Massachusetts Department of Correction **POLICY**	Effective Date 10/26/2022 Annual Review Date 9/26/2022	Responsible Division Deputy Commissioner, Career and Professional Development
Policy Name 103 DOC 201 SELECTION AND HIRING	M.G.L. Reference: M.G.L. c. 124, §§ 1 (c) and (q); M.G.L. c. 31; Americans with Disabilities Act (ADA) 42 U.S.C.A. §§ 12101, et seq. Applicable Executive Orders Department's Affirmative Action Plan Prison Rape Elimination Act (PREA), 28 CFR § 115, et seq. DOC Policy Reference: 103 DOC 202; 103 DOC 208 ACA/PREA Standards: 5-ACI-1B-02; 5-ACI-1C-14; 5-ACI-1C-15; 5-ACI-1C-16; 5-ACI-5E-06; 1-CTA-1C-01; 2-CO-1C-09; 2-CO-1C-10; 2-CO-1C-18 2-CO-1C-19; PREA: 115.17	
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PURPOSE:
To establish Department of Correction (Department) policy concerning the selection and hiring of all employees.

RESPONSIBLE STAFF FOR IMPLEMENTATION AND MONITORING OF POLICY:
Deputy Commissioner, Career and Professional Development
Executive Director of Human Resources
Director of Diversity and Equal Opportunity
Superintendents and Division Heads

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.

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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 access, opportunity, and affirmative action. To accomplish these goals and objectives, guidelines are provided to address any disparities in the public workplace. To that end, specific steps are taken to implement a program that offers opportunities for diversity in recruiting, hiring, retaining, and providing advancement opportunities for, persons of protected categories. 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, creed, religion, national origin or ancestry, ethnicity, gender, age, sexual orientation, gender identity or expression, pregnancy, disability, genetic information, veteran status (including Vietnam Era Veterans), 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/or 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, but are limited to, China, India, Japan, Korea, the Philippine Islands and Samoa).

e. Women - adult female persons.

f. Veteran - Veteran is defined in M.G.L. c. 4, § 7, Clause 43, as anyone who 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. The term

"veteran" shall also include 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). For detailed information about eligibility, please review the employee statute or check Commonwealth's HRD website at: https://www.mass.gov/service-details/definition-of-a-veteran

g. Individual with a Disability - Any person who has a 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 and access to individuals with disabilities in public accommodations, employment, transportation, and 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., c. 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 Board, 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 Correction Officer, Correction Officer (Head Cook), Correction Program Officer, Recreation Officer and Industrial Instructor series of position titles.

Director of Personnel: The manager responsible for managing and directing personnel related actions regarding hiring, benefits and retirements.

Employee: For the purposes of this policy only, 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): Federal laws which guarantee equal access and opportunity for all individuals to compete for employment and promotion free from unlawful discrimination based on race, color, creed, religion, national origin or ancestry, ethnicity, gender, age, sexual orientation, gender identity or expression, pregnancy, disability, genetic information, veteran status (including Vietnam Era Veterans), or background.

Hiring Authority: The senior staff person or administrator (Deputy Commissioner, Superintendent or Division/Department Head) responsible for the selection and hiring of candidates for positions that fall under his/her/their 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 103 DOC 201.03, *Composition of the Hiring Panel.*

Inmate: For the purposes of this policy only, any individual, whether in pretrial, non-sentenced, or sentenced status, who is confined in a correctional institution, including residents of the Massachusetts Treatment Center and patients at the Bridgewater State Hospital.

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. c. 150E, who (a) participates to a substantial degree in formulating or determining policy, or (b) assists to a substantial degree in preparing for active 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 are placed for purposes of the Statewide Classification Study. For example, Occupational Group 01 - Police, Guard and Correction 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 administrating and monitoring compliance with federal and state laws such as Title VII, Mass Chapter 151 B, Executive Order 526, and any other applicable statutes and orders which promote non-discrimination, diversity and equal access in the Commonwealth. In so doing, this office provides employees with assistance in resolving complaints concerning discrimination, sexual harassment, 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, provides statement(s) of guiding principles directing activities toward the attainment of objectives, and defines the overall goals of the Department.

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

Prison Rape Elimination Act (PREA): Federal legislation (Public Law No. 108-79), enacted in 2003, which provides 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/they may file a grievance challenging disciplinary action taken against him/her/them.

b. The period of time that a promoted employee must serve in the grade to which he/she/they has been promoted, as specified in the various collective bargaining agreements, during which he/she/they may be returned to his/her/their 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: All recruits with the title of Correction Officer I are required to attend a ~~400~~ 160 or more credit hour RTP. All recruits with the title of Correction Officer I (Head Cook), Correctional Program Officer A/B and Recreation Officer I are required to attend a 160 or more credit hour RTP. All recruits with the title of Industrial Instructor are required to attend a 160 or more credit hour RTP.

Requests for Approval/Authorization to Hire Form: A Department form used by hiring authorities to notify the Department's central/institution personnel office that an employee has been hired or promoted. The Department's central facility payroll office then places a new employee on the payroll or makes changes to an existing employee's payroll status.

Sexual Abuse: Sexual abuse includes:

a. Sexual abuse of an inmate by another inmate, detainee or resident and

b. Sexual abuse of an inmate by a staff member, contractor or volunteer.

Sexual Abuse, Staff-on-Inmate: Sexual abuse of an inmate 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/ her/their 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/her/their cell to perform bodily functions; requiring an inmate to expose his/ her/their 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 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: https://www.mass.gov/service-details/definition-of-a-veteran

201.02 VACANCY ANNOUNCEMENT PROCEDURES

1. All requests to post vacant positions shall be made by hiring authorities to the Executive Director of Human Resources. 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 may prepare a Requisition in MassCareers or prepare an Internal Only Posting. 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 Requisition/Internal Only Posting shall contain the following information: the position title; the entrance requirements for the position in accordance with the Massachusetts Human Resources Division (MHRD) class specifications; license and/or registration requirements; work requirements; entry salary; job grade; location of the position; work schedule and the essential functions of the position.

4. DHR shall forward the Requisition to the Central Fiscal Office for approval to ensure funding is available for the position.

5. Once the Requisition is approved by the fiscal designee, DHR will post the Requisition on MassCareers and a copy of the Requisition shall be electronically forwarded to each institution/division by DHR, to be posted for fourteen (14) calendar days. A copy of the Internal Only Posting will be posted on the DOC Intranet and will be forwarded to each institution/division to be posted for ten (10) calendar days.

6. . There are exemptions to the MassCareers posting process including the following:

   a. Internal Transfers or Internal Only Postings

   b. Civil Service Appointments

   c. Demotions

   d. Reductions in force (RIF)

   e. Position reclassifications

7. All Requisitions and Internal Only Postings shall become void one hundred and eighty (180) 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/their designee.

201.03 COMPOSITION OF THE HIRING PANEL

1. Upon completion of the ten (10) day posting period of the Internal Only Postings or the fourteen (14) day posting period for the MassCareers Requisition, 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 it is required that one (1) of the members be a member of an under represented protected class. If this panel cannot be filled by Department staff, individuals of needed classifications shall be sought from outside the Department 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/their 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 or expression, genetic information, disability or Vietnam Era Veteran status.

201.04 SELECTION PROCESS

1. All interested applicants for Internal Only Postings must submit a resume and cover letter, to DHR to apply for the position. To apply to Masscareers Requisitions, interested applicants must apply through the Commonwealth's MassCareers website. DHR shall screen the applicants' qualifications to ensure they meet the Minimum Entrance Requirements for the position. Information on all applicants for Internal Only Postings shall be entered on the Applicant Flow Data Sheet (Attachment C), listed alphabetically. The completed package shall be sent to the Hiring Manager. Those applicants not qualified for a position shall be notified in writing by DHR.

