

An Official website of the Commonwealth of Massachusetts


MassCareers Job Opportunities

ALERT

Effective May 11, 2023, Executive Order #595 requiring Executive Department employees to verify COVID-19 vaccination has been rescinded. Positions posted on this site prior to the date of rescission may continue to contain outdated references to Executive Order #595, please disregard these references following May 11.


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Job Search

My Job Page

Applying for: EOPSS Summer Contract Intern (Job Number: 230009VA) 

Step 1 out of 10

Personal Information

General Questions

Job Specific Questions

Education

Employment History

Licenses and Certifications

File Attachments

Save and Continue

Save as Draft

Personal Information

To complete your application you must select the Submit button on the Review and Submit page. After submitting your application you will receive an email confirming your application has been received.

Please enter all relevant Personal Information in the fields below.

Please ensure you use your full legal name and ensure proper punctuation (ex. William Smith).

Prefix

*First Name

Middle Name

*Last Name

*Street Address (line 1)

Address (line 2)

*City

State

Massachusetts

*Zip/Postal Code

*Primary Number

Cellular Phone

Cellular Number

Home Phone Number

Work Phone Number

*Email Address

Job Posting Notification

Select the checkbox below to receive an email notification whenever a new position matching this profile is posted.

☐ Send an email notification whenever a new position matching this profile is posted.

Source Tracking

Please indicate how you heard about this job.

*Source Type

*Career Fair

Save and Continue

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Application and Documents Checklist:

- ☐ Application through MassCareers
- ☐ Resume
- ☐ Unofficial transcripts
- ☐ Response to the questions below with an essay of 500 to 750 words:

1. Which agency(s) interests you the most within EOPSS and why?

2. Tell us about an assignment or project from start to finish (identifying the situation, task, action, and result). What went well, and what would you have done differently?

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 Job Search

My Job Page

Applying for: **EOPSS Summer Contract Intern (Job Number: 230009VA)** 

Step 2 out of 10 | [Print](#)



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General Questions

Questionnaire

To help us better know you and further assess your qualifications for this position, please answer the following questions as accurately as possible.

*1.Are you legally authorized to work in the United States of America on an unrestricted basis?

☒ Yes

☐ No - If selected a field will display to provide an answer.

*2.Do you have any immediate family working in Massachusetts State Government?

Per Chapter 93 of the Acts of 2011 and Executive Order 444 you are required to disclose any immediate family members, including those related to your immediate family by marriage, who are employed by the Commonwealth of Massachusetts. "Immediate family" is defined as a spouse, child, parent, and sibling; and the spouse's child, parent and sibling. Include those employed in all branches of state government: judicial, legislative, executive, higher education and state authorities; and those employed as regular or contract employees, or elected officials. This "sunshine disclosure" is intended to ensure that the citizens of our Commonwealth have full confidence in their government and its hiring process. The disclosure will not be used to exclude any qualified applicant seeking a position.

☐ Yes - If selected a field will display to provide an answer.

☒ No

*3.Have you had prior employment, in any capacity, with an agency or department of the Commonwealth of Massachusetts?

☐ Yes - If selected a field will display to provide an answer.

☒ No

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Job Search

My Job Page

Applying for: EOPSS Summer Contract Intern (Job Number: 230009VA)

Step 3 out of 10 | [Print](#)



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Job Specific Questions

Location Selection

Identify the locations of interest for the current job.

Select the relevant locations:

All

United States — Massachusetts — Natick

United States — Massachusetts — Randolph

United States — Massachusetts — Boston

United States — Massachusetts — Boston

Multiple selections

To (de)select multiple locations using a PC, hold down the Ctrl key and click all relevant values (for Mac, use the Command key).

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Job Search

My Job Page

Applying for: EOPSS Summer Contract Intern (Job Number: 230009VA)

Step 4 out of 10 | [Print](#)

←

Education

Employment History

Licenses and Certifications

File Attachments

Electronic Signature

Diversity Survey

Review and Submit

→

Save and Continue

Save as Draft

Education

List the educational experiences below, starting with the most relevant education. Education will be verified.

