

**CITY OF BROCKTON
DEPARTMENT OF HUMAN RESOURCES
45 SCHOOL STREET
BROCKTON, MA
(508) 580-7820**

NON-BENEFITED

PRE-EMPLOYMENT CHECKLIST

All new employees must acknowledge and complete the attached Pre-employment Paperwork. If completed on-line, print, sign and return to Human Resources, Brockton City Hall, 2nd floor.

Note: Benefitted appointees must also complete mandatory benefits paperwork.

Employee Information Form

Complete, sign and date the bottom of the form.

Form I9 and Instructions

Newly hired employees must complete Section I of this form no later than their first date of employment. **Employees must provide documents within three (3) days of their date of hire.**

Complete, sign and date the bottom of the form.

Note: For further instructions on how to complete the Form I9, please refer to the Human Resources website or click on the following link: <https://brockton.ma.us/city-departments/human-resources/>

W4 Federal Tax Form

Complete, sign and date the bottom of the form.

M4 State Tax Form

Complete, sign and date the bottom of the form.

Direct Deposit Form

Payroll checks will be directly deposited into your checking or savings account. You are allowed up to five (5) account deposits.

OBRA Acknowledgement Card

Sign and date bottom of the form.

Voluntary Self ID Form

Completion of this form is strictly voluntary, but will enable the City of Brockton to accurately report the diversity of its employees.

Voluntary Self ID of Disability _____

Completion of this form is strictly voluntary, but will enable the City of Brockton to accurately report the diversity of its employees.

MA Family Disclosure Form _____

If applicable, complete the form by including the name(s) of family members who are employees by the state.

Conflict of Interest Requirements _____

Annual conflict of interest law education and training is required by the City of Brockton and the Commonwealth of Massachusetts.

Notice of Residency _____

City of Brockton mandates that an employee must be a resident of the City of Brockton or shall, within one (1) year of employment establish residency within the City.

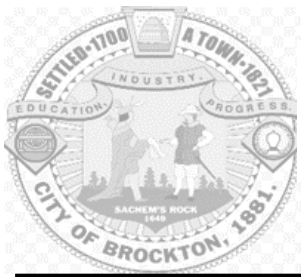
CORI Acknowledgement & Authorization Form _____

Complete, sign and date the form authorizing the City of Brockton to perform a background check.

I have received, completed, and understand the forms and information listed above. I also understand that my name will not be added to the City of Brockton's payroll until all of the appropriate paperwork is properly completed and submitted to the Department of Human Resources.

Name (Signature): _____ **Department:** _____

Name (Print): _____ **Date:** _____



CITY OF BROCKTON

Department of Human Resources

EMPLOYEE INFORMATION FORM

First Name	Middle Name	Last Name
Address		Telephone
Mailing Address (if different from above)		
Birth Date	Place of Birth	

EMERGENCYCONTACTS

	Name	Address	Telephone	Relationship
PRIMARY				
SECONDARY				
Other				

Educational Data

Educational Level	Degree	Major	School Name	Year Awarded
High School/Equivalent				
College/University				
Master's Level				
Technical				
Other				

PRIOR SERVICE IN ANY MASSACHUSETTS GOVERNMENT AGENCY

If retired from any government agency: (CHECK)

Name of Agency	From	To

Social Security Number _____

Signature: _____

Date: _____



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)		Apt. Number	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	<p>QR Code - Section 1 Do Not Write In This Space</p>

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Employee's Withholding Certificate

OMB No. 1545-0074

► **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
► **Give Form W-4 to your employer.**
► **Your withholding is subject to review by the IRS.**

2020

Step 1:
Enter
Personal
Information

(a) First name and middle initial	Last name	(b) Social security number
Address		► Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

Step 2:
Multiple Jobs
or Spouse
Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.
Do **only one** of the following.
(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**
(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**
(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ☐
TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ► \$ _____ Multiply the number of other dependents by \$500 ► \$ _____ Add the amounts above and enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period .	4(c)	\$