2. For External positions posted on the Commonwealth's MassCareers website, DHR will electronically move qualified applicants to the Hiring Manager review screen in the MassCareers application.

3. The ODEO shall refer qualified applicants for vacant positions to the Hiring Manager through the MassCareers application. 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. 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.

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. (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 a minimum of five (5) working days prior to the interview date.

9. At the interview, the Hiring Panel shall ask the same prepared questions to each applicant and rate the applicant accordingly. 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/their response to the Hiring Panel's request to rate his/her/their proficiency in conversation, reading and writing, ranging from fair to fluent (1-5.)

10. The hiring authority or his/her/their designee shall review the material submitted by the Hiring Panel. Following this review, the hiring authority may choose to conduct final interviews from among the top recommended candidates. Once the selection is made, the hiring authority shall ensure that a memorandum containing a write-up for each applicant interviewed stating whether or not the applicant was recommended for the position, a completed Interview Evaluation sheet for each applicant interviewed and the memorandum from the second interviews, if applicable, is completed. The complete hiring package shall then be forwarded to DHR for review and processing. The Director of Diversity and Equal Opportunity or his/her/their 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, DHR shall review the hiring package to ensure that it meets all requirements set forth by the MHRD. DHR shall also ensure that the hiring package contains all the information necessary for processing. Once this review is complete, the Director of Personnel shall forward the package to the ODEO 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 his/her/their review, he/she/they shall forward the hiring package to the Director of Personnel or their designee 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 Director of Personnel or their designee shall ensure that a background check/investigation has been completed. Any negative findings such as poor employment record, poor personal references, or involvement with law enforcement (arrests, convictions, probation) found during this background check shall be shared with both the Executive Director of the Division of Human Resources and the hiring institution/division.

4. If the requirements have been met; DHR shall complete the Authorization to Hire Form (Attachment I). The Director of Personnel, DHR or his/her/their designee shall sign and date the Authorization to Hire Form following the completion of this review. Director of Diversity and Equal Opportunity or his/her/their designee shall sign the Authorization to Hire form and the Deputy Commissioner of Career and Professional Services shall sign the Authorization to Hire form.

5. At the completion of the above review process, the selected candidate for all non-direct care positions shall receive written notification of appointment by DHR.

6. 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. The applicant shall complete and return all paperwork given at time of signing the civil service certification, if applicable.

b. An investigator shall run a criminal history check from the background waiver form completed by the applicant. If the applicant passes the criminal history check and interview with the background investigator, the applicant shall proceed to the next requirement. If the applicant fails, the process stops immediately, and he/she/they is/are bypassed for appointment.

c. All approved 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 a 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 by-passed 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 DHR for review.

7. 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.

8. No offer to hire shall be made until the above review process is complete in its entirety.

9. At the completion of the above process, non-selected applicants shall receive written notification of their non-selection from DHR. Non-selected applicants for posted bargaining unit positions shall receive notification as required by the applicable collective bargaining agreement.

10. 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 the 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 recruits with the title of Correction Officer I are required to attend a ~~400~~ 160 or more credit hour RTP. All recruits with the title of Correction Officer I (Head Cook), Correctional Program Officer A/B and Recreation Officer I are required to attend a 160 or more credit hour RTP. All recruits with the title of Industrial Instructor are required to attend a 160 or more credit hour RTP.

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 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 Director of Human Resources and conducted not more than six (6) months (180 calendar days) prior to the recruit training program start date.

5. 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/they is applying. Self-reported pre-existing medical conditions shall be reviewed on a case-by-case basis by the Executive Director of Human Resources, or designee. He/she/they 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 Director of Human Resources, 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 condition shall be considered on a case-by-case basis by the Executive Director of Human Resources, 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 Career and Professional Development.

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 Career and Professional Development or his/her/their designee.

Medical History – The candidate must complete, sign, and date, the medical history portion of the medical questionnaire (Attachment N).

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. Drug Screen consisting of, seven (7) 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 or his/her/their designee .

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 from assuming the position of Correction Officer/Correction 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 DHR.

Any positive drug testing results shall be directed to the Executive Director of Human Resources.

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 O):

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 would not 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 Executive Director of Human Resources.

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 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/they has/have:

   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.

   d. If a candidate for employment answers yes to 201.06 Section 9, subsections a, b, or c they will be prohibited from being hired or promoted by the MA Department of Correction.

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 DHR to have a background investigation completed for all selected non-direct care candidates prior to submission of the hiring package to DHR.

201.09 PRE-EMPLOYMENT BACKGROUND INVESTIGATIONS

1. A criminal record check is conducted on all new employees prior to their assumption of 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) 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 shall be 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 findings 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/their 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/their 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/they 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/their criminal record.

   c. If the applicant believes that someone has stolen or improperly used his/her/their identity and were arraigned on criminal charges under his/her/their name, he/she/they 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/they 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/they 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 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 MANAGEMENT POSITION LEVEL FIVE (5) OR ABOVE

1. All candidates being hired or promoted into management positions at the management position level five (5) 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 Executive Director of Human Resources & Background Checks, Office of the Governor, State House, Room 271-M, Boston, MA 02133.

201.11 TRANSFERS

A transfer to a lateral assignment at another Department institution 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 Career and Professional Development, and DHR shall submit a request for acting status through MassCareers 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 103 DOC 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 any position in the department of correction unless the Commissioner certifies that such

appointment will contribute substantially to the work of the department; provided, however that no such person shall be appointed to the position of correction officer, superintendent, deputy superintendent, assistant superintendent, or any other position involving the regulation of a state or county correctional institutions.

201.15 EXIT INTERVIEW

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

In the event of a department wide loss of computer infrastructure; a contingency plan for Continuity of Operations Plan (COOP) is located at the Division of Human Resources.

Department of Correction

Agency Name:

Official Title:

Functional Title:

Occupational Group:

Position Type:

Full-Time or Part-Time:

Salary Range:

Bargaining Unit:

Shift:

Confidential:

Number Of Vacancies:

Region:

City/Town Location:

Facility Location:

Application Deadline:

Posting ID:

Duties:

Qualifications:
Minimum Entrance Requirements:

Executive Order #595:
As a condition of employment, successful applicants will be required to have received COVID-19 vaccination or an approved exemption as of their start date. Details relating to demonstrating compliance with this requirement will be provided to applicants selected for employment. Applicants who receive an offer of employment who can provide documentation that the vaccine is medically contraindicated or who object to vaccination due to a sincerely held religious belief may make a request for exemption.

