



CHARLES D. BAKER
GOVERNOR

OFFICE OF THE GOVERNOR
COMMONWEALTH OF MASSACHUSETTS
STATE HOUSE • BOSTON, MA 02133
(617) 725-4000

KARYN E. POLITO
LIEUTENANT GOVERNOR

Dear Candidate:

Enclosed is the background check paperwork required in connection with your candidacy for an appointment with the Commonwealth.

Please Follow These Instructions Carefully

- Complete the attached package in its entirety and sign all necessary release forms. These forms allow access to information regarding your criminal record, driver history, taxes, professional licenses, and education. Obtained information is protected from public disclosure by Massachusetts General Laws, Chapter 4, Section 7, Clause 26, Subclause (c).
- Review each section carefully and indicate if an item is not applicable.
- **Attach a current Résumé** with the completed forms.
- Include both day and evening phone numbers.
- **Do not** staple or alter this form in any way unless otherwise directed.
- When printing, please print **single-sided**.
- Return the original, signed, completed package within three days of receipt to:

Matthew St. Hilaire
Director of Personnel and Administration
Executive Office of the Governor
State House, Room 271-M
Boston, MA 02133

If you have any questions, need further information, or require appropriate accommodation because of a disability, please do not hesitate to contact Matt St. Hilaire at (617) 725-4055.

Part 1: Personal Information

1. Position You Are Seeking:
a. Functional Title: _____

b. Agency/Board/Commission: _____

2. Today's Date: ____ / ____ / ____

3. Full Name of Applicant: _____

4. Applicant's Maiden/Birth Name: _____

5. Personal/Non-work Email Address: _____

6. Date of Birth: ____ / ____ / ____ 7. Social Sec. #: ____ - ____ - ____

8. *Optional:* If you wish to be identified with a particular racial or ethnic group, please list below:

9. Place of Birth (City, State, Country): _____

10. Home Phone/ Mobile Phone: _____ / _____

11. Home Address

12. Addresses During Last Seven Years:

13. Length of Time At Current Address: _____

14. Have you ever lived in another state?

Circle: **Yes** **No**
If Yes, when and where?

15. Have you ever lived in another country?

Circle: **Yes** **No**
If Yes, when and where?

16. Current Employer:

a. Company (Name, Address, Phone): _____

b. Nature of Business: _____

c. Title: _____

- 17. Spouse's Full Name: _____
- 18. Spouse's Maiden/Birth Name: _____
- 19. Spouse's Social Sec. #: _____ - _____ - _____
- 20. Spouse's Current Employer:
 - a. Company (Name, Address, Phone):

 - b. Nature of Business: _____
 - c. Title: _____

21. Please list two references, at least one of whom should be familiar with you professionally.
- | Name | Daytime Phone | Evening Phone | Relationship |
|-------|---------------|---------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

22. Please list all states in which you have possessed a driver's license. For active licenses, please list the license number.
- _____
- _____

Part 2: Criminal Offenses

Note: "An applicant for employment with a sealed record on file with the Commissioner of Probation may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer 'no record' to an inquiry herein relative to arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to a superior court for criminal prosecution." [MGL, Chapter 276, Section 100A (4)]

23. Have you ever been convicted of a felony?
 Circle: **Yes** **No**
If Yes, please explain in detail as to the date(s), charge(s), arresting law enforcement agency and outcome.
- _____
- _____

24. Have you ever been convicted of a misdemeanor? (Do not include a first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace. Also, do not include any misdemeanor conviction where the date of conviction or the date of your release from incarceration, whichever is later, is five or more years old unless you have been convicted of a subsequent offense within the past 5 years.)
 Circle: **Yes** **No**
If Yes, please explain in detail as to the date(s), charge(s), arresting law enforcement agency and outcome.
- _____
- _____

Part 3: Potential Conflicts

25. Do you or your spouse, or does any business that employs you or your spouse or with which you or your spouse are affiliated, currently do business with the state or any unit of state government, or have a financial interest in a contract with the state or any unit of state government?

Circle: **Yes** **No**

26. Are you or your spouse, or is any business that employs you or your spouse or with which you or your spouse are affiliated, currently seeking to do business with the state or any unit of state government?

Circle: **Yes** **No**

27. Do you or your spouse, or does any individual or business whom you or your spouse represent, currently have any business, hearings, complaints, claims or any other matters pending before any state agency, board, commission, authority or any other unit of state government?

Circle: **Yes** **No**

28. If you answered “**Yes**” to any of the three preceding questions, please explain in detail below.

29. Have you or your spouse had any interactions with the state within the past seven years that fall within the scope of questions 24–26, above?

Circle: **Yes** **No**

*If **Yes**, please explain in detail:*

30. If you have accrued any credit towards a pension through the Commonwealth’s Retirement System, are you currently receiving this pension?

Circle: **Yes** **No**

*If **Yes**, please summarize your pension account status:*

Part 4: Educational History

31. Have you ever been dismissed from an institution of higher learning due to alleged or actual misconduct?

Circle: **Yes** **No**

32. Have you ever withdrawn from an institution of higher learning in order to avoid dismissal due to alleged or actual misconduct?

Circle: **Yes** **No**

*If you answered **Yes** to 30 or 31, above, please explain in detail:*

33. Please list institutions of higher learning you have attended, degrees received and dates of attendance.

Institution Degree

Dates Attended

34. If you used a name different than your current legal name while attending an institution of higher learning, please list the institution and the name used while attending that institution.

Institution

Name Used While Attending Institution

Part 5: Employment History

35. Have you ever been dismissed from a position for alleged or actual misconduct?

Circle: **Yes** **No**

36. Have you ever resigned from a position in order to avoid dismissal?

Circle: **Yes** **No**

*If you answered **Yes** to 34 or 35, above, please explain in detail:*

37. Please explain any gaps in employment that appear on your résumé.

Part 6: Professional Information

38. Do you have any professional licenses or registrations?

Circle: **Yes** **No**

If **Yes**, please identify all licenses, including registration numbers.

License/Registration Number **Status**

39. Please list professional/trade associations of which you are a member, including addresses.

Organization Address **Type**

40. Please list any organizations for which you currently serve as treasurer or other officer.

Organization Address **Type**

41. Have any complaints or disciplinary actions been filed against you in connection with your licenses, registrations, or association memberships?

Circle: **Yes** **No**

If **Yes**, please explain in detail:

Part 7: Loan and Property Information

42. Please list all loans for which you are individually or jointly liable, either directly or as a guarantor, and where the principal outstanding balance exceeds \$15,000.

Lender Loan # **Original Balance** **Current Balance** **Purpose**

43. Please describe any property, including your current residence if applicable, in which you, your spouse or your minor children have an equity or financial interest, including mortgages.

Property Address **Description** **Party With Interest**

Part 8: Ethics Disclosures

44. Have you ever filed a disclosure statement with the State Ethics Commission or a similar body in another state?

Circle: **Yes** **No**

If Yes, please explain in detail:

45. Have any proceedings been instituted against you by the Ethics Commission or a similar body in another state?

Circle: **Yes** **No**

If Yes, please explain in detail:

46. Please list any existing political campaign accounts established on your behalf.

Part 9: Civil Litigation

47. Are there currently any lawsuits pending against you?

Circle: **Yes** **No**

If Yes, please provide case names, docket numbers, and nature of lawsuits and in what courts they are being heard.

48. Are there currently any lawsuits pending against your business (if more than 1% owned by you)?

Circle: **Yes** **No**

If Yes, please provide case names, docket numbers, and nature of lawsuits and in what courts they are being heard.

49. Have any lawsuits against you or your business (if more than 1% owned by you) been concluded within the past seven years?

Circle: **Yes** **No**

If Yes, please provide case names, docket numbers, and nature of lawsuits and in what courts they were heard.

Part 10: Business Ownership

50. Please identify all business entities, partnerships (including limited partnerships), joint ventures and joint enterprises in which you or an immediate family member (spouse or minor child) own more than 1% of the outstanding equity. Also identify who owns the interest and briefly describe the entity and whether it does business with the Commonwealth.

Note: *If not applicable, please write N/A.*

Tax ID	Name/Address	% Owned	By Whom?	Business w/State?
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Part 11: Business Taxes

Note: Please complete this section if you are now, or have been within the last two years, the Chief Executive Officer or Chairperson of a business entity, or if you own more than 10% of a company, partnership, joint venture or joint enterprise.

51. Please identify all businesses relevant to the above instructions.

Tax ID	Name/Address	% Owned	Your Title
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

52. To your knowledge, have all tax returns been filed with state and federal authorities, including FICA, sales tax, meals tax, corporate tax, etc?

Circle: Yes No

If No, please explain in detail:

53. Are there any outstanding business tax delinquencies or deficiencies?

Circle: Yes No

If Yes, please explain in detail:

Part 12: Income Taxes

54. Have you filed a joint return within the past seven years?

Circle: Yes No

If Yes, please list name, Social Security Number, and years:

55. Have you filed your Massachusetts income taxes in a timely fashion over the last seven years?

Circle: **Yes** **No**

If **No**, please explain in detail:

56. Have you filed your federal income taxes in a timely fashion over the last seven years?

Circle: **Yes** **No**

If **No**, please explain in detail:

57. Are there any state or federal tax liabilities outstanding at this time?

Circle: **Yes** **No**

If **Yes**, please explain in detail:

58. Have you been audited by state or federal tax authorities during the last seven years?

Circle: **Yes** **No**

If **Yes**, please explain in detail:

Part 13: Miscellaneous

59. Please detail any other issues that, in the interest of full disclosure, should be considered in connection with your application, qualifications, or suitability for appointment with the Commonwealth. You may attach a separate sheet of paper should you require more space.