Step 5:
Sign
Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

► **Employee's signature** (This form is not valid unless you sign it.) ► **Date**

Employers
Only

Employer's name and address	First date of employment	Employer identification number (EIN)
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General Instructions

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 **and** you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)

- 1** Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$24,800 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,650 \text{ if you're head of household} \\ \bullet \$12,400 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000-149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000-239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000-259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000-279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000-299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000-319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000-364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000-524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000-124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000-149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000-174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000-199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000-249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000-399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000-449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000-124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000-149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000-174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000-199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000-249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000-349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000-449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240



CITY OF BROCKTON

AUTHORIZATION AGREEMENT FOR EMPLOYEE DIRECT PAYROLL DEPOSIT

Employee Name: _____

Effective Date: _____

Employee ID: _____

Phone: _____

BANK INFORMATION

Deposit Priority (1) – Deducts this amount 1st

Allow Partial Deduction

Full Deposit or Balance

New Delete Change New Amount \$ _____

Bank Transit/Routing# (9 digits): _____ Account Number: _____

Bank Name: _____ Checking Savings

Deposit Priority (2) – Deducts this amount 2nd

Allow Partial Deduction ☐

Full Deposit or Balance ☐

☐ New ☐ Delete ☐ Change New Amount \$ _____

Bank Transit/Routing# (9 digits): _____ Account Number: _____

Bank Name: _____ ☐ Checking ☐ Savings

Deposit Priority (3) – Deducts this amount 3rd

Allow Partial Deduction ☐

Full Deposit or Balance ☐

☐ New ☐ Delete ☐ Change New Amount \$ _____

Bank Transit/Routing # (9 digits): _____ Account Number: _____

Bank Name: _____ ☐ Checking ☐ Savings

Deposit Priority (4) – Deducts this amount 4th

Allow Partial Deduction ☐

Full Deposit or Balance ☐

☐ New ☐ Delete ☐ Change New Amount \$ _____

Bank Transit/Routing # (9 digits): _____ Account Number: _____

Bank Name: _____ ☐ Checking ☐ Savings

Deposit Priority (5) – Deducts this amount 5th

Allow Partial Deduction ☐

Full Deposit or Balance ☐

☐ New ☐ Delete ☐ Change New Amount \$ _____

Bank Transit/Routing # (9 digits): _____ Account Number: _____

Bank Name: _____ ☐ Checking ☐ Savings

I herby authorize the City of Brockton to deposit my net pay as indicated above at the financial institution(s) named above. I understand and agree to hold the above named financial institution(s) harmless for any erroneous deposits or adjustments not caused by the financial institution.

It is understood that I may terminate this agreement at any time by written notification to the Human Resources Department. Any such notification to the City shall be effective only with respect to entries initiated by the City after receipt of such notification and reasonable opportunity to act upon it.

EMPLOYEE SIGNATURE: _____ DATE: _____

Please note: Regarding "Full Deposit or Balance" - Only **One Box** can be checked

OBRA/PST Acknowledgement Card
(Please complete and submit to your Payroll Center)

Plan Information

Employer Name:
Employer Plan Number:
Employer's Phone Number:

Deferral Amount*	Payroll Frequency
%	

*Contributions to the OBRA Plan must be a minimum of 7.5% of compensation.

Allocation: 100% Nationwide Fixed Account

Participant Information

Name:	
Mailing Address:	
City, State, & Zip Code:	
SS#:	Date of Birth:
Contact Phone:	Gender (check one): <input type="checkbox"/> M <input type="checkbox"/> F
Email:	

Beneficiary Information

*If there are additional beneficiaries, please attach a separate sheet.

Primary Beneficiary

Name:	
Address:	
City, State, & Zip Code:	
SSN:	Date of Birth:
Relationship:	

Contingent Beneficiary

Name:	
Address:	
City, State, & Zip Code:	
SSN:	Date of Birth:
Relationship:	

I acknowledge and understand that my participation in the plan is governed by the Plan Document and the Informational Sheet. I understand that 100% of my deferrals will be deposited in the Nationwide Fixed Account held with Nationwide Life Insurance Company.