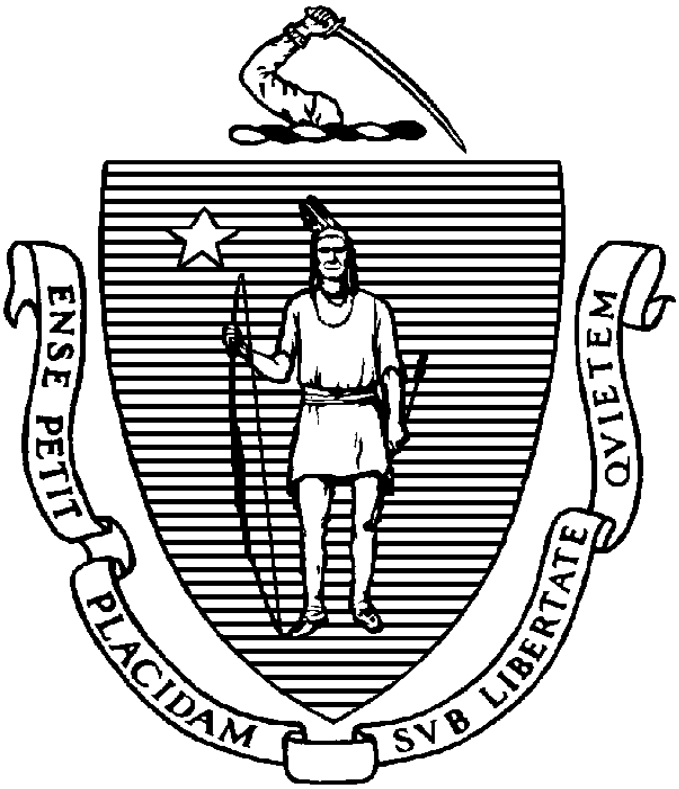
Preferred Qualifications:

Comments:

How to Apply:
Mail cover letter and resume to: Division of Human Resources, 50 Maple Street – 1st Fl, Milford, MA
Agency Web Address: http://www.mass.gov/doc/
Diversity Officer: Ms. Janice Perez

An Equal Opportunity/Affirmative Action Employer. Women, minorities, veterans, and people with disabilities are strongly encouraged to apply.

Commonwealth of Massachusetts



MA Department of Correction
Application for Employment

REVISED DECEMBER 2020

IMPORTANT!

INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM

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) 422-3646.

COMMONWEALTH OF MASSACHUSETTS
MA DOC 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 ☐ NO ☐

Are you 18 years or older? YES ☐ NO ☐

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 ☐ YES ☐ Dates:	Starting salary desired
Are you available for full time work? YES ☐ NO ☐	Are you available for part time work? YES ☐ NO ☐

Have you reviewed the essential functions of the job as listed on MassCareers or Civil Service? YES ☐ NO ☐

In addition to your work history, what other experiences, skills or qualifications would qualify you for this work?

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COMMONWEALTH OF MASSACHUSETTS
MA DOC APPLICATION FOR EMPLOYMENT

EDUCATION

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

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.

☐ Not Indicated	☐ No Military Service	☐ Not a Veteran	☐ Active Reserve
☐ Inactive Reserve	☐ Afghanistan Veteran	☐ Desert Shield Veteran	☐ Desert Storm Veteran
☐ Disabled Veteran	☐ Iraq Veteran	☐ Operation Enduring Freedom Veteran	☐ Operation Iraq Freedom Veteran
☐ Other Protected Veteran	☐ Retired Military	☐ Vietnam Veteran	☐ Vietnam Era Veteran*
☐ Recently Separated Veteran	☐ Armed Forces Services Medal Veteran	☐ 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.

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COMMONWEALTH OF MASSACHUSETTS
MA DOC APPLICATION FOR EMPLOYMENT
EXECUTIVE ORDER #444
SUNSHINE POLICY
QUESTIONS AND ANSWERS

WHAT IS THE SUNSHINE POLICY?

The Sunshine Policy was authorized by Executive Order 444 issued by Governor Romney on January 9, 2003. The Executive Order requires **anyone seeking employment** with the Commonwealth to disclose the names of all immediate family members, and those related to the immediate family by marriage, who are employees or elected officials of the Commonwealth.

- "Immediate family" means spouse, child, parent, and sibling; and the spouse's child, parent and sibling.
  - "Employees and elected officials of the Commonwealth" means an employee or elected official of any branch of state government (judicial, legislative, executive, higher education and state authorities); both regular employees and contract employees are included.

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/their credentials and the requirements of the job.

Executive Order 444 also requires the official with whom such information has been filed to make those disclosures for applicants who are hired available for public inspection. In the case of the Executive Branch, this official would be the Agency Head.

In addition to the disclosures, the Sunshine Policy requires that Agency Heads:

- Establish internal controls that ensure close review of all steps in the hiring process, validation that the candidate selected was the most qualified, and determination that there was no undue influence exerted by the named family members in the process.
- Ensure that no employee is supervised, directly or indirectly, by an immediate family member.
- Ensure that employees excuse themselves from participation in any part of the hiring process for individuals who are members of their immediate family.

Who Must Make Disclosures?

- The disclosures are required of all candidates for Executive Branch positions who are hired into those positions on or after January 9, 2003. Retroactive disclosure for hiring transactions completed prior to January 9, 2003 is not required.

- The following individuals do **not** have to make disclosures, although they are still bound by the provisions of this policy that forbid the supervision by or of family members and involvement in the selection process of family members, as well as other provisions of the State Ethics Commission statutes that apply to state employees:
  - State employees whose hire occurred before January 9, 2003.
  - State employees who on or after January 9, 2003 are promoted, demoted or transferred to any Executive Branch position as a result of a posting waiver rather than in response to a job posting.*
  - State employees who apply for a position within their own agencies (whether the position was posted externally or internally).*

*Those state employees who apply for a management position at M V or above must disclose, without exception.

- The public disclosure provision applies to those applying for both regular and contract positions. It does not apply to independent contractors or those applying for seasonal positions.

- In addition to public disclosures, Agency Heads must report disclosures to the Chief Human Resources Officer, HRD for candidates for Managers V and above only, using the Notice of Intent to Hire (NIH) system.

How are Disclosures Made?

- Consistent with the Human Resources Division's (HRD's) Model Hiring Plan, all candidates subject to disclosure who have reached the final candidate pool for a position within the state must complete and submit the Application for Employment form prior to the interview.

The Application for Employment may be customized by adding pages to it, but may not involve removal of any information contained in it unless it is designated as an "insert" to the application. The exception to the use of this form is candidates for State trooper positions, for which there is a more extensive application form used by the Department of State Police.

The Contract Employee Disclosure form is required of all contract employees seeking possible contract positions with the state.

- Both the Application for Employment and Contract Employee Disclosure forms have been revised to include the disclosure of the named relative's relationship, in addition to the named relative's job title and state agency where the named relative is employed.

What Records Must Be Kept and for How Long?

- Applications should be kept active for at least 30 days. The department will have the discretion to determine the length of time beyond 30 days that the application form is active. Application forms that have reached an inactive status (as determined by the department) must be kept on file for a minimum of two years, in accordance with the Secretary of State's current disposal schedule.

- When a candidate is hired, the candidate's application form should be kept in his/her/their personnel file. Confidential medical/Affirmative Action /ADA information should be given to the designated agency person who keeps those types of records.

What if the Person I Am Hiring Has a Concern About the Policy?

- If a potential new hire or contract employee has a concern about the language or intent of this policy, the Agency Head should discuss this issue with the Chief Human Resources Officer, HRD before proceeding with the hiring process.

Who do I Go To for Answers to My Questions?

- If you are an employee or candidate, please speak to the agency's HR Director about this policy.

