

EMPLOYMENT OF RELATIVES
DISCLOSURE STATEMENT

To all finalist applicants for employment with the City of Brockton:

It is the policy of the City of Brockton not to hire individuals for positions in city departments where members of their "immediate family" are also employed.

It is the policy of the City of Brockton to regulate, restrict or prohibit the employment of "relatives" when it may have a detrimental effect on supervision and moral, and when it is necessary for proper and efficient operation and delivery of City services. This policy will follow, as a minimum, the standards set forth in the laws of the Commonwealth of Massachusetts under MGL c 268A.

For purposes of this policy, "immediate family" shall be as defined in Massachusetts General Laws Chapter 268A "the employee and his spouse, and their parents, children, brothers, and sisters."

For the purposes of this policy, "relative" shall include parent (including stepparent or in-law); grandparent (including step-grandparent); child (including in-law) grandchild; brother (including in-law and step or half-brother); sister (including in-law and step or half-sister); uncle; aunt; cousin; niece; nephew; and any other person, whether related or not, who resides in the same household as the employee.

Section One, applies to the position and department for which you have applied.

Section Two, applies to any relatives currently employed by the City of Brockton.

Please complete and sign the statement as part of your being considered for employment as a finalist for a position within the City. Your signature will indicate that the information provided is true and complete to the best of your knowledge.

SECTION ONE

I hereby certify that I am **not** an immediate family member (as defined above) of any active employee

within the City of Brockton _____ Department.

Name (Print)

Name (Signature)

Date

SECTION TWO

I hereby certify that I am an immediate family member (as defined above) and/or a relative of any active employee

within the City of Brockton _____ Department.

NAME OF CITY EMPLOYEE

DEPARTMENT

Name (Print)

Name (Signature)