I have read the information contained herein, and affirm that it is accurate.

Signature: _____ Date: ____/____/____

Authorization to Release Records

To Whom it May Concern: *I hereby authorize any investigator of the Massachusetts State Police; Governor Charles Baker; Matthew St. Hilaire, Director of Personnel and Administration; Steven Kadish, Chief of Staff; Lon Povich, Chief Legal Counsel and any other authorized representative of Governor Charles Baker bearing these releases, or copy thereof, within 180 days of this date, to obtain and discuss any information in my files pertaining to my record, including CORI records. I thereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that any custodian of such files or records, including any school, college, university or other educational institution, credit bureau, lending institution, consumer reporting agency, or retail business establishment, including its officers, employees, or related personnel, both individually and collectively, is released from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.*

Full Name (please print): _____

Please list any names by which you have been previously known (e.g. maiden name, aliases).

Current Address:

Home Phone: _____

Work Phone: _____

Date of Birth: ____ / ____ / ____

Social Security Number: ____ - ____ - ____

Signature: _____ Date: ____ / ____ / ____

Spouse's Full Name (please print): _____

Please list any names by which your spouse has been previously known (e.g. maiden name, aliases).

Spouse's Signature: _____ Date: ____ / ____ / ____

Authorization to Obtain Tax Information from the Department of Revenue

To Whom it May Concern: *I hereby appoint Governor Charles Baker; Matthew St. Hilaire, Director of Personnel and Administration; Steven Kadish, Chief of Staff; Lon Povich, Chief Legal Counsel; or their designee(s) to receive information from the Massachusetts Department of Revenue regarding any non-compliance with the tax laws for the years 2010-2016; and to ascertain whether any outstanding liability to the Commonwealth or other taxing authorities exists; and to ascertain whether a child support obligation exists. The attorneys-in-fact are authorized, subject to revocation, to receive this information on behalf of the taxpayer. Said confidential information may be released by the attorney-in-fact to the state office, board or other authority to which I am seeking appointment. The authorization is good for one hundred and eighty days from signing and shall thereupon automatically be terminated. I acknowledge that, if the Department of Revenue determines that I am in non-compliance with the tax and/or child support laws of the Commonwealth, I shall be subject to appropriate enforcement action to facilitate the assessment and/or collection of tax liabilities or child support obligations prior to appointment.*

Have you filed a Massachusetts income tax return for the following tax years?

Answer Yes or No for each year:

2010____; 2011____; 2012____; 2013____; 2014____; 2015____; 2016____;

Important: If you answered No for any of the years listed above, complete A, B, or C below and specify for which year(s) the relevant statement applies.

- A. I was a legal resident of Massachusetts, but my Massachusetts gross income was less than \$8,000.00 for the tax year(s): _____
- B. I was a nonresident of Massachusetts and I did not receive sufficient Massachusetts-source income to require filing a Massachusetts income tax return for the tax year(s): _____
- C. Other Reason: _____

Have you filed a joint tax return in any of the years 2010-2016?

Circle: **Yes** **No**

If **Yes**, please list name, Social Security Number, and years:

I understand that by signing my name, address, and Social Security Number, under penalty of perjury, I am authorizing the Massachusetts Department of Revenue to release the information listed above to the persons listed above.

Signature: _____ Date: ____ / ____ / ____

Social Security Number: _____ - _____ - _____

Current Address:

Spouse's Signature: _____ Date: ____ / ____ / ____

To Whom it May Concern: *I hereby authorize the Internal Revenue Service to release to Governor Charles Baker; Matthew St. Hilaire, Director of Personnel and Administration; Steven Kadish, Chief of Staff; Lon Povich, Chief Legal Counsel; or their designee(s) to review any information requested by such persons from or relating to any non-compliance with the federal tax laws and/or any outstanding liabilities to the federal government for my individual tax account for the years 2010-2016. This authorization expires sixty days from the date of execution.*

Have you filed a federal income tax return for the following tax years?

Answer Yes or No for each year:

2010 ___; 2011 ___; 2012 ___; 2013 ___; 2014 ___; 2015 ___; 2016 ___;

Important: If you answered No for any of the years listed above, please explain in detail.

Full Name (please print): _____

Current Address:

Social Security Number: ____ - ____ - ____

Signature: _____ Date: ____ / ____ / ____

Spouse's Full Name (please print): _____

Spouse's Social Security Number: ____ - ____ - ____

Spouse's Signature: _____ Date: ____ / ____ / ____