NOTE: Providing education information is not a requirement for submitting your declared area(s) of interest.

Adding Education Entries:

To create one education, select "Add Education". A new section including blank fields appears. Enter any relevant information.

Removing Education Entries:

To remove an education from the list, identify it, then select "Remove Education".

Reordering Education Entries:

To reorder education entries, select "Move Up" or "Move Down" next to each entry until the relevant education reaches the desired position.

Education 1

Institution

Program

Education Level

Status

[Remove Education](#)

[Add Education](#)

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[Job Search](#)

[My Job Page](#)

Applying for: EOPSS Summer Contract Intern (Job Number: 230009VA)

Step 5 out of 10 | [Print](#)

Education

Employment History

Licenses and Certifications

File Attachments

Electronic Signature

Diversity Survey

Review and Submit

Save and Continue

Save as Draft

Employment History

List the work experiences below, starting with the most relevant one.

Adding work experience entries:

To create one work experience, select "Add Work Experience". A new section including blank fields appears. Enter any relevant information.

Removing work experience entries:

To remove a work experience from the list, identify it, then select "Remove Work Experience".

Reordering work experience entries:

To reorder work experience entries, select "Move Up" or "Move Down" next to each entry until the relevant work experience reaches the desired position

Work Experience 1

*Employer

*Job Title

Start Date

☒Current Job

Achievements/Responsibilities

Supervisor's Name

Supervisor's Title

☒The supervisor may be contacted

Supervisor's Phone

[Remove Work Experience](#) | [Move Down](#)

Work Experience 2

*Employer

*Job Title

Start Date

End Date

☐Current Job

Achievements/Responsibilities

Supervisor's Name

Supervisor's Title

Pinard

☒The supervisor may be contacted

Supervisor's Phone

[Remove Work Experience](#) | [Move Up](#) | [Move Down](#)

Work Experience 3

*Employer

*Job Title

Start Date

End Date

☐Current Job

Achievements/Responsibilities

Supervisor's Name

Supervisor's Title

☒The supervisor may be contacted

Supervisor's Phone

[Remove Work Experience](#) | [Move Up](#)

[Add Work Experience](#)

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Step 6 out of 10 | [Print](#)

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Licenses and Certifications

Adding Licenses or Certifications

To add a license or certification, select "Add License or Certification". A new section including blank fields appears.

To remove a certification from the list, identify it, then select "Remove License or Certification".

To reorder license or certification entries, select "Move Up" or "Move Down" next to each entry until the relevant license or certification reaches the desired position.

Licenses and Certifications 1

Country

Issue Date

Month Year

Month Year

Remove License or Certification

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Job Search

My Job Page

Applying for: **EOPSS Summer Contract Intern (Job Number: 230009VA)**

Step 7 out of 10 | [Print](#)



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File Attachments

- Step 1: Find the files for this job submission
- Step 2: Check off "Relevant Files" below to attach those files to this specific job submission

Select the file to attach

Choose File

no file selected

Comments about the file

Attach

You can attach a maximum of 25 files to use in your job submission(s). You can delete some or all of the files. The "Relevant Files" checkbox indicates that the file is relevant to this specific job submission. If you do not check the "Relevant Files" checkbox, your attachments, including resume and cover letter, will not be included with your job submission. Check the resume checkbox to indicate which document is your resume.

Relevant Files	Resume	File Name	Date	Comments	Actions
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<div></div> Resume <div></div>	<div></div>		Delete
<input type="checkbox"/>	<input type="checkbox"/>	<div></div>	<div></div>		Delete

Save and Continue

Save as Draft

Tips

You cannot attach a file that exceeds the allocated limit of 5120 kilobytes.

You can attach a maximum of 25 files, one at a time.

The search tool that recruiters use to search for candidates will not be able to analyze the content of some attached files, mostly image files and compressed files (.zip).

Attaching files

To attach a file, click "Browse" and select the file you want to attach. Then, click "Attach".

