

**Application for Employment**

See Job Postings: [Current job openings at the Office of the State Auditor | Mass.gov](https://www.mass.gov/lists/current-job-openings-at-the-office-of-the-state-auditor)





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| 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 Office of the State Auditor (OSA) may review, if applicable:  * Criminal Offender Record Information (C.O.R.I) and; * Sex Offender Registry Information (S.O.R.I.)  1. If an offer of employment is made to you, the OSA may declare that the offer is contingent upon references and/or a tax and background check. 2. **False or materially inaccurate information on the application will be cause for disqualification for employment or dismissal at any time during employment.** 3. Read certification and releases carefully before signing. 4. For those submitting their application electronically, submit information in gray spaces and save completed version to your files. 5. Return completed application as an attachment along with cover letter and resume by email to [OSA.applications@massauditor.gov](mailto:OSA.applications@massauditor.gov) or print the materials and mail to:                                                               The Office of the State Auditor                                                              Human Resources Department                                                              One Ashburton Place, Room 1819                                                              Boston, MA 02108   1. If there is a need for an alternative version of this form, please contact the OSA Human Resources Office at 617-727-6200. |
| **This application will be kept on file for one year but applicants are responsible for applying for each vacancy for which there is an interest in being considered.** |
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|  | Office of the State Auditor  APPLICATION FOR EMPLOYMENT |

**WE ARE AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER**

The Office of the State Auditor is committed to providing equal employment opportunities.  Employment actions such as recruiting, hiring, training, and promoting individuals are based upon a policy of non-discrimination.  Employment decisions and actions are made without regard to race, color, gender, religion, age, national origin, ancestry, sexual orientation, gender identity and expression, disability, military status, genetic information, political affiliation, or veteran’s status.

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| PERSONAL INFORMATION | |
| Name (First) (Middle) (Last)  Mr.  Ms. | Home Telephone Number |
| Mailing Address (Street) (City) (State) Zip(Postal) Code               Home Address (if different from mailing address) | Personal Cell Phone    Personal E-Mail Address |
| Are you authorized to work in the U.S. on an unrestricted basis? YES  NO  Will you now, or in the future, require sponsorship for employment visa status (e.g. H1-B visa status)? YES  NO |  |
| Are you over 18 years or older? YES  NO |  |
| Who referred you?  Employment Agency  Employee  Newspaper advertisement  MassCareers  Other Internet job site  Unemployment office/One-Stop Career Center  Other : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| EMPLOYMENT DESIRED | |
| Position Applied For: | How soon can you start if a job offer is made? |
| Are you available for full time work? YES  NO | Starting salary desired |
| Have you worked for the Commonwealth before? NO  YES  Dates: | |
| Have you reviewed the essential functions of the job as listed on the MassCareers or job posting? YES  NO | |
| In addition to your work history, what other experiences, skills or qualifications would qualify you for this work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| EDUCATION | | | | |
| Name of School | Location  City State | Main Course of Study | Did you Graduate | Degree |
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| List any additional education, training or professional certifications  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

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| **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 |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

###### MILITARY SERVICE INFORMATION

***This information is furnished on a voluntary basis.***

Check all that apply:  Veteran  Disabled Veteran  Vietnam Era Veteran

Dates of Service:       to       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 #? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please attach Form DD214 or a copy of ODEO certification.)

**IMMEDIATE FAMILY WORKING IN MASSACHUSETTS STATE GOVERNMENT**

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

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| **Name of Relative** | **Relationship** | **Title of Relative’s Job** | **State Agency** |
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IF YOU NEED ADDITIONAL SPACE PLEASE ATTACH A SEPARATE SHEET

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| EMPLOYMENT HISTORY Are you employed now? Yes  No | COMPLETE ALL INFORMATION IN FULL. All applicants must complete this page even if they are also submitting a resume. Begin with your most recent employment, including any present employment. Your present employer will not be contacted without your permission. You may include any verifiable work performed on a volunteer basis. Any gaps in employment must be briefly explained. | | | |
| Company Name | | May we contact?  Yes  No | | |
| Street Address Telephone | | Specific Duties | | |
|  | | |
| City & State Postal Code | |  | | |
|  | | |
| Job Title | |  | | |
|  | | |
| Supervisor | |  | | |
| From To  Dates Employed: | | Reason for Leaving |
| Company Name | | May we contact?  Yes  No | | |
| Street Address Telephone | | Specific Duties | | |
|  | | |
| City & State ZIP (Postal) Code | |  | | |
|  | | |
| Job Title | |  | | |
|  | | |
| Supervisor | |  | | |
|  | | |
| From To  Dates Employed: | | Reason for Leaving | |
| Company Name | | May we contact?  Yes  No | | |
| Street Address Telephone | | Specific Duties | | |
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| City & State ZIP (Postal) Code | |  | | |
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| Job Title | |  | | |
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| Supervisor | |
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| From To  Dates Employed: | | Reason for Leaving | |
| Company Name | | May we contact?  Yes  No | | |
| Street Address Telephone | | Specific Duties | | |
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| City & State ZIP (Postal) Code | |  | | |
|  | | |
| Job Title | |  | | |
|  | | |
| Supervisor | |  | | |
| From To  Dates Employed: | | Reason for Leaving | |

**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, character references and any other information concerning character, ability and habits 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 statement, 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 penalty 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 I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment. I have received the list of approved documents with this application.

I understand that unless I attain permanent status pursuant to MGL Chapter 31 or am subject to the terms of a collective bargaining agreement, 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

\* For those submitting an application electronically, typing one’s name will indicate a signature.

“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*