



Northwestern District Attorney's Office

Application for Employment

HAMPSHIRE COUNTY OFFICE

One Gleason Plaza
Northampton, MA 01060

Phone: 413-586-9225 / Fax: 413-584-3635

FRANKLIN COUNTY OFFICE

56 Bank Row
Greenfield, MA 01301

IMPORTANT

1. Answer every question fully and accurately. If not applicable, please put N/A.
2. For an applicant for employment who meets the minimum requirements, a background check may be conducted including the review of the following, if applicable to the position sought:

Criminal Offender Record Information (C.O.R.I.);
Sex Offender Registry Information (S.O.R.I.); and,
The Central Registry of Child Abuse/Neglect reports maintained in accordance with M.G.L. Chapter 119, Section 51 B.

Any inquiry of this nature will occur only following those instances where a conditional offer of employment is made.
3. If an offer of employment is made to you, the Northwestern District Attorney's Office may declare that the offer is contingent upon the successful result of reference, education, certification, professional licenses and criminal background check.
4. 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.
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. Return completed application.
8. If you require an accommodation related to a medical condition in order to participate in any phase of the application process please inform the Director of Operations in order to determine what can be done to provide you with an accommodation.

WE ARE AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

It is the policy of the Northwestern District Attorney's Office to afford equal opportunity to all qualified persons regardless of race, color, religion, sex, national origin, age, military status, sexual orientation, sexual identity, handicap/disability, gender, gender identity, ancestry, genetic information, or any other class protected by federal or state anti-discrimination law (except where age or sex is a bona fide occupational qualification as allowed by the Civil Rights Act of 1964). The Northwestern District Attorney is committed to and promotes equal opportunity, affirmative action and diversity.

Personal Information

Salutation:

First Name:

Middle:

Last Name:

MAILING ADDRESS

Street Address:

P.O. Box:

City:

State:

Zip Code:

HOME ADDRESS (if different from mailing address)

Street Address:

P.O. Box:

City:

State:

Zip Code:

Home Phone:

E-Mail:

Cell Phone:

Are you authorized to work in the United States on an unrestricted basis?

Are you over 18 years old?

Employment Desired

Position applied for:	<input type="text"/>	How soon can you start if a job offer is made?:	<input type="text"/>
Office location sought: (within Hampshire or Franklin County)	<input type="text"/>		
Have you worked for the Commonwealth before?:	<input type="text"/>	If yes, please list:	<input type="text"/>
Dates employed:	<input type="text"/>	Are you able to work full-time?:	<input type="text"/>
Starting salary desired:	<input type="text"/>	per/	<input type="text"/>
		Are you able to work part-time?:	<input type="text"/>
In addition to your work history, what other experiences, skills or qualifications would qualify you for this work?:	<input type="text"/>		

Education

Name of school:	<input type="text"/>	Main course of study:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>
		Did you graduate?:	<input type="text"/>
		Degree:	<input type="text"/>
Name of school:	<input type="text"/>	Main course of study:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>
		Did you graduate?:	<input type="text"/>
		Degree:	<input type="text"/>
Name of school:	<input type="text"/>	Main course of study:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>
		Did you graduate?:	<input type="text"/>
		Degree:	<input type="text"/>
Please list any additional education or training:	<input type="text"/>		

Professional References

Name:	<input type="text"/>	Phone:	<input type="text"/>	Occupation:	<input type="text"/>	Years acquainted:	<input type="text"/>
Name:	<input type="text"/>	Phone:	<input type="text"/>	Occupation:	<input type="text"/>	Years acquainted:	<input type="text"/>
Name:	<input type="text"/>	Phone:	<input type="text"/>	Occupation:	<input type="text"/>	Years acquainted:	<input type="text"/>

Military Service *(this information is furnished on a voluntary basis)*

Please choose more than one status, if applicable:

Veteran Status:	<input type="text"/>	Veteran Status:	<input type="text"/>	If Vietnam Era Veteran, have you ever been certified by the Office of Diversity and Equal Opportunity?	<input type="text"/>
Dates of Service	From:	<input type="text"/>	Branch:	<input type="text"/>	If yes, what is the certification #:
	To:	<input type="text"/>			<input type="text"/>

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, child, parent, and sibling; and the spouse's child, parent and 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:	<input type="text"/>	Relationship:	<input type="text"/>
Title of relatives job:	<input type="text"/>	State agency:	<input type="text"/>
Name of relative:	<input type="text"/>	Relationship:	<input type="text"/>
Title of relatives job:	<input type="text"/>	State agency:	<input type="text"/>

If you need additional space, please attache a separate sheet

Employment History

COMPLETE ALL INFORMATION IN FULL.