Participant Signature

Date

Retirement Specialist

Agent #

Equal Opportunity Employment Self-Identify Data Form

The City of Brockton is an Equal Opportunity Employer with a commitment to recruitment and retention of a diverse and inclusive community. Collection of the following information on gender, race/ethnicity, disability and veteran status is in compliance with Federal laws and regulations, executive orders and applicable State laws and regulations.

Anti-Discrimination Notice. It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

The information that you submit will remain **confidential** and be used by the City only for statistical and required reporting purposes. Completion of this form is **voluntary**; failure to provide this information will not adversely affect your employment and/or employment consideration.

Full Name: _____ Date of Hire: _____

Department: _____ Position Title: _____

Gender: ☐ Male ☐ Female ☐ I choose not to ID

ETHNICITY: Are you of Hispanic or Latino Origin? ☐ Yes ☐ No

(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

RACE: Select one or more that apply:

☐ American Indian or Alaskan Native (Not Hispanic or Latino) A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

☐ Asian (Not Hispanic or Latino) A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Bangladesh, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Sri Lanka, Thailand, and Vietnam.

☐ Black or African American (Not Hispanic or Latino) A person having origins in any of the black racial groups of Africa.

☐ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ White or Caucasian (Not Hispanic or Latino) A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ I choose not to ID

Invitation to Voluntarily Self-Identify Veteran Status

We ask that you please consider completing this Invitation to Voluntarily Self-Identify Veteran Status to help us fulfill our commitments to equal opportunity and affirmative action and to meet our obligations as a government contractor under the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA).

"Protected veteran" categories are identified in VEVRAA. This statute requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. VEVRAA defines these classifications as follows:

Protected Veteran classifications are defined as follows:

- A "disabled veteran" is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed Forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Self-Identification:

Are you a protected veteran:

☐ I am a protected veteran ☐ I am NOT a protected veteran ☐ I choose not to ID

How did you learn about the job for which you are applying? (Please limit your selection to ONE)

- | | |
|----------------------------------|-----------------------------|
| 1. Walk-In | 2. City Employee |
| 3. Job Board _____ | 4. City of Brockton Website |
| 5. Other (Please indicate) _____ | |

Signature

Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- ☐ YES, I HAVE A DISABILITY (or previously had a disability)
- ☐ NO, I DON'T HAVE A DISABILITY
- ☐ I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

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

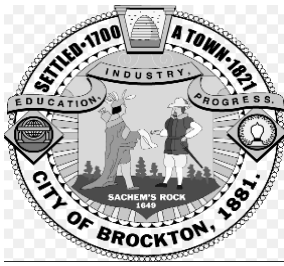
within the City of Brockton _____ Department.

NAME OF CITY EMPLOYEE

DEPARTMENT

Name (Print)

Name (Signature)



City of Brockton

Human Resources

ROBERT F. SULLIVAN

Mayor

SANDRA KNIGHT

Director of Human Resources

MEMORANDUM

To: All Brockton City Employees and Affiliates
From: Sandra Knight, Director of Human Resources
Subject: Annual Notice – Conflict of Interest Law Education Requirements

The conflict of interest law seeks to prevent conflicts between private interests and public duties, foster integrity in public service, and promote the public's trust and confidence in that service by placing restrictions on what employees of the university may do on the job, after hours, and after leaving public service.

Conflict of interest law education and training is mandated by the City of Brockton and the Commonwealth of Massachusetts, which requires that all employees and affiliates annually complete the Acknowledgement Receipt of the Summary and every two (2) years for the online training. Please note: New employees should complete the training within thirty (30) days of the date of hire.