COMMONWEALTH OF MASSACHUSETTS
MA DOC APPLICATION FOR EMPLOYMENT
IMMEDIATE FAMILY WORKING IN MASSACHUSETTS STATE GOVERNMENT

Per **Chapter 93 of the Acts of 2011** and Executive Order 444, please disclose any immediate family members, including those related to your immediate family by marriage, who are employed by the Commonwealth of Massachusetts. You are required to complete the information below. ”immediate family” is defined as a spouse, parent, child or sibling or the spouse of the candidate’s parent, child or sibling. Include those employed in all branches of state government: judicial, legislative, executive, higher education and state authorities; and those employed as regular or contract employees, or elected officials. This "sunshine disclosure" is intended to ensure that the citizens of our Commonwealth have full confidence in their government and its hiring process. The disclosure will not be used to exclude any qualified applicant seeking a position within the Executive Branch from receiving full consideration based on the merits of his/her/their 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

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COMMONWEALTH OF MASSACHUSETTS
MA DOC APPLICATION FOR EMPLOYMENT

COMPLETE ALL INFORMATION IN FULL. All applicants must complete this page(s) 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? ☐ Yes ☐ No
Street Address	City	State	Zip Code
Job Title		Supervisor	
Specific Duties			
Dates Employed From: To:			
Reason for Leaving			

Company Name		Telephone	
Street Address	City	State	Zip Code
Job Title		Supervisor	
Specific Duties			
Dates Employed From: To:			
Reason for Leaving			

Company Name		Telephone	
Street Address	City	State	Zip Code
Job Title		Supervisor	
Specific Duties			
Dates Employed From: To:			
Reason for Leaving			

Company Name		Telephone	
Street Address	City	State	Zip Code
Job Title		Supervisor	
Specific Duties			
Dates Employed From: To:			
Reason for Leaving			

Use additional pages if necessary to include all employment.

ALL APPLICANTS MUST SIGN AND SUBMIT THIS PAGE

RELEASE AND CERTIFICATION

PLEASE READ BEFORE SIGNING

I understand that the foregoing will be verified in order to expedite my application for employment with the Commonwealth of Massachusetts. I hereby authorize the Commonwealth to conduct a full investigation into my background.

I authorize the Commonwealth to obtain my previous work records, employment records, education, certification, professional licenses, driver's license and history (if job related), professional references and any other information concerning knowledge, skills, and abilities and all other necessary information. Further I grant authority to the keeper of these records to release said records to the Commonwealth of Massachusetts for the purpose of making its hiring decision.

I agree that the Commonwealth shall not be liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statements, omissions or answers made by me on this application. I agree that my previous employers shall not be liable with regard to any information provided by them in connection with this release.

I certify under the pains and penalties of perjury that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing, which, if disclosed, would affect this application unfavorably. I understand that any false statements, omissions or answers made by me on this application can result in my immediate termination.

In compliance with the Immigration and Reform and Control Act of 1986, I understand that after I accept the job offer and no later than my first day of work, I must complete and sign I-9 form, Section 1 Employee Information and Attestation. I understand that I will be required to provide approved documentation that verifies my right to work in the United States within 3 business days of my first day of employment. I have received the list of approved documents with this application.

Through this application, HR collects a range of highly personal information voluntarily provided by users. Unless otherwise required by law (including public records law), HR will use this information solely for hiring, payroll and other human resources purposes. HR also makes this information available to other agencies or entities that are part of the Commonwealth of Massachusetts, but will require any entity receiving this information to agree to the same restrictions on its use. Upon hire, employee information that falls under the definition of public records may be published on one or more Commonwealth sites.

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

I understand that unless I attain permanent status pursuant to MGL Chapter 31 or am subject to the terms of a collective bargaining agreement and have completed the requisite probationary period, my employment will be at-will, which means that both the Commonwealth of Massachusetts and I are free to terminate the employment relationship at any time for any non-statutorily prohibited reason or for no reason at all, with or without notice.

I hereby acknowledge that I have read in full and understand the above statements and conditions of employment.

Signature of Applicant Date

Printed Name

"It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability."
MGL Ch.149, Section 19B

COMMONWEALTH OF MASSACHUSETTS
MA DOC APPLICATION FOR EMPLOYMENT

Applicants with Special Language Skills or Professional Licenses should complete and submit this form.

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 ☐ NO ☐	Simple Reading YES ☐ NO ☐	Basic Writing YES ☐ NO ☐
List any language(s) other than English in which you are proficient, including Sign Language and Braille.*		

LANGUAGE CAPABILITIES

	Speaking			Reading			Writing		
Language	HIGH (Fluent)	MOD (Good)	LOW (Fair)	HIGH (Fluent)	MOD (Good)	LOW (Fair)	HIGH (Fluent)	MOD (Good)	LOW (Fair)
	☐	☐	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐	☐	☐

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

IN CASE OF AN EMERGENCY, PLEASE NOTIFY:

Name:_____ Relationship:_____

Address:_____
City State (zip code)

Home Phone number:_____ Cell Phone number:_____

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COMMONWEALTH OF MASSACHUSETTS
MA DOC 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 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** ☐ **Female** ☐		

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COMMONWEALTH OF MASSACHUSETTS
MA DOC APPLICATION FOR EMPLOYMENT

AFFIRMATIVE ACTION DATA RECORD

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APPLICANTS ARE ENCOURAGED BUT NOT REQUIRED TO COMPLETE

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Further, the Commonwealth will act in good faith, to affirmatively recruit and consider for promotion individuals in protected categories. Age, race, religious creed, color, national origin, ancestry, marital status, gender, military status, sexual orientation, or disability are not factors in employment, promotion, transfer, compensation, lay-off, disciplining and termination, unless there exists a bona fide occupational qualification.

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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

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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 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: ☐ 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 at 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

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

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THIS IS AN INSERT

ALL APPLICANTS MUST REVIEW AND SIGN AT BOTTOM INCLUDING SECURITY AND NON-SECURITY POSTIONS.

I UNDERSTAND THAT ALL CORRECTION OFFICER I APPOINTMENTS ARE PROBATIONARY FOR A PERIOD OF NINE MONTHS DURING WHICH TIME; I MUST DEMONSTRATE MY FITNESS FOR CONTINUED EMPLOYMENT BY THE DEPARTMENT OF CORRECTION. I ALSO UNDERSTAND THAT AS PART OF MY DUTIES, IT WILL BE NECESSARY TO WORK IRREGULAR HOURS AND I MUST BE AVAILABLE AS DEPARTMENTAL NEEDS MAY REQUIRE. I FURTHER UNDERSTAND THAT ANY APPOINTMENT TENDERED ME WILL BE CONTINGENT UPON THE RESULTS OF A COMPLETE PRE-EMPLOYMENT BACKGROUND INVESTIGATION; SUCCESSFUL COMPLETION OF THE DEPARTMENT OF CORRECTION'S TRAINING PROGRAM FOR CORRECTION OFFICERS DURING THE NINE MONTH PROBATIONARY PERIOD; AND PASSING A MEDICAL EXAMINATION. I FURTHER UNDERSTAND THAT AS A RESULT OF LEGISLATION (CHAPTER 697, ACTS OF 1987) PERSONS APPOINTED TO CORRECTION OFFICER POSITIONS WILL BE PROHIBITED FROM SMOKING TOBACCO PRODUCTS ON OR OFF THE JOB AFTER THEIR APPOINTMENT. I AM AWARE THAT WILLFULLY WITHHOLDING INFORMATION OR MAKING FALSE STATEMENTS ON THIS APPLICATION OR ON ANY SUPPORTING DOCUMENTS WILL BE THE BASIS OF DISMISSAL FROM THE DEPARTMENT OF CORRECTION. I AGREE TO THESE CONDITIONS AND I HEREBY CERTIFY THAT ALL OF THESE STATEMENTS MADE BY ME ON THE APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

NOTE: CERTIFICATION AS A CORRECTION OFFICER REQUIRES THAT THE APPLICANT BE ABLE TO OBTAIN A PERMIT TO CARRY A FIREARM.

STATEMENT: I CERTIFY THAT THE INFORMATION CONTAINED INTHIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT FALSIFICATION OF THIS INFORMATION IS GROUNDS FOR DISMISSAL.

