____ No _____
11. Have you indicated any military experience in the Armed Forces of the United States? Yes _____ No _____
12. May we contact your present employer? Yes _____ No _____
13. Will you be able to get to your place of employment on a regular basis? Yes _____ No _____
14. Are you aware that you may be required to work nights, weekends and holidays? Yes _____ No _____

I HAVE BEEN GIVEN THE OPPORTUNITY TO DISCUSS AND UNDERSTAND THE ABOVE LISTED QUESTIONS.

APPLICANT'S SIGNATURE _____ DATE: _____

INVESTIGATOR _____ DATE: _____

Attachment Q

PRE-EMPLOYMENT BACKGROUND INVESTIGATION

PAST EMPLOYMENT CHECK

PERSONNEL DEPARTMENT

(A) General information

Applicant's Name _____ Company _____
Last First Middle

Name and Title of Person Interviewed Applicant's Position Title

Dates of Employment If no longer employed, state reason.

If he/she was fired, did he/she know of it? If fired why?

Description of duties performed

B) Rehire Status

Would you rehire? _____ If no, why not? _____

C) Attendance

Is he/she punctual? _____ Does he/she give adequate notice of
absence? _____

Does he/she abuse sick leave? _____ How many days absent in last
year? _____

D) Reporting Officer's Comments

Reason for Report

Date of report

Signature of Investigating Officer

Attachment R

PRE-EMPLOYMENT BACKGROUND INVESTIGATION

PAST EMPLOYMENT CHECK

INTERVIEW WITH SUPERVISOR

1. Applicant's Name _____

Last

First

Middle

2. Company _____

3. Name and Title of Person Interviewed _____

4. Applicant's Position Title _____

5. How long has person interviewed known applicant? _____

6. Dependable in Job Duties

___ Extremely able, very reliable

___ Steady, consistent in good performance

___ Dependable with supervision

___ Generally dependable, occasionally avoids duties

___ Undependable, unreliable, even under supervision

7. Teamwork

___ Excellent

___ Good cooperation

___ Average

___ Occasionally works O.K. with others

___ Uncooperative, doesn't work well with others

8. Oral Reports (if applicable)

___ Extremely clear and to-the-point

___ Generally clear and informative

___ O.K., not confusing

___ Can be confusing at times

___ Can't understand, confusing or inappropriate

9. Written Reports (if applicable)

___ Extremely clear and concise

___ Generally organized and understandable

___ Readable, contains basics

___ Sometimes vague, hard to find basics

___ Usually illegible, or unclear

10. Self Confidence

- Always confident, and self-reliant
- Shows self-confidence at times
- Usually confident
- Shows no self-confidence

11. Self-improvement

- Tries hard to improve work, always learning
- Usually tries to improve
- Sometimes tries to improve work
- Rarely tries to improve, gets by
- Won't try to improve, resists learning

12. Communication Skills

- Speaks clearly, listens well, can resolve problems verbally
- Usually communicates well and is able to reduce tension
- Adequate, sometimes unable to reduce tension with words
- Unable to communicate well cannot resolve problems verbally
- Totally unable to communicate, frequently causes tension

13. Ability to Work Under Stress

- Very calm, excellent judgment
- Good reaction to stress, good judgment
- Generally responds satisfactorily
- Gets overly excited
- Unable to work under stress

14. Uniform/Work Attire (if applicable)

- Takes particular pride
- Looks neat and properly dressed
- Neat most of the time
- Sometimes careless in appearance
- Generally looks sloppy

15. Attitude Towards Accepting Criticism

- Excellent
- Good
- Satisfactory
- Just Acceptable

Signature of Supervisor

Date

Signature of Investigator

Date

Attachment T
MASSACHUSETTS
DEPARTMENT OF CORRECTIONS



PRE-EMPLOYMENT BACKGROUND INVESTIGATION

APPLICANT PERSONAL HISTORY

Name:
Date of Birth:
Place of Birth:
SSN:
Current Address:
Position Applied For:
Date/Rank:

Name of Investigator:
Date Investigation Completed:

PAST RESIDENCE

Address:
Dates:

CRIMINAL HISTORY

NCIC (Warrants):