To ensure compliance with the Conflict of Interest requirements, please complete the following steps:

1. Acknowledge Receipt of the Summary of the Conflict of Interest Law for Municipal Employees:

The summary of the conflict of interest law, General Laws chapter 268A, is intended to help employees understand how that law applies to them. The summary is not a substitute for legal advice, nor does it mention every aspect of the law that may apply in a particular situation.

I have attached a form for your convenience or you may also download the acknowledgement form at: <https://www.mass.gov/service-details/summary-of-the-conflict-of-interest-law-for-municipal-employees>. If needed, you may obtain a copy in the Department of Human Resources.

2. Complete the Conflict of Interest Law Online Training Program:

The training program covers various issues you may encounter as a public employee and provides examples and reference information to help you recognize conflicts of interest. Recognizing and properly responding to a conflict of interest is a key element to

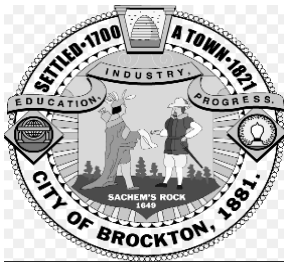
“City of Champions”

BROCKTON CITY HALL ■ 45 SCHOOL STREET ■ BROCKTON, MASSACHUSETTS 02301

TEL: (508) 580-7820

FAX: (508) 580-7133

personnel@cobma.us



City of Brockton

Human Resources

ROBERT F. SULLIVAN

Mayor

SANDRA KNIGHT

Director of Human Resources

maintaining the public's confidence in government and in the integrity of the work we do as public employees.

The training program can be found at: <https://www.mass.gov/how-to/complete-the-online-training-program-for-municipal-employees>

It should take approximately one (1) hour to complete.

Upon completion of the training you will have the ability to **print a Certificate of Completion**. Please do so, make a copy for your records and send the certificate to Human Resources. You must complete the entire training in order to receive a certificate. **The Ethics Commission will not have any records to verify that you completed the program.**

If you completed the Online Training Program within a two year period, this requirement does not apply to you.

NOTE: The online training program is not compatible with the Google Chrome web browser and make sure to disable pop-up blockers.

If you have questions, please review the [Education and Training Guidelines](#) available on the State Ethics Commission's website, www.mass.gov/ethics. The guidelines provide helpful information about who is required to comply with these statutory requirements, record-keeping requirements, troubleshooting and the process.

Thank you for your time and attention to this important matter. If you have any questions, please contact Human Resources at 508-580-7820 or personnel@cobma.us.

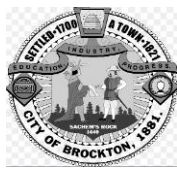
“City of Champions”

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TEL: (508) 580-7820

FAX: (508) 580-7133

personnel@cobma.us



**CITY OF BROCKTON
DEPARTMENT OF HUMAN RESOURCES
45 School Street • Brockton, MA Honorable,
Mayor Robert F. Sullivan**

Policy Name: NOTICE OF RESIDENCY ORDINANCE
Issuing Office: DEPARTMENT OF HUMAN RESOURCES

I, _____ (print name), hereby acknowledge that, as a condition of my employment with the City of Brockton, Section 2-110 of the Revised Ordinances of the City of Brockton mandates that I shall be a resident of the City of Brockton or shall, within one (1) year of my employment establish residency within the City.

I also acknowledge that, should I fail to comply with this ordinance, such non-compliance is determined to be voluntary termination of my employment.

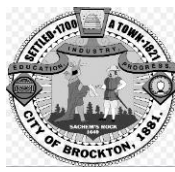
Further, I understand and will comply with the requirement that annually, on each July 1 following my employment, I will file with my Department Head or like officer, a certification, signed under the pains and penalties of perjury, stating my name and place of residence.

Name: _____
(Print)

Address: _____
Street City State Zip

Signature: _____ Date: _____

(Enclosure)



**CITY OF BROCKTON
DEPARTMENT OF HUMAN RESOURCES
45 School Street • Brockton, MA
Honorable, Mayor Robert F. Sullivan**

Sec. 2-110. - Residency requirement of employment and promotions.