SIGNATURE OF APPLICANT **DATE**

DEPARTMENT OF CORRECTION, IT'S WORTH THE CHALLENGE!!
AN AA/EEO EMPLOYER

COMMONWEALTH OF MASSACHUSETTS
MA DOC 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/her/their 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 16

COMMONWEALTH OF MASSACHUSETTS
MA DOC APPLICATION FOR EMPLOYMENT

THIS IS AN INSERT

Do you have any family (including in-laws), relatives that have **ever been** or is **currently** incarcerated in **ANY** Federal, State, or County jail/prison?

☐ Yes ☐ No

Do you have any acquaintance(s) or personal friend(s) who **are currently** OR **have been** incarcerated in **ANY** Federal, State or County jail/prison?

☐ Yes ☐ No

Please disclose the names and relevant information for all family, friends, relatives and acquaintances that are **currently** incarcerated OR **have been** incarcerated in ANY Federal, State or County jail/prisons.

Name	Relation	Date	Place Incarcerated	Charge	Final Disposition

COMMONWEALTH OF MASSACHUSETTS
MA DOC APPLICATION FOR EMPLOYMENT

THIS IS AN INSERT

Employment History Addendum

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

☐ I have never been formally disciplined by an employer.

☐ I have been formally disciplined by an employer.

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

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

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

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

Use separate paper if necessary.

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) at this time regarding any pre-employment background information. Present employer(s) WILL be contacted a minimum of two (2) weeks prior to hire date.

_____

Signature **Date**

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Massachusetts Department of Correction
BACKGROUND INFORMATION REQUEST AND WAIVER

(PLEASE PRINT CLEARLY OR TYPE)

INSTITUTION/DIVISION _____

NEW EMPLOYEE ☐ CONTRACT EMPLOYEE ☐

PERSONAL DATA:

NAME _____
LAST FIRST MIDDLE

PREVIOUS NAME AND/OR ALIAS _____

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

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

SOCIAL SECURITY NUMBER _____DRIVER'S LICENSE NUMBER _____

DATE OF BIRTH_____PLACE OF BIRTH_____SEX _____RACE _____

MOTHER'S MAIDEN NAME _____

FATHER'S NAME _____

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

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

SIGNATURE _____ DATE_____
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COMMONWEALTH OF MASSACHUSETTS
MA DOC APPLICATION FOR EMPLOYMENT

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 he/she/they has/ve a disability for purposes of receiving the affirmative action benefits of protected status. This information is intended for use solely in connection with the Commonwealth's Affirmative Action and Equal Opportunity efforts.

The Department of Correction recognizes the importance of non-discrimination, diversity and equal access in all aspects of state employment, programs, activities and services. Your participation in this program is not required, 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: the ADA Coordinator, Office of Diversity and Equal Opportunity, 50 Maple Street, Milford, MA 01757. These forms will be processed as expeditiously as practical.

The information you provide will be kept confidential. This information is not part of your personnel file and used only in accordance with the state guidelines and any applicable Federal regulations including Section 504 of the Rehabilitation Act of 1973. For copies of the Executive Order 526 and any other pertinent information please call the DOC Office of Diversity at (508) 422-3646.

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

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TO: All Vietnam Era Veterans

RE: Invitation to Self-Identify for Vietnam Era Veteran Certification

In accordance with Executive Order 526 regarding non-discrimination, diversity, equal opportunity and affirmative action shall be the policy of the Executive Branch of the Commonwealth. To that end, employees or applicants for employment within the executive branch of state government are invited to indicate whether he/she/they 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) 422-3646 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)

Country: _____

Personally appeared before me the said _____

who made oath that the foregoing was his/her/their 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

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This is a DOC Insert
Military History Addendum

MILITARY HISTORY

A. Are you registered for Selective Service? **Yes** ☐ **NO** ☐
If "**YES**", Selective Service Number: _____
Local Board Number: _____

B. Have you served in the United States Military? **Yes** ☐ **NO** ☐

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

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

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

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

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

MILITARY DISCHARGE AND DISCIPLINARY RECORD

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

B. Was any type of Disciplinary action taken against you while in the Service? Yes ☐ No ☐
If **"YES"**, complete the following

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

1. _____

2. _____

AUTHORIZATION TO RELEASE INFORMATION

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

_____ _____
Date Signature

COMMONWEALTH OF MASSACHUSETTS
APPLICATION FOR EMPLOYMENT

(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)

_____
_____

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 26

TO: **All Employees and Applicants**

RE: **Process for Requesting ADA Reasonable Accommodation due to Disability**

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

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

The purpose for an ADA reasonable accommodation is to provide employees the opportunity to seek an accommodation regardless whether she/he/they has/ve self-identified as a person with a disability. Any Department of Correction employee can contact the Department ADA Coordinator for further information at the DOC Office of Diversity and Equal Opportunity located at 50 Maple Street, Milford, MA 01757 or call directly at (508) 422-3646.

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

DEPARTMENT OF CORRECTION
CONFIDENTIAL
FORMAL WRITTEN REQUEST FOR REASONABLE ACCOMMODATION

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

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

(a) whether the requestor actually requires a reasonable accommodation, and

(b) the nature and extent of the accommodation, if one is required.

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

I WISH TO INITIATE A FORMAL REASONABLE ACCOMMODATION REQUEST.

NAME: _____ DATE OF REQUEST: _____DOB _____

ADDRESS: _____
(STREET) (CITY)
_____
(STATE) (ZIP) (TELEPHONE)

WORK LOCATION: POSITION TITLE: HOW LONG IN YOUR POSITION:
_____

LENGTH OF SERVICE WITHIN THE DOC _____

WORK TELEPHONE: _____ WORK E-MAIL: _____

HOME E-MAIL_____

ACCOMMODATION REQUESTED (*See below*):

LIMITATIONS REQUIRING ACCOMMODATION:

POSITION/SERVICE/EXAMINATION FOR WHICH ACCOMMODATION IS REQUESTED:

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

FORM 526

Page 2

TYPE OF ACCOMMODATION REQUESTED

1. MODIFICATION OF DUTIES/ASSIGNMENTS: includes, but is not limited to, job modification, job tasks, flexible time to allow for transportation and/or medical schedules, task modifications, reassignment of job tasks, etc.

2. ACCESS: includes, but is not limited to, physical accessibility of parking lots, entrances, rest rooms, work stations, cafeterias, elevators, etc.

3. PURCHASE OR MODIFICATION OF EQUIPMENT OR DEVICES: includes, but is not limited to, push button telephones, hand controls for dictating devices, speaker phones, telephone amplifiers, Braille typewriters, dictating machines, optical scanners, telecommunication devices, noise activated equipment, etc.

4. WORK-RELATED PERSONAL ACCOMMODATIONS: includes, but is not limited to, utilization of additional staff as a method of overcoming a physical or mental handicap, readers, drivers, interpreters, personal care attendants for imposed travel, etc.

ADDITIONAL INFORMATION THAT REQUESTOR FEELS IS RELEVANT:

SIGNATURE OF REQUESTOR OR PERSON	**RELATIONSHIP TO REQUESTOR**

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

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

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

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

Address: 50 Maple Street, Milford, MA 01757

Telephone: (508) 422-3646

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

FORM 526

Page 3

MEDICAL INQUIRY FORM IN RESPONSE TO AN ACCOMMODATION REQUEST

- For any questions to complete this form please contact ADA Coordinator, DOC Office of Diversity and Equal Opportunity, 50 Maple Street, Milford, MA 01757 Phone: (508) 422-3646.
- For Correction Officers and Correctional Program Officers please review the list of the 7 essential functions enclosed to be addressed in the physician's letter.
- This form must be signed by a physician along with the Doctor's letter.