All applicants must complete this section even if they are also submitting a resume. Begin with your most recent employment, including any present employment. You may include any verifiable work performed on a volunteer basis. Any gaps in employment must be briefly explained.

Are you currently employed?:

Company Name:	<input type="text"/>	Job Title:	<input type="text"/>	May we contact?:	<input type="text"/>
Street Address:	<input type="text"/>	P.O. Box:	<input type="text"/>	Zip Code:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>	Phone:	<input type="text"/>
Reason for leaving:	<input type="text"/>				Dates Employed:
					From: <input type="text"/>
Please list your specific duties:	<input type="text"/>				To: <input type="text"/>

Company Name:	<input type="text"/>	Job Title:	<input type="text"/>	May we contact?:	<input type="text"/>
Street Address:	<input type="text"/>	P.O. Box:	<input type="text"/>	Zip Code:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>	Phone:	<input type="text"/>
Reason for leaving:	<input type="text"/>				Dates Employed:
					From: <input type="text"/>
Please list your specific duties:	<input type="text"/>				To: <input type="text"/>

Company Name:	<input type="text"/>	Job Title:	<input type="text"/>	May we contact?:	<input type="text"/>
Street Address:	<input type="text"/>	P.O. Box:	<input type="text"/>	Zip Code:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>	Phone:	<input type="text"/>
Reason for leaving:	<input type="text"/>			Dates Employed:	
				From:	<input type="text"/>
Please list your specific duties:	<input type="text"/>			To:	<input type="text"/>

Miscellaneous Job-Related Information

For Attorneys: Are you an attorney in good standing in Massachusetts? BBO#

For Attorneys: Have you ever been sanctioned or disciplined by a court or licensing organization?

If yes, please explain:

Release and Certification

ALL APPLICANTS MUST SIGN AND SUBMIT THIS PAGE

Please read before signing

I understand that the foregoing will be verified in order to expedite my application for employment with the Office of the Northwestern District Attorney. I hereby authorize the District Attorney or his designee(s) to conduct a full investigation into my background.

I authorize the District Attorney or his designee(s) to obtain my previous work records, employment records, personnel 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 District Attorney or his designee(s) for the purpose of making its hiring decision. I agree that the District Attorney, nor his designees involved in the hiring process, nor the Commonwealth shall not be liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated at any time should I be hired, 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 if I am employed, my employment will be at-will, which means that both the Commonwealth of Massachusetts, including the District Attorney of the Northwestern District, 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.

Sign and Date

☐ I certify, by checking the circle and entering my name below, that I have signed this document. I agree that checking this circle has the same effect as, and is a valid substitution for, my handwritten signature.

First Name: Middle: Last Name:

Date:

Criminal Records Notification Form

COMPLETE THIS FORM

If employed, I agree to abide by all rules and regulations of the Northwestern District Attorney's Office. 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 District Attorney to employ me. I acknowledge that the Northwestern District Attorney's Office will, if applicable, for an applicant that meets the minimum entrance requirements, review the Criminal Offender Record Information (C.O.R.I.), Sex Offender Registry Information (S.O.R.I.) and the Central Registry of Child Abuse/Neglect reports in accordance with M.G.L., Chapter 119, Section 51B following an initial interview by the Northwestern District Attorney's Office. I authorize the Northwestern District Attorney's Office to review such records.

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

Sign and Date

☐

I certify, by checking the box and entering my name below, that I have signed this document. I agree that checking this box has the same effect as, and is a valid substitution for, my handwritten signature.

First Name:

Middle:

Last Name:

Date of Birth:

Date: