



## APPLICATION FOR EMPLOYMENT AGENCY LICENSE OR PLACEMENT AGENCY REGISTRATION AND DETERMINATION OF APPLICABILITY OF THE TEMPORARY WORKERS RIGHT TO KNOW LAW

The Employment, Placement, and Staffing Agencies Program within the Massachusetts Department of Labor Standards (DLS) licenses employment agencies and registers placement agencies in accordance with M.G.L. c. 140, §§ 46A-46R and 454 CMR 24.00. Depending upon the nature of your business and the manner in which you place, find, recruit, refer, or assign workers to jobs, employment, interviews, or assignments, your agency will either require a license or registration. Said license or registration must be renewed annually. In addition, the Temporary Workers Right to Know Law (“TWRKL”) at M.G.L. c. 149, § 159C, contains obligations and prohibitions which apply to “staffing agencies” as defined by the law. Depending on the nature of your business, the TWRKL may apply to your business.

### SECTION I

AGENCY NAME \_\_\_\_\_

PARENT OR AFFILIATE COMPANY NAME *(if applicable)* \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ BLDG/SUITE # \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

WEBSITE ADDRESS \_\_\_\_\_

AGENCY IS LOCATED IN A:  RESIDENCE  COMMERCIAL BUILDING

AGENCY MAILING ADDRESS *(if different)* \_\_\_\_\_

### SECTION II

1. THIS AGENCY IS A:  SOLE PROPRIETORSHIP  PARTNERSHIP, LP, OR LLP  CORPORATION OR LLC

FEDERAL TAX ID # \_\_\_\_\_

- If sole proprietorship, provide the following for the **Owner**;
- If partnership, LP, or LLP, provide the following for the **Partner (1 of 2)**;
- If corporation, provide the following for the **President**:

FIRST NAME	LAST NAME	TITLE
SOCIAL SECURITY NUMBER (LAST 6 DIGITS ONLY)	HOME TELEPHONE NUMBER	FORMER BUSINESS OR OCCUPATION
HOME MAILING ADDRESS		



- If partnership, LP, or LLP, provide the following for the **Partner (2 of 2)**;
- If corporation or LLC, provide the following for the **Treasurer**:

FIRST NAME	LAST NAME	TITLE
SOCIAL SECURITY NUMBER (LAST 6 DIGITS ONLY)	HOME TELEPHONE NUMBER	FORMER BUSINESS OR OCCUPATION
HOME MAILING ADDRESS		

2. All sole proprietorships, partnerships, LPs, LLPs, corporations, and LLCs:

FIRST NAME	LAST NAME
TITLE	FORMER BUSINESS OR OCCUPATION

Provide the following information for the **AGENCY MANAGER**:

3. All sole proprietorships, partnerships, LPs, LLPs, corporations, and LLCs:

List all types of placement occupations / jobs / engagements to which your agency will provide or refer workers:

	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PERMANENT	<input type="checkbox"/> TEMPORARY
	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PERMANENT	<input type="checkbox"/> TEMPORARY
	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PERMANENT	<input type="checkbox"/> TEMPORARY
	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PERMANENT	<input type="checkbox"/> TEMPORARY

### SECTION III

Please answer the following:

1. Will your business procure or provide temporary or part time employment to any individual(s) who will then work under the supervision or direction of a work site employer?  YES  NO

**If the answer to #1 is YES, then your business is a staffing agency under M.G.L. c. 149, §159C and 454 CMR 24.00 and the TWRKL applies to your business. Please continue to question 2.**

2. Will your business charge fees to job applicants or workers for procuring or attempting to procure, permanent or temporary employment or engagements?  YES  NO

**If the answer to question # 2 is YES, please skip remaining question in Section III and complete SECTION IV AND SECTION V of this application. Your business must be licensed as an employment agency.**

**If the answer question # 2 is NO, please answer question # 3:**

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3. Will your business provide domestic employees, that is, any worker who is paid directly by a household, family, or individual to perform work of a domestic nature, including, but not limited to, housekeeping, home management, nanny services, child monitoring, caretaking, laundering, cooking, home companion services, house sitting, and butler services for members of households or their guests in or about private homes.  YES  NO

*The term "domestic employee" does NOT include a person who performs services of a domestic nature as an employee of the business that places him. If your business solely consists of employing workers to perform these domestic services at your direction, your business is not an employment or placement agency and does not need to be licensed or registered and you do not need to complete this application. Call 617-626-6970 with questions.*

*The term "domestic employee" does NOT include a licensed medical professional, such as a medical doctor, registered or licensed practical nurse, or similarly trained and licensed individual who performs services relating to the delivery of specialized medical care. If your business places or assigns persons in these occupations, answer NO to question # 3.*

**If the answer question # 3 is YES, please complete SECTION IV AND SECTION V of this application.** Your business must be licensed as an employment agency.

