

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		Base Weekly Salary		Reasons For Leaving
	From	To	Starting	Leaving	
_____ _____ _____			\$	\$	_____ _____ _____
Job Title	Department Name		Immediate Supervisor's Name		
_____	_____		_____		
Duties and Responsibilities					
_____ _____					

Name and Address of Company	Date Employed		Base Weekly Salary		Reasons For Leaving
	From	To	Starting	Leaving	
_____ _____ _____			\$	\$	_____ _____ _____
Job Title	Department Name		Immediate Supervisor's Name		
Duties and Responsibilities					
_____ _____					

Name and Address of Company	Date Employed		Base Weekly Salary		Reasons For Leaving
	From	To	Starting	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>

AFFIRMATIVE ACTION DATA RECORD
<p>The completion on this Data Record is optional. If you choose to volunteer the requested information please note that all Affirmative Action Data Records are kept in a confidential file and are not part of your application for employment or your personal file.</p> <p>Check one: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/></p> <p>Check one of the following: (Race)</p> <p>White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/></p> <p>Native American <input type="checkbox"/> (Attach documentation of tribal affiliation)</p> <p>Vietnam Era Veteran (90 days active duty – 8/5/64 and 5/7/75) <input type="checkbox"/></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

**HAVE YOU EVER BEEN CONVICTED OF A CRIME?**

If yes, explain. Note: Not necessary to list a first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace or any misdemeanor that occurred five years or more prior to the filing of this application. M.G.L. Chapter 151, §4(9). An applicant for employment, with a sealed record on file with the Commissioner of Probation, may answer 'no record' with respect to any inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer 'no record' with respect to any inquiry relative to prior arrests, court appearances and adjudication's in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the Superior Court for criminal prosecution.

Explain:

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**CRIMINAL OFFENDER RECORD INFORMATION (C.O.R.I.)**

**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

