

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

Form with fields for Name (Last, First, Middle), Home Telephone Number, Mailing Address (Street, City, State, Zip Code), Driver's License status, E-Mail Address, and Work Authorization status.

EMPLOYMENT INFORMATION

Form with questions about position desired, date available, salary requirements, overtime willingness, previous state employment, relatives at commission, and availability for full/part time work.

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.

Table with 4 columns: Name and Address of Company, Date Employed (From/To), Reasons For Leaving, Job Title, Department Name, and Immediate Supervisor's Name. Includes a section for Duties and Responsibilities.

Empty table row at the bottom of the page.

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

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

- If you need additional space please attach a separate sheet

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

**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