NCIC III (INTERSTATE IDENTIFICATION INDEX):

MA.BOARD OF PROBATION:

INTERSTATE B.O.P. (NLETS):

FINGERPRINTS:

LOCAL POLICE DEPARTMENT:

Date:

Staff Spoken To:

Findings:

ADDITIONAL POLICE DEPARTMENTS:

Date:

Staff Spoke To:

Findings:

DRIVERS HISTORY/DRIVERS LICENSE DATA

EDUCATION/PROFESSIONAL LICENSES

High School:

Graduation Year:

Major Degree:

Verified:

College/University:

Graduation Year:

Major/Degree:

Verified:

College/University:

Graduation Year:

Major/Degree:

Verified:

PROFESSIONAL LICENSES/FIREARMS LICENSE:

MILITARY RECORD

Branch of Service:

Dates of Service:

Discharge Type:

Verified:

EMPLOYMENT

Present Employer:
Position:
Address/Phone Number:
Person Interviewed:
Dates of Employment:
Re-hire Status:
Comments:

Past Employer:
Position:
Address/Phone Number:
Person Interviewed:
Dates of Employment:
Re-hire Status:
Comments:

Past Employer:
Position:
Address/Phone Number:
Person Interviewed:
Dates of Employment:
Re-hire Status:
Comments:

PROFESSIONAL REFERENCE

Name:
Address:
Related y/n:
Years acquainted:

Name:
Address:
Related y/n:
Years acquainted:

Name:
Address:
Related y/n:
Years acquaint

NEIGHBORHOOD INVESTIGATION

Name: _____

Address: _____

Name: _____

Address: _____

HOME VISIT/APPLICANT INTERVIEW

Address: _____

Date Visited: _____

SPOUSE INTERVIEW

Name: _____

POSITIVE EMPLOYMENT ASPECTS

--

NEGATIVE EMPLOYMENT ASPECTS

--

INVESTIGATOR'S SIGNATURE

TYPE OFFICERS NAME

RANK

INSTITUTION

DATE OF INVESTIGATION

Attachment U
DEPARTMENT OF CORRECTION
EXIT INTERVIEW FORM

The Department of Correction would like to offer all employees prior to their departure an opportunity to provide relevant input with regards to their employment experience. We regard your feedback as a valuable source of information concerning working conditions. Your response to this inquiry will be reviewed and taken under advisement as an important tool to identifying opportunities and for improvement.

This questionnaire and the responses contained will be strictly confidential and **will not** become a part of any permanent personnel record file. Any comments contained will in no way negatively affect your re-employment possibilities should you desire to seek re-employment here.

Our goal is to maintain a positive working environment. We are confident your suggestions, comments, and observations will aid us in accomplishing this goal.

Former Employee's Name (optional): _____

Last Day Worked: _____

Hire Date: _____

Job Title: _____

Location/Facility/Division: _____

SECTION 1 – DEMOGRAPHICAL INFORMATION

Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Veteran	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	
Vietnam Era Vet	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Disabled Vet	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Percent Disabled	<input type="checkbox"/> Yes	_____		
Bi-Lingual	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Age Group	<input type="checkbox"/> Less than 30	<input type="checkbox"/> 30 – 40		

1. For how long were you employed by the Department of Correction?

<input type="checkbox"/> 1 to 6 months	<input type="checkbox"/> 1 to 3 years	<input type="checkbox"/> 5 to 10 years	<input type="checkbox"/> 15 to 20 years
<input type="checkbox"/> 6 months to 1 year	<input type="checkbox"/> 3 to 5 years	<input type="checkbox"/> 10 to 15 years	<input type="checkbox"/> 20 years or more

2. For how long did you work in the position you are leaving?

<input type="checkbox"/> 1 to 6 months	<input type="checkbox"/> 1 to 3 years	<input type="checkbox"/> 5 to 10 years	<input type="checkbox"/> 15 to 20 years
<input type="checkbox"/> 6 months to 1 year	<input type="checkbox"/> 3 to 5 years	<input type="checkbox"/> 10 to 15 years	<input type="checkbox"/> 20 years or more

SECTION 2 – REASON (S) FOR LEAVING

Please make a check mark next to your reason (s) for leaving. You may check as many as apply. If checking more than one option, please rate each according to importance. The numbers can range from 1-14. For example, the most important cause or reason for leaving should be rated as #1. Counting down as applicable.