Employee Name: _____

To be completed by the employee:

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

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

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

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

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

To be completed by the medical provider:

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

B. Questions to verify disability.

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

Note: The questions should be answered based on what limitations the employee has when his/her/their condition is in an active state and what limitations the employee would have if no mitigating measures were used. Mitigating measures include things such as medication, medical supplies, equipment, hearing aids, mobility devices, the use of assistive technology, reasonable accommodations or auxiliary aids or services, prosthetics, and learned behavioral or adaptive neurological modifications. Mitigating measures do not include ordinary eyeglasses or contact lenses. The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as provided by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

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

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

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

30

1. Does the employee have a physical or mental impairment that substantially limits a major life activity? **Note:***Does not need to significantly or severely restrict the life activity to meet this standard.*	Yes ☐	No ☐

According to the ADA, major bodily functions may include but are not limited to:
This is for information purposes only – **do not circle**. This will be used to answer the question below.

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

2. Does the impairment substantially limit the operation of a major bodily function? **Note:***Does not need to significantly or severely restrict the bodily function to meet this standard.*	Yes ☐	No ☐

C. Verification of functional limitation(s).

1. Does your patient have the functional limitation(s) described in A-1?	Yes ☐	No ☐

2. Is the functional limitation due to their disability?	Yes ☐	No ☐

3. What is the anticipated duration of the impairment?

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

In order to help us work with our employee, do you have suggestions on accommodations that might be provided?
Note: Your suggestions will be used in the interactive process with the employee. The specific accommodation you suggest may or may not be the accommodation ultimately provided.

E. Medical Professional Information and Signature.

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

The Massachusetts Department of Correction

Office of Diversity and Equal Opportunity

Authorization for Release of Medical Information for Reasonable Accommodation Request

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

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

_____
Full name of Employee

_____
Signature of Employee

_____
Date of Signature

_____
Legal Representative (where applicable)
(please print)

_____
Signature of Legal Representative
(where applicable)

_____
Date of Signature

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Attachment C

APPLICANT FLOW DATA SHEET
ALL APPLICANTS THAT SUBMITTED RESUMES / APPLICATIONS FOR POSITION

DIVISION / INSTITUTION:
APPROPRIATION:
INTERNET I.D.:

POSITION TITLE:
POSITION #:
LAST DATE TO APPLY:

NAME	*STATE EMPLOYMENT*	*RACE*	*SEX*	*DISPOSITION*

RACE	DISPOSITION CODE
1 – WHITE	*A – SELECTED FOR HIRE*
2 – BLACK/AFRICAN AMERICAN	*B – SELECTED AS FINALIST; NOT SELECTED*
3 – HISPANIC/LATINO	*C – INTERVIEWED*
4 – ASIAN	*D – NOT INTERVIEWED (Comments Required)*
5 – AM. INDIAN/ALASKAN NATIVE	*E – WITHDREW*
6 – NOT SPECIFIED	*F – OTHER (No show, not qualified, etc.)*
7 – NATIVE HAWAIIAN/Oth PAC ISLAND	

PRINT ON LETTERHEAD

TO: All Applicants and Employees

FR: Carol A. Mici**,** Commissioner

DA: XX XX, 2022

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 he/she/they has/ve 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: Carol A. Thomas, Agency Diversity Officer, Office of Diversity and Equal Opportunity, 50 Maple Street, Suite 1, Milford, MA 01757 (508)422-3648. 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

PRINT ON LETTERHEAD

TO: All Vietnam Era Veterans

FR: Carol A. Mici, Commissioner

DA: XX XX, 2022

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 he/she/they is/are 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, 1 Maple Street, Suite 1, Milford, MA 01757 or call (508) 422-6438 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)

Country: _____

Personally appeared before me the said _____

who made oath that the foregoing was his/her/their 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

(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 administering and monitoring Executive Order 526 which promotes diversity, and equal access and 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 meet our diversity goals and 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 recruited 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:_____

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/their 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/their 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:_____

Bilingual: Yes / No Language: _____

Part A	**Experience and Abilities** (*Based on resume application and interview*)				
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/her/their 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/their 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:

<u>Article 14 Section 14.2</u>

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:

<u>Article 14 Section 2</u>

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/her/their 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/their designee, the Association Chairperson or his/her/their designee and three members of the bargaining unit, one of whom shall be selected by the Director or his/her/their designee, one of whom shall be selected by the Association Chairperson or his/her/their designee, and one of whom shall be jointly selected by the Director or his/her/their designee and the Association Chairperson or his/her/their 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/they shall make the final determination. In the event the appointing authority fails to appoint the person recommended by the Promotion Committee, he/she/they 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/their 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/their 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/they has/ve 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: _____ _____

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/they 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/they has/ve 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/they has/ve 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/they have 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: _____ _____

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/they has/ve 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/they has/ve been deemed to be more qualified than you because of one or more of the following reasons:

( ) **1.** Greater 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 appointing authority.

( ) 3. Work history.

( ) 4. 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:_____ RANK:

_____

YES/NO

VACANCY ANNOUCEMENT #: _____ END DATE TO APPLY: _____

_____

FULL TIME/PART TIME: _____

REQUEST TO HIRE

NAME:_____ ADDRESS:_____

RACE/SEX:_____ CERT.DISABLED V.E.V. _____

NEW HIRE: _____ PROMOTION (From Pos/Loc): _____

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 / OFFICE OF DIVERSITY & EQUAL OPP.: _____ DATE: _____

DEPUTY COMMISSIONER CAREER & PROF. DEVELOP.:_____ 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 Correctional Program Officer A/B, 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 applied for . In that event, the Division of Human Resources shall contact you regarding your application for position . 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,

Executive Director of Human Resources

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 are 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/their 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/They 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/they is/are 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 considered further for the position.

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.

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

▶ START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)*

Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Other Last Names Used *(if any)*

Address *(Street Number and Name)*	Apt. Number	City or Town	State	ZIP Code

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	Employee's E-mail Address	Employee's Telephone Number
	☐☐☐ - ☐☐ - ☐☐☐☐		

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 boxes):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States *(See instructions)*

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
Some aliens may write "N/A" in the expiration date field. *(See instructions)*

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

OR

3. Foreign Passport Number: _____

Country of Issuance: _____

QR Code - Section 1
Do Not Write In This Space

Signature of Employee	Today's Date *(mm/dd/yyyy)*

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator	Today's Date *(mm/dd/yyyy)*

Last Name *(Family Name)*	First Name *(Given Name)*

Address *(Street Number and Name)*	City or Town	State	ZIP Code

STOP *Employer Completes Next Page* STOP

Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name *(Family Name)*	First Name *(Given Name)*	M.I.	Citizenship/Immigration Status

List A Identity and Employment Authorization	OR	**List B** Identity	AND	**List C** Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date *(if any) (mm/dd/yyyy)*		Expiration Date *(if any) (mm/dd/yyyy)*		Expiration Date *(if any) (mm/dd/yyyy)*
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any) (mm/dd/yyyy)*				
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any) (mm/dd/yyyy)*				

Additional Information

QR Code - Sections 2 & 3
Do Not Write In This Space

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment *(mm/dd/yyyy)*: _____ ***(See instructions for exemptions)***

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (*Street Number and Name*)	City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name *(if applicable)*			**B.** Date of Rehire *(if applicable)*
Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Date *(mm/dd/yyyy)*

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date *(if any) (mm/dd/yyyy)*

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized 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	Today's Date *(mm/dd/yyyy)*	Name of Employer or Authorized Representative

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		**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		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**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		**2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**3.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		**5.** U.S. Military card or draft record		**5.** U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		**6.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
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 nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		**For persons under age 18 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		

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

PRINT ON LETTERHEAD

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 <u>A MEDICAL DOCTOR MUST SIGN THE PHYSICIANS' SECTION</u>**

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 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.