**If the answer to question # 3 is NO, skip SECTION IV, and go directly to SECTION V of this application.** Your business must be registered as a placement agency.

**SECTION IV**

*This section is to be completed by employment agency license applicants only. Placement agency registration applicants go directly to Section V.*

1. Has any individual listed in SECTION II ever been convicted of any crime or offense other than a traffic infraction?  
 NO  YES
2. Has any individual listed in SECTION II ever had a license to conduct business be denied, canceled, suspended, revoked, or surrendered?  
 NO  YES (If yes, provide details below. Attach additional sheets if necessary.)

NAME OF PERSON WHOSE LICENSE WAS AFFECTED	DATE OF ACTION	NAME AND NATURE OF LICENSED BUSINESS	
CITY / TOWN & STATE	NAME OF PUBLIC AGENCY THAT TOOK ACTION		

3. Will your business engage in the placement of domestic employees, that is, placing any worker who is not your employee and is paid directly by a household, family, or individual to perform work of a domestic nature, including, but not limited to, housekeeping, home management, nanny services, child monitoring, caretaking, laundering, cooking, home companion services, house sitting, and butler services for members of households or their guests in or about private homes?  YES  NO

**If YES,** will the agency attempt to recruit persons from outside the Commonwealth of Massachusetts to perform the work listed above?  YES  NO

**If YES,** will the agency utilize person(s) (emigrant agents) to recruit workers?  YES  NO

**If YES,** provide the following information. Attach additional sheets if necessary.

NAME OF RECRUITER		LICENSE #	
STREET ADDRESS	CITY/TOWN	STATE	ZIP CODE



**SECTION IV - Continued**

*This section is to be completed by employment agency license applicants only. Placement agency registration applicants go directly to Section V.*

4. How many placement counselors will your agency utilize?       1-4                       5 or more
5. Attach the following required documents to your application for licensure, depending upon whether your agency is a sole proprietorship, partnership, LP, LLP, corporation, or LLC:

SOLE PROPRIETORSHIP	PARTNERSHIP, LP, OR LLP	CORPORATION OR LLC
<input type="checkbox"/> A surety bond filed in the penal sum of \$3,000 payable to, “the people of the Commonwealth,” reflecting the address of the agency office on the bond certificate. <b>Form provided.</b> Take enclosed form to your insurance agent or broker.	<input type="checkbox"/> A surety bond filed in the penal sum of \$3,000 payable to, “the people of the Commonwealth,” reflecting the address of the agency office on the bond certificate. <b>Form provided.</b> Take enclosed form to your insurance agent or broker.	<input type="checkbox"/> A surety bond filed in the penal sum of \$3,000 payable to, “the people of the Commonwealth,” reflecting the address of the agency office on the bond certificate. <b>Form provided.</b> Take enclosed form to your insurance agent or broker.
<input type="checkbox"/> Two (2) notarized affidavits from residents of the Commonwealth attesting to the owner’s character. <b>Form provided;</b> make copies as needed.	<input type="checkbox"/> Two (2) notarized affidavits each from residents of the Commonwealth attesting to each partner’s character. <b>Form provided;</b> make copies as needed.	<input type="checkbox"/> Two (2) notarized affidavits each from residents of the Commonwealth attesting to the president’s and treasurer’s character. <b>Form provided;</b> make copies as needed.
<input type="checkbox"/> A signed and dated CORI Request Form for the owner. <b>Form provided.</b>	<input type="checkbox"/> A signed and dated CORI Request Form for both partners. <b>Form provided;</b> make copies as needed.	<input type="checkbox"/> A signed and dated CORI Request Form for corporate president and corporate treasurer. <b>Form provided;</b> make copies as needed.
<input type="checkbox"/> A copy of the owner’s and agency placement manager’s most current resume.	<input type="checkbox"/> A copy of both partners’ and agency placement manager’s most current resume.	<input type="checkbox"/> A copy of the agency placement manager’s most recent resume.
<input type="checkbox"/> A sample of every form, contract, agreement, time sheet, brochure, fee schedule, job application, and job description(s) to be used by the agency.	<input type="checkbox"/> A sample of every form, contract, agreement, time sheet, brochure, fee schedule, job application, and job description(s) to be used by the agency.	<input type="checkbox"/> A sample of every form, contract, agreement, time sheet, brochure, fee schedule, job application, and job description(s) to be used by the agency.