- | | |
|--|---|
| <input type="checkbox"/> Secured a different job | <input type="checkbox"/> Promotion |
| <input type="checkbox"/> Dissatisfied with pay scale | <input type="checkbox"/> Career change |
| <input type="checkbox"/> Moving from area | <input type="checkbox"/> Better job opportunity |
| <input type="checkbox"/> Family/Personal circumstances | <input type="checkbox"/> Self-Employment |
| <input type="checkbox"/> Health reasons | <input type="checkbox"/> Military Service |
| <input type="checkbox"/> Job duties lacked challenge | <input type="checkbox"/> Lacked Proper Supervision |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Other (Please list any other issues or concerns) |

Comments _____

SECTION 3

1. How would you rate communications in the following areas?	EXCELLENT	GOOD	FAIR	POOR	NO OPINION
Policies, procedures and guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General orientation to Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General orientation to facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specific knowledge of your job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Career opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Between you and your supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Through chain of command	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personnel representatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
.....					
.....					

2. What is your opinion on the following areas? (If applicable to you)	EXCELLENT	GOOD	FAIR	POOR	NO OPINION
Salary for your job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment and uniforms provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promotional/transfer opportunities/job expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance evaluation system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training:					
Pre-Seminar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-the-job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional/technical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation:					
Co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morale in your office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How would you rate your supervisor in the following areas?	ALMOST ALWAYS	USUALLY	SOMETIMES	NEVER
Evaluated your performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrated fair and equal treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encourage feedback, welcomed suggestions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicated well with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resolved complaints, grievances and problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided recognition for good work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please offer any suggestions to assist the Department in reducing staff turnover in.

5. How would you feel about any opportunity for future employment with this Department?

I would return and would recommend it to my friends

I would consider returning under certain conditions

I am undecided, but would not rule out returning

I probably would not seek employment with the Department

I definitely would not return or recommend it to others

Comments

Attachment V

Massachusetts Department of Correction			
Recruit Training Program – Physical Readiness Test Standards			
Male Entrance Standards			
<i>AGE</i>	<i>SIT UPS (1 minute)</i>	<i>PUSH UPS (1 minute)</i>	1.5-MIILE RUN
19.5 - 29	33 Reps	22 Reps	13:58
30 – 39	30 Reps	17 Reps	14:33
40 – 49	24 Reps	11 Reps	15:32
50 – 50+	19 Reps	9 Reps	17:30
Female Entrance Standards			
<i>AGE</i>	<i>SIT UPS (1 minute)</i>	<i>PUSH UPS (1 minute)</i>	1.5-MIILE RUN
19.5 - 29	24 Reps	10 Reps	17:11
30 – 39	20 Reps	8 Reps	18:18
40 – 49	14 Reps	6 Reps	19:43
50 – 50+	10 Reps	4 Reps	21:57

Attachment W

Applicant: In an effort to track and measure DOC Outreach and Recruitment please complete this form.

Please identify how you became aware of this job opportunity. Check all that apply.

Commonwealth Employment Opportunity Website (CEO)

DOC Website

Face Book/Twitter

Employee

Career Center Where: _____

Printed Advertisement Specify: _____

Job Fair Where: _____

Other Specify: _____

None

Please select any of the following Department of Correction programs that you have participated in:

Internship Institution/Division: _____

Job Shadow Institution/Division: _____

None

**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



MASSACHUSETTES DEPARTMENT OF CORRECTION
PREA 201 EMPLOYER ADDENDUM

NAME OF APPLICANT: _____
NAME OF EMPLOYER: _____
NAME OF PERSON/TITLE INTERVIEWED: _____

a) The agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who—

(1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);

(2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

(3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section

1. Has the applicant ever engaged in any form of sexual misconduct, been convicted of engaging in any form of sexual misconduct or been convicted of attempting to engage in any form of sexual misconduct?

2. Do you have a policy in place regarding sexual harassment and/or inappropriate contact with persons in custody? If so has the applicant ever been accused of violating any of these policies?

