



Commonwealth of Massachusetts
Office of the State Auditor
Suzanne M. Bump

Making government work better

Application for Employment

See Job Postings: www.mass.gov/sao/osaemployment.htm



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.)
4. If an offer of employment is made to you, the OSA may declare that the offer is contingent upon the successful results of a medical exam, references, 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. For those submitting their application electronically, submit information in gray spaces and save completed version to your files.
8. Return completed application as an attachment along with cover letter and resume by email to OSA.applications@SAO.State.MA.US or print the materials and mail to:

The Office of the State Auditor
Human Resources Department
One Ashburton Place, Room 1819
Boston, MA 02108
9. 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.



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.

PERSONAL INFORMATION

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

EMPLOYMENT DESIRED

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

EDUCATION				
Name of School	Location City State	Main Course of Study	Did you Graduate	Degree

List any additional education, training or professional certifications

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.

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

IF YOU NEED ADDITIONAL SPACE PLEASE ATTACH A SEPARATE SHEET

EMPLOYMENT HISTORY Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <u>will not</u> be contacted without your permission. You may include any verifiable work performed on a volunteer basis. Any gaps in employment must be briefly explained.	
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Company Name		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Specific Duties	
Telephone			
City & State			
Postal Code			
Job Title			
Supervisor			
<div style="display: flex; justify-content: space-between;"> From To </div> Dates Employed:		Salary	Reason for Leaving

Company Name		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Specific Duties	
Telephone			
City & State			
ZIP (Postal) Code			
Job Title			
Supervisor			
<div style="display: flex; justify-content: space-between;"> From To </div> Dates Employed:		Salary	Reason for Leaving

Company Name		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Specific Duties	
Telephone			
City & State			
ZIP (Postal) Code			
Job Title			
Supervisor			
<div style="display: flex; justify-content: space-between;"> From To </div> Dates Employed:		Salary	Reason for Leaving

Company Name		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Specific Duties	
Telephone			
City & State			
ZIP (Postal) Code			
Job Title			
Supervisor			

Dates Employed:	From	To	Salary	Reason for Leaving
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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