Deleting files

To delete a file, in the list of files already attached, select the file you wish to delete. Then, click the corresponding "Delete" button.



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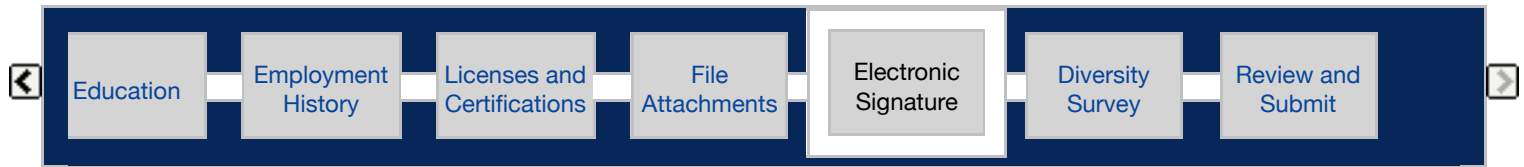
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[Job Search](#) [My Job Page](#)

Applying for: **EOPSS Summer Contract Intern (Job Number: 230009VA)**

Step 8 out of 10 | [Print](#)



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Electronic Signature

Please read the following statement carefully, then acknowledge that you have read and approved it by providing the information requested at the bottom of the page. Please note that an esignature is the electronic equivalent of a hand-written signature.

I understand that the foregoing will be verified in order to expedite my application for employment with the Commonwealth of Massachusetts. I hereby authorize the Commonwealth to conduct a full investigation into my background, and as part of this investigation, my personal identifying information may be transmitted to a third-party performing the investigation. I understand that my application will be maintained in a database that will be searchable by Commonwealth Recruiters and Diversity Officers and I may be contacted regarding positions in addition to the one I have applied.

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. I understand that information that I have provided in this application, in whole or in part, may be subject to disclosure

Do Not E-Sign Until You Have Read The Above Statement.

By my eSignature below, I certify that I have read, fully understand and accept all terms of the foregoing statement. Please signify your acceptance by entering the information requested in the fields below.

*Please enter your full name:

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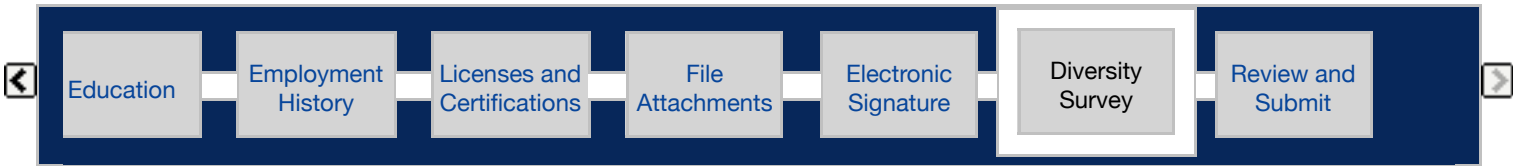
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Job Search

My Job Page

Applying for: EOPSS Summer Contract Intern (Job Number: 230009VA)

Step 9 out of 10 | [Print](#)



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Diversity Survey

Diversity

United States

The Commonwealth of Massachusetts is committed in spirit as well as in action, to be an Employer of Choice. It is our policy to guarantee equal opportunities for all qualified persons without regard to their age, race, creed, color, national origin, ancestry, marital status, gender, gender identity, gender expression, military status, sexual orientation, or disability, which can reasonably be accommodated. Further the Commonwealth will act in good faith, to affirmatively recruit, and consider for promotion individuals in protected categories.

The completion of this information is **voluntary**, but we do hope that you will choose to fill it out. The requested information will be used to assist us in determining whether our recruitment efforts are reaching a diverse pool of qualified applicants. Your information will be treated in a highly confidential manner.

Ethnicity

Hispanic or Latino: a person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.

Race

American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

United States

- *1.Ethnicity
- *2.Race
- *3.Gender
- *4.Special disabled veteran

N
- *5.Do you consider yourself a person with a disability?
- *6.Vietnam Era Veterans or Protected Veterans Status

N

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