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

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 – please provide date of condition or injury and if you are currently being treated for said injury.

Systems	Yes	No	Comments	Systems	Yes	No	Comments
Allergies				Hearing Problems Hearing Aids			
Asthma				Diabetes Mellitus			
Tuberculosis				Thyroid			
Shortness of Breath				Kidney Problems			
Chronic Cough				Flank Pain			
Other Respiratory Illness				Blood in urine			
Heart Disease				Abdominal Pain			
Arrhythmia				Stomach Ulcers			
High/Low Blood Pressure				Vomiting Blood			
Head Trauma				Hernias			
Head Aches				Hepatitis			
Dizziness or fainting				Jaundice			
Seizures				Cancer			
Other Neurological problems				Cysts/Tumors			
Vision Problems glasses/contacts				Varicose veins			

Systems	Yes	No	Comments	Systems	Yes	No	Comments
Arthritis							
Gout				Received a pension for disability			
Bone or Joint Problems/Fractures				Been rejected for Military Service for Health Reasons			
Knee injuries / Brace				Been discharged from the military for Health reasons			
Back injuries / Brace				Been exposed to chemical or other hazardous substance			
Muscle / Ligament Problems				Worked with Radioactive material			
Prosthesis				Received Workers' Compensation			
Chronic Fatigue Syndrome				Forced to give up job for health reasons			
Deformities				Refused employment for health reasons			
Disabilities				Had a work-related disease			
Paralysis				Been refused a driver's license for Health Reasons			
Surgeries / Advised Surgeries				Been refused life insurance			
Hospitalizations							
Measles/Mumps/Rubella/ Chicken Pox							
Scarlet/Rheumatic Fever							
Do you smoke cigarettes, cigars, pipe? How much per day? How long?							
Do you drink alcohol? If so how much per week?							
Post-Traumatic Stress Syndrome							
Anxiety / Depression							

THE FOLLOWING IS TO BE COMPLETED BY YOUR PHYSICIAN.

NAME: LAST FIRST M.I.

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_____	

Details of abnormal findings noted above:_____

VITAL SIGNS

BLOOD PRESSURE_____/_____ TEMPERATURE_____ D.O.B._____

PULSE_____HEIGHT_____ WEIGHT_____

SEX ☐ F ☐ M

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

		Date with Physician's Initials
☐	Applicant is medically recommended for employment.	_____
☐	Applicant is **NOT** recommended medically for employment	_____
☐	Recommendation pending further analysis	_____

SUMMARY: (Observations/Limitations)

_____
_____
_____
_____
_____
_____
_____

_____
Printed Name of Physician

_____
Address

_____
Signature of Physician

_____ _____
Date Telephone Number of Physician

Attachment O

PRINT ON LETTERHEAD

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

Massachusetts Department of Correction **Recruit Training Program - Physical Readiness Test Standards**			
Male Entrance Standards			
AGE	*SIT UPS* *(I minute)*	*PUSH UPS* *(I minute)*	*1.5-MlILE 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			
AGE	*SIT UPS* *(I minute)*	*PUSH UPS* *(I minute)*	*1.5-MlILE 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

PRE-EMPLOYMENT BACKGROUND INVESTIGATION
INITIAL INTERVIEW CHECKLIST FOR CORRECTION OFFICER I

NAME:_____ **HOME/CELL PHONE NUMBER**: _____
CURRENT ADDRESS: _____

GENERAL KNOWLEDGE INFORMATION:

1. Have you ever applied for employment with any other law enforcement agency? 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 ever been convicted of a felony or a misdemeanor? **YES** _____ **NO** _____
4. Have you ever been convicted of any crime, which resulted in your imprisonment? **YES** ____ **NO** _____
5. Have you ever been arrested? (Foreign or Domestic) If YES, please state where below.
   YES _____ **NO** _____
   _____
6. Have you ever been denied a license to carry a firearm? **YES** _____ **NO** _____
7. Have you ever been barred/denied access at any jail or correctional facility? **YES**_____ **NO**_____
8. How long have you been a resident at the above 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 Academy to include the physical training component? **YES** _____ **NO** _____
11. Have you ever served in any military branch? **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 will be required to work nights, weekends and holidays? **YES**_____ **NO** _____

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

APPLICAN'TS SIGNATURE: _____ **DATE:**_____

MA DOC HR REPRESENTATIVE: _____ **DATE:**_____

FOR MA DOC REPRESENTATIVE USE ONLY

DATE RECEIVED: _____
APPLICATION SIGNED: _____
H.S. DIPLOMA/G.E.D: _____
COLLEGE DEGREE AWARDED: _____
BIRTH CERTIFICATE: _____
SOCIAL SECURITY CARD: _____
DRIVER'S LICENSE: _____
D.D. 214 FORM: _____
MILITARY RELEASE FORM: _____
FINGERPRINTS TAKEN: _____

updated 9/8/2021

MASSACHUSETTS DEPARTMENT OF CORRECTION

EMPLOYER INTERVIEW FORM

NAME OF APPLICANT:

Company:_____

1. **Job title and duties:**_____
   _____

2. **Exact dates of employment: From_____To_____**

3. **What was applicant's attendance record?** _____
   _____

4. **Reason for leaving?** _____

5. **What, if any, was the applicant's disciplinary record? Please explain:**_____
   _____
   _____

6. **What was the applicant's on-the-job safety record.** _____
   _____

7. **Did the applicant ever take company property for personal use without permission? Please give details:**_____
   _____

8. **Did the applicant exhibit an indication of racial, ethnic, religious, sexual harassment or religious prejudice while in your employ?** _____
   _____

9. **Rate the applicant's honesty and integrity.**_____
   _____

10. **Rate the applicant's quality of work and ability to get along with others.**
    _____
    _____

11. **Is the applicant eligible for rehire with your firm?** _____

12. **Would you prefer to disclose any confidential information in a personal interview?**

    Yes _____ No _____

MASSACHUSETTS DEPARTMENT OF CORRECTION

SUPERVISOR INTERVIEW FORM

NAME OF APPLICANT:

Company:_____

Supervisors Name:

Title:_____

1. **Job title and duties.**
2. **Years employed.**
3. **Does applicant have a stable relationship with coworker/supervisors?**
4. **Is applicant considered a mature person?**
5. **Did the applicant make positive contribution to the company?**
6. **Did the applicant receive any service awards or promotions?**
7. **Were there any instances where employee benefits were abused?**
8. **Did the applicant use sick leave? (Punctual, how much)**
9. **Was the applicant the subject of disciplinary procedures, to include any sexual harassment allegations?**
10. **Does the applicant drink to excess?**
11. **Does applicant use drugs?**
12. **Is applicant recommended for position sought?**
13. **Rehire status?**

MASSACHUSETTS DEPARTMENT OF CORRECTION

PROFESSIONAL REFERENCE VERIFICATION FORM

NAME OF APPLICANT:

1. **Are you related to the applicant?** _____(This includes being a relative through marriage)
2. **If so, what is the relationship?** _____
3. **How long have you known the applicant?**_____
4. **How did you become acquainted with the applicant?** _____
   _____
5. **Do you consider the applicant to be dependable?** _____
   _____
6. **Have you ever observed applicant in a stressful situation?** _____

