

PLEASE PRINT

MASSACHUSETTS STATE LOTTERY COMMISSION

HUMAN RESOURCES DEPARTMENT

60 Columbian Street

Braintree, MA 02184

Telephone (781) 849-5555 TTY (781) 849-5678

APPLICATION FOR EMPLOYMENT

NAME (Please Print)	LAST	FIRST	MIDDLE	HOME TELEPHONE NUMBER
MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
Do you have a valid Massachusetts driver's license?				E-MAIL ADDRESS
Are you legally authorized to work in the United States? (If hired, you will be required to submit proof of your identity and legal work authorization under the Immigration and Reform and Control Act of 1986.)				Who referred you to us?

EMPLOYMENT INFORMATION

Position desired _____

Date available for work _____ Salary requirements \$ _____

1. If hired, would you be willing to work overtime? YES NO

2. Have you ever been employed by the State? YES NO Where? _____ When? _____

3. Do you have any relatives that have worked or presently work for the Massachusetts State Lottery Commission? YES NO
If yes, what is the relationship? _____

4. Do you have any relatives that are licensed to sell Lottery Tickets by the Massachusetts State Lottery Commission? YES NO
If yes, what is the relationship? _____

5. Are you available for Full Time work? YES NO Part Time Work? YES NO

EMPLOYMENT HISTORY

Are you employed now? YES NO

Complete all information in full. Begin with your most recent employment, including any present employment. Your present employer will not be contacted without your permission. Briefly explain any gaps in employment.

Name and Address of Company	Date Employed				Reasons For Leaving
	From	To			
_____					_____
_____					_____
_____					_____
Job Title	Department Name		Immediate Supervisor's Name		
Duties and Responsibilities					

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Name and Address of Company	Date Employed From To				Reasons For Leaving
_____ _____ _____					_____ _____ _____
Job Title	Department Name		Immediate Supervisor's Name		
Duties and Responsibilities					
_____ _____					

Name and Address of Company	Date Employed From To				Reasons For Leaving
_____ _____ _____					_____ _____ _____
Job Title	Department Name		Immediate Supervisor's Name		
Duties and Responsibilities					
_____ _____					

- If you need additional space please attach a separate sheet

MILITARY SERVICE INFORMATION
<p>This information is furnished on a voluntary basis.</p> <p>Dates of Service: _____ to _____ Branch _____</p> <p>If Vietnam Era Veteran, have you been certified by the State Office of Affirmative Action? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, what is the Certification # _____</p> <p>(Attach Form DD214 or a Copy of SOAA Certification)</p>

PROFESSIONAL REFERENCES (not personal)*(List 3 people not related to you who can comment on your work performance)*

Name	Address	Occupation	Years Acquainted	Telephone Number
1.				
2.				
3.				

EDUCATION

Name of School	Location	Check One		Dates Attended		Did you graduate?		Degree and/or Major
		Day	Evening	From Month/Year	To Month/Year	YES	NO	
High School		<input type="checkbox"/>	<input type="checkbox"/>			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Trade or Business School		<input type="checkbox"/>	<input type="checkbox"/>			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
College		<input type="checkbox"/>	<input type="checkbox"/>			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Graduate Work		<input type="checkbox"/>	<input type="checkbox"/>			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Other		<input type="checkbox"/>	<input type="checkbox"/>			YES <input type="checkbox"/>	NO <input type="checkbox"/>	

SPECIAL SKILLS

Licensed / Certifications _____

Computer Skills _____

Languages spoken other than English, including sign language or Braille _____

Other _____

I CERTIFY THAT ALL THE INFORMATION PROVIDED ON THIS APPLICATION AND ATTACHED RESUME (IF APPLICABLE) IS COMPLETE, TRUE AND ACCURATE. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS IS CAUSE FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS AND REPRESENTATIONS IN THIS APPLICATION AND THE ATTACHED RESUME (IF APPLICABLE). I RELEASE THE MASSACHUSETTS STATE LOTTERY COMMISSION FROM ANY AND ALL LIABILITY RESULTING FROM AN INVESTIGATION OF MY EMPLOYMENT HISTORY, REFERENCES AND CRIMINAL CONVICTIONS.

Signature of Applicant

Date

PLEASE READ BEFORE SIGNING

If employed, I agree to abide by all rules and regulations of the Commonwealth. I understand, if convicted of a felony, I will notify my supervisor immediately. I agree to furnish such additional information and complete such examination as may be required to complete an employment process and understand that this application for employment in no way obligates the Commonwealth to employ me. I acknowledge that the Commonwealth will, if applicable, review the Criminal Offender Record Information (C.O.R.I.) and the Central Registry of Child Abuse/Neglect reports in accordance with M.G.L., Chapter 119, §51B.

I hereby acknowledge that I have read in full and understand the above statement.

Signature of Applicant

Date

Printed Name