## AFFIDAVIT OF CHARACTER

### SECTION IV - Continued

*This section is to be completed by employment agency license applicants only. Placement agency registration applicants go directly to Section V.*

**INSTRUCTIONS:**

Application of License to Establish and Conduct an Employment Agency must be accompanied by two notarized affidavits of two reputable residents of the Commonwealth of Massachusetts, that applicant is a person of good moral character (M.G.L. c. 140, § 46C). Affidavits provided by relatives/family members of the applicant are not acceptable.

- If agency is a sole proprietorship, the owner must obtain two (2) character affidavits for him/herself;
- If agency is a partnership, LP, or LLP, each partner must obtain two (2) character affidavits;
- If agency is a corporation or LLC, the president AND treasurer must obtain two (2) affidavits each.

I, \_\_\_\_\_  
PRINT NAME TELEPHONE NUMBER

being a resident of \_\_\_\_\_, **Massachusetts**  
PRINT CITY OR TOWN

hereby certify that \_\_\_\_\_,  
NAME OF LICENSE APPLICANT

of \_\_\_\_\_,  
NAME OF CITY OR TOWN WHERE LICENSE APPLICANT RESIDES

**whose application for a License to Establish and Conduct an Employment Agency accompanies this Affidavit, is personally known to me and is a person of good moral character.**

**My relationship to the applicant is:** \_\_\_\_\_.

**Signed, this** \_\_\_\_\_ **day of** \_\_\_\_\_, **20**\_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE

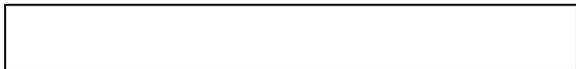
\_\_\_\_\_  
PRINT STREET ADDRESS

\_\_\_\_\_, **Massachusetts** \_\_\_\_\_  
PRINT CITY/TOWN ZIP CODE

**NOTARY PUBLIC:**

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE *Affix stamp or seal:*



**SURETY BOND FORM FOR EMPLOYMENT AGENCY LICENSE APPLICATIONS**

**SECTION IV - Continued**

*This section is to be completed by employment agency license applicants only.  
PLACEMENT AGENCY REGISTRATION APPLICANTS GO DIRECTLY TO SECTION V.*

Bond No. \_\_\_\_\_

**KNOW ALL PERSONS BY THESE PRESENTS:**

That,

\_\_\_\_\_  
NAME OF AGENCY OWNER IF SOLE PROPRIETORSHIP; PARTNERS IF PARTNERSHIP;  
PRESIDENT OR TREASURER IF CORPORATION/LLC/ LLP

as Principal(s), of

\_\_\_\_\_  
NAME OF EMPLOYMENT AGENCY

of

\_\_\_\_\_  
BUSINESS ADDRESS(ES) OF THE ABOVE-NAMED AGENCY

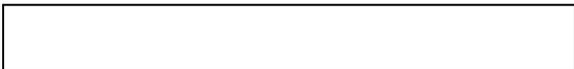
having filed with the office of the Massachusetts Department of Labor Standards, on or about the \_\_\_\_\_ day  
of \_\_\_\_\_ of 20\_\_\_\_\_, an application for an Employment Agency License, per M.G.L. c. 140,  
§46C, and

\_\_\_\_\_  
NAME OF SURETY

\_\_\_\_\_  
ADDRESS OF SURETY

as Surety, a corporation duly organized and existing under the laws of the State/Commonwealth/Territory of

\_\_\_\_\_ and being duly authorized to  
transact the business of indemnity and suretyship in this Commonwealth of Massachusetts by its Division of  
Insurance, do hereby acknowledge our indebtedness to the People of the Commonwealth for the use and benefit  
of any person(s) having a claim under the conditions of this obligation for violations of any of the provisions of  
M.G.L. c. 140, §§46A through 46Q, in the sum of \$3,000.00 (three thousand dollars), as required by M.G.L. c.  
140, §46F, provided, however, that the aggregate liability hereunder shall not exceed the sum of \$3,000.00  
(three thousand dollars), regardless of the number of claimants, and shall not be construed as individual liability.