Every person first employed by the City of Brockton on or after the first day of January, 1992, shall be a resident of the city or shall, within one (1) year after such person commences to be employed by the city, establish residency within the city.

For the purposes of this section, an employee shall be any person receiving monies from the city subject to withholding taxes by the state or federal government.

All department heads reappointed by the city on or after the first day of January, 1992, shall be, or within one (1) year of such reappointment, become a resident of the city as defined herein. Failure to do so shall be determined to be a voluntary termination of employment.

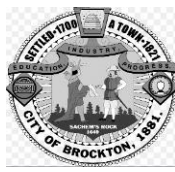
Failure of an employee to establish residency within the City of Brockton within one (1) year after commencement of employment with the city shall be determined to be a voluntary termination of employment by such employee. A department head, upon hiring a new employee, shall cause such employee to sign a form acknowledging the provisions of the residency ordinance. Such form shall be filed by the department head with the city clerk and a copy of such form shall be provided by the department head to the employee.

Upon taking employment with the city, and annually on July 1st thereafter, every person subject to this section shall file with his or her department head, or like officer, a certificate signed under the pains and penalties of perjury, stating his or her name and place of residence. Upon receipt of a certificate indicating a place of residence not within the city, or if no such certificate is filed, the department head or like officer shall give notice of his action to the city clerk, who shall transmit the same to the city council, the mayor and the treasurer. No person so stricken from a payroll shall be re-employed by the city for a period of one (1) year following the cessation of his or her employment.

Any person, acting in behalf of the city who makes payment of wages to any person stricken from a payroll under the provisions hereof, within one (1) year of the date of striking, and any person accepting such payment, shall be punished by a fine of two dollars (\$2.00) for each dollar (\$1.00) so paid or accepted.

In the event that this section shall be deemed to be in conflict with a provision of any general or special law, the provision of that general or special law shall govern and shall not defeat the application of this section with respect to any position not governed by that law.

Applicants at the time of filing an application for employment by the city, shall not as a condition of filing said application be required to be a resident of the city, provided further however that, if said applicant is subsequently employed, said applicant-employee shall as a term and condition of employment become a resident of the city and each such employee shall continue to maintain residency in the city during his or her term of employment.



**CITY OF BROCKTON
DEPARTMENT OF HUMAN RESOURCES
45 School Street • Brockton, MA
Honorable, Mayor Robert F. Sullivan**

All persons appointed to membership on boards and commissions of the city shall be residents of the city during the term for which they are appointed.

The mayor, with the approval of the city council, is hereby authorized in his discretion, for good cause shown, to permit any officer or employee of the city to remain in the employ of the city without complying with the provisions hereof, where:

- (1) The health of any officer or employee or of a member of their immediate family necessitates residence outside the city limits;
- (2) The nature of the employment is such as to require residence outside the city limits;
- (3) Special circumstances exist justifying residence outside the city limits.

This section shall not apply to persons appointed to advisory committees established under federal or state grant-in-aid programs except where otherwise specified.

The provisions hereof are severable, and the action of any court of competent jurisdiction in declaring any part or portion hereof invalid, shall not act to defeat any remaining part or portion hereof, and any such action declaring this section invalid with respect to any position or person shall not be held to apply to any other person or position.

In construing this section, residence shall be the actual principal residence of the individual, where he or she normally eats and sleeps and maintains his or her normal personal and household effects. This section shall be deemed to affect both civil service and non-civil service employees of the city.

(Ord. of 7-30-91; Ord. No. D357, 2-17-95)



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



Criminal Offender Record Information (CORI)
Acknowledgement Form

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

_____ is registered under the
(Organization)
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to _____
(Organization)

to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing _____
(Organization)

with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The _____ may conduct
(Organization)
subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that
_____, must first provide me
(Organization)
with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last **SIX** digits of Social Security Number: ____ -- ____ ☐ No Social Security Number

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date