   If so, under what circumstance and what type of behavior exhibit? _____
   _____
7. **Describe some of the positive attributes you have observed in the applicant.** _____
   _____
   _____
8. **Describe some negative attributes you have observed in the applicant.** _____
   _____
   _____
9. **Does he/she take pride in his/her appearance?** _____
10. **Please give any additional information you may think helpful to our consideration of this applicant.**
    _____
    _____

_____

Signature **Date**

_____

Print name and phone number

MASSACHUSETTS
DEPARTMENT OF CORRECTION

PRE-EMPLOYMENT BACKGROUND INVESTIGATION

APPLICANT PERSONAL HISTORY

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

Name of Investigator:
Date Investigation Completed:

CRIMINAL HISTORY

NCIC (Warrants):

NCIC III (INTERSTATE IDENTIFICATION INDEX):

MA.BOARD OF PROBATION:

INTERSTATE B.O.P. (NLETS):

FINGERPRINTS: Pending

DRIVERS HISTORY/DRIVERS LICENSE DATA

PROFESSIONAL LICENSES/FIREARMS LICENSE:

EDUCATION

High School:
Graduation Year:
Major Degree:

College/University:
Graduation Year:
Major/Degree:

MILITARY RECORD

Branch of Service:

INSTITUTIONAL EMPLOYMENT

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

1)Has the applicant ever engaged in or been accused of engaging 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?

Comments:

EMPLOYMENT

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

EMPLOYMENT

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

EMPLOYMENT

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

PROFESSIONAL REFRENCES

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

PROFESSIONAL REFRENCES

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

PROFESSIONAL REFRENCES

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

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 ☐ Yes ☐ No	
Gender ☐ Male ☐ Female	☐ American Indian
Veteran ☐ Yes ☐ No	☐ Asian
Vietnam Era Vet ☐ Yes ☐ No	☐ Black
Disabled Vet ☐ Yes ☐ No	☐ Caucasian
Percent Disabled ☐ Yes _____	☐ Hispanic
Bi-Lingual ☐ Yes ☐ No	☐ Other
Age Group ☐ Less than 30 ☐ 30 – 40 ☐ 41 – 50 ☐ Over 50	

1. For how long were you employed by the Department of Correction?
   ☐ 1 to 6 months ☐ 1 to 3 years ☐ 5 to 10 years ☐ 15 to 20 years
   ☐ 6 months to 1 year ☐ 3 to 5 years ☐ 10 to 15 years ☐ 20 years or more

2. For how long did you work in the position you are leaving?
   ☐ 1 to 6 months ☐ 1 to 3 years ☐ 5 to 10 years ☐ 15 to 20 years
   ☐ 6 months to 1 year ☐ 3 to 5 years ☐ 10 to 15 years ☐ 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.

_____Secured a different job
_____Dissatisfied with pay scale
_____Moving from area
_____Family/Personal circumstances
_____Health reasons
_____Job duties lacked challenge
_____Retirement
_____Promotion
_____Career change
_____Better job opportunity
_____Self-Employment
_____Military Service
_____Lacked Proper Supervision
_____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	☐	☐	☐	☐	☐
General orientation to Department	☐	☐	☐	☐	☐
General orientation to facility	☐	☐	☐	☐	☐
Specific knowledge of your job	☐	☐	☐	☐	☐
Career opportunities	☐	☐	☐	☐	☐
Between you and your supervisor	☐	☐	☐	☐	☐
Through chain of command	☐	☐	☐	☐	☐
Personnel representatives	☐	☐	☐	☐	☐

Comments

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

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

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:

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 ☐

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

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?

_____

The Commonwealth of Massachusetts
Executive Office of Public Safety and Security
Department of Correction
Division of Human Resources
50 Maple Street
Milford, Massachusetts 01757
Phone: (508) 850-7888 Fax: (508) 850-5217

Charles D. Baker
Governor

Karyn Polito
Lieutenant.Governor

Thomas A. Turco, III
Secretary

Carol A. Mici
Commissioner

Patrick T. Depalo, Jr.
Christopher M. Fallon
Jennifer A. Gaffney
Michael G. Grant
Thomas A. Preston
Deputy Commissioners

Kelley J. Correira
Executive Director of Human Resources

TO: All Superintendents/Division Heads

FROM: Kelley Correira, Executive Director of Human Resources

RE: PREA Plan of Action: Criminal Background Checks on all Employees

DATE: April 1, 2021

The Prison Rape Elimination Act (PREA) is a Federal statute which was passed unanimously by the United States Congress and signed into law in 2003. As you all know, the Act supports the elimination, reduction and prevention of sexual assault and rape in correctional systems across the country.

The Department of Correction (DOC) has a zero tolerance policy for any incidence of sexually abusive behavior by a staff member, vendor, volunteer or inmate in any facility. Additionally, the DOC shall not hire or promote anyone, who falls within the following criteria as outlined in section **115.17, Hiring and Promotion Decisions:**

(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.

(b) The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

(c) Before hiring new employees who may have contact with inmates, the agency shall:

(1)Perform a criminal background records check; and

(2) Consistent with Federal, State and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

(d) The agency shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates.
(e) The agency shall either conduct criminal background record checks at lease every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees.
(f) The agency shall ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.
(g) Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.
(h) Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

To ensure that the department complies with the above criteria noted in PREA standard, section 115.17, a criminal background check will be conducted on all employees every four years, to include contractors. The Division of Human Resources (DHR) will be responsible for completing the criminal background process by implementing the following procedure:

1. The Superintendent/Division Head or designee will be contacted by DHR prior to their scheduled date in order to have each employee fill out a Background Information Request Waiver Form (attachment B, 201 Policy) and PREA Inquiry Form (Attachment X, 201 Policy).
2. The completed forms will be delivered to the Department of Correction, Division of Human Resources at 50 Maple Street, Milford, MA.
3. Division of Human Resources staff will conduct a criminal record inquiry on each employee and/or contractor. The criminal record inquiry shall include, but not be limited to, the following: Massachusetts Board of Probation (BOP); Nation Criminal Information Center (NCIC); National Law Enforcement Telecommunications System (NLETS) (if applicable); and Warrant Management System (WMS) check.
4. In the event an unfavorable criminal record inquiry is found on an employee during the background review, such information will be forwarded to the Director of the Division of Human Resources for review and appropriate action.
5. All criminal record information will be stored at the Division of Human Resources, separate from the employees' personnel file.
6. A database will be maintained by Division of Human Resources staff to ensure all criminal background checks are completed in accordance with the PREA standard. This will include any follow-up that may be required to obtain information from employees who may be out on any extended leave.

In order to coordinate the process of conducting criminal background record checks on all department employees, one institution/division will be processed at a time. To ensure a timely completion of the next round of criminal background record checks; subsequent criminal records inquiries will begin in the fourth year prior to the five year anniversary date of said institution of division.

If an employee is transferred during the four year time frame they shall keep their anniversary date upon transfer to their new institution or division. If an employee is promoted, they shall now have a new anniversary date.

The Division of Human Resource staff began the implementation of this plan in March of 2015.

If you have any questions or concerns please contact Matthew Beaudet at 508-850-7889. I want to thank each of you in advance for your cooperation during this process.

c: Carol A. Mici, Commissioner
Michael G. Grant, Deputy Commissioner
Patrick DePalo, Deputy Commissioner
Jennifer A. Gaffney, Deputy Commissioner
Thomas J. Preston, Deputy Commissioner
Timothy Gotovich, Director, PDCU
Matthew Beaudet, Deputy Director, DHR