LIABILITY for the payment of this sum, to which we hereby obligate and bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, becomes effective upon the following conditions:

1. That the Principal(s) become licensed to transact business in the Commonwealth of Massachusetts as an Employment Agency and that the Principal(s) have been found to have failed to strictly comply with all of applicable provisions of, and orders, rules and regulations issued pursuant to, M.G.L. c. 140, §§46A-46R inclusive and the applicable securities statutes of the Commonwealth of Massachusetts in which such Principal(s) is/are licensed.
2. Upon the occurrence(s) of such conditions, said bond shall be payable to the people of the Commonwealth and shall pay all damages occasioned by any person by reason of any misstatement, misrepresentation, fraud or deceit or any unlawful act or omission of said licensee, his agents or employees, while acting within the scope of their employment, and made, committed or omitted in the business conducted under such license.

THIS Bond shall expire at such time as the Principal(s)'s license is surrendered, terminates through non-renewal or is revoked by the Department of Labor Standards except as to liability for acts or omissions which occur prior to such time. This Bond may also be cancelled by the Surety upon sixty (60) days written notice by registered mail to the Principal and to the Massachusetts Department of Labor Standards in which case this Bond shall be considered cancelled upon the expiration of sixty (60) said days period except as to liability for acts or omissions which occur prior to the date of cancellation. Notice shall be deemed effective upon receipt by the applicable state agency of said written notice along with sufficient proof of notice to the Principal.

NO suit may be maintained to enforce any liability arising under this Bond unless brought within three (3) years after discovery of the act or omission upon which liability is based.

IT is understood and agreed that any person(s) having a claim under the conditions of this obligation may initiate suit in any court of competent jurisdiction against the Principal(s) and/or the Surety upon this Bond. This Bond shall not impair or limit the right of recovery otherwise available pursuant to law, nor shall the amount of the Bond be relevant in determining the amount of damages or other relief to which any plaintiff may be entitled.

THIS BOND IS CONTINUOUS UNTIL CANCELED BY SURETY COMPANY.

WITNESS OUR SIGNATURES, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

*For Employment Agency:*

\_\_\_\_\_  
PRINCIPAL (*Signature of Agency Owner if Sole Proprietorship; Partners if Partnership; President or Treasurer if Corporation/LLC/LLP*)

of \_\_\_\_\_  
EMPLOYMENT AGENCY NAME

*For Surety:*

\_\_\_\_\_  
SURETY AGENT SIGNATURE                      SURETY AGENT PRINT NAME                      DATE BOND ISSUED

\_\_\_\_\_  
NAME OF AUTHORIZED SURETY COMPANY

\_\_\_\_\_  
ADDRESS OF AUTHORIZED SURETY COMPANY



**SECTION V**

1. **Registration and License Applicants must submit the following documents with this completed application. An application is not complete without the following attachments:**

- A non-refundable check or money order payable to "The Commonwealth of Massachusetts" for the required annual application fee. See fee schedule below:

<b>APPLICATION FEE SCHEDULE</b>	
<i>Licensed Employment Agencies</i>	<i>Registered Placement Agencies</i>
\$300 per agency location	\$300 for main office
\$550 if location has five (5) or more placement counselors	\$180 for each branch office

- A completed Affirmation of Compliance with Workers' Compensation Law. **Form provided.**
- A Certificate of Insurance from a valid Workers' Compensation Policy reflecting the name and address of the business, effective and expiration dates of the policy, and coverage in Massachusetts (NOTE: Required for Partnership, LP, Corporation, LLP or LLC, **ONLY**).
- A copy of the front and back of owner's (for sole proprietorships), both partners' (for partnerships), or president's and treasurer's (for corporations) valid government-issued photo identification (driver's license, passport, resident alien card, etc.).
- For Sole Proprietorships and Partnerships only: A copy of the Business Certificate as filed in the City or Town Clerk's Office of the city or town where the agency will be located.
- For Corporations or LLCs only:
  - o **If agency is a corporation organized in Massachusetts and has been in existence for less than one (1) year**, provide a copy of the short form Certificate of Legal Existence, issued by the Secretary of the Commonwealth's Office.\*
  - o **If agency is a corporation organized in Massachusetts in existence for more than (1) year**, provide a Certificate of Good Standing, issued by the Secretary of the Commonwealth's Office.\*
  - o **If agency is a Foreign Corporation** (a corporation transacting business in the Commonwealth of Massachusetts and organized under laws of a different state), submit a copy of the Foreign Corporation Certificate and a Certificate of Good Standing.\*

\*Secretary of the Commonwealth's Office: One Ashburton Place, Boston, MA 02108-1512 Phone: 1-800-392-6090; [www.sec.state.ma.us/cor/coridx.htm](http://www.sec.state.ma.us/cor/coridx.htm)

- If you answered YES to question #1 in Section III of this application, your business is a staffing agency. Please attach a sample job order form (or other documentation) that your agency provides to workers detailing the required information about each work assignment in accordance with 454 CMR 24.08.

2. **SIGNATURE(S) OF PERSON(S) SUBMITTING THIS APPLICATION**

If agency is a sole proprietorship, the owner must sign  
 If agency is a partnership, LP, or LLP, both partners must sign  
 If agency is a corporation, or LLC, the President and Treasurer must sign

**By signing below, I hereby certify that the following are true:**

- I / We, the undersigned, do hereby certify that my business has complied with all laws of the Commonwealth of MA relating to: taxes, reporting of employees and contractors, and withholding and remitting of child support (M.G.L. c. 62C, § 49A(a)); unemployment insurance contributions (M.G.L. c. 151A, § 19A); workers' compensation insurance (M.G.L. c. 152, § 25A and 25C(6)); and classification of employees (M.G.L. c. 149, § 148B). I understand that compliance with these laws may be verified by multiple government entities and that false attestation of compliance may be considered just cause for denial of application and other penalties.
- My business will post the Massachusetts Minimum Wage and Hour Laws poster in a conspicuous place in my/our office. If I/we do not interview or otherwise interact with applicants, referrals, workers, employees, or placements in an office setting, I certify that I will provide a copy of the poster to each such applicant, referral, worker, employee, or placement.
- My business will comply with the requirements of the Employment Agency Law, M.G.L. c. 140, §§46A-46R and 454 CMR 24.00.
- If my business is a Staffing Agency (see Section III, question #1), my business will comply with M.G.L. c. 149, §159C and 454 CMR 24.00. My business will post the notice of rights under the Temporary Workers Right to Know Law in a conspicuous place(s) and I have attached a sample job order form (or other documentation) that my agency provides to workers detailing the required information about each work assignment in accordance with M.G.L. c. 149, §159C(b) and 454 CMR 24.08.

I declare the above facts and supplemental documentation are true and complete to the best of my knowledge and understand that any false answer(s) will be considered just cause for denial of application or revocation of a license or registration. I understand that DLS has the right of inspection of any registered or licensed agency at any time and that information contained within this application can and will be verified using resources available to DLS. I understand that having a valid employment agency license or registration is a requirement of Massachusetts State Law. **Signed under the pains and penalties of perjury.**

SIGNATURE	PRINT NAME	PRINT TITLE	DATE
SIGNATURE	PRINT NAME	PRINT TITLE	DATE





**AFFIRMATION OF COMPLIANCE WITH WORKERS' COMPENSATION LAW**

All employers in Massachusetts are required to carry workers' compensation insurance for their employees. This addendum to your application package allows employers to affirm compliance with this law. **All information provided is subject to investigation by the Department of Labor Standards and the Department of Industrial Accidents.** Pursuant to M.G.L. c. 152, §25C(6), the Department of Labor Standards (DLS) must deny the issuance or renewal of a license if the applicant is not in compliance with workers' compensation law.

Name of Business Entity: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_ CITY/TOWN STATE ZIP CODE

Telephone Number: \_\_\_\_\_ Website Address: \_\_\_\_\_

Check one box and take action required:

- I am an employer and the workers that my agency places, assigns, or refers are employees of my business. Complete Section A and attach a copy of your workers' compensation insurance policy declaration page.
- I have other employees, but the workers that my agency places, assigns, or refers are NOT employees of my business. Complete Section B.
- I am a sole proprietor or partnership (not a corporation); I have no employees, and the workers my agency places, assigns, or refers are not employees of my business. Complete Section B.
- My business is a corporation with no employees; the workers my agency places, assigns, or refers are not employees of my business, and my corporation has an approved Form 153 from the Department of Industrial Accidents exempting corporate officers from workers' compensation insurance coverage. Complete Section B and attach a copy of your approved Form 153.

**SECTION A: WORKERS' COMPENSATION INSURANCE INFORMATION**

M.G.L. c. 152, § 25C (6) reads, in relevant part, "Every state or local licensing agency shall withhold issuance or renewal of a license or permit to operate a business... for any applicant who has not produced acceptable evidence of compliance with the [workers' compensation] insurance coverage required by this chapter."

Insurance Company Name: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Policy Number or Self-Insurance License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_



Check if applicable:

All of my employees are covered under the policy listed above, including the workers that my agency places, assigns, or refers.

I do hereby certify, under the pains and penalties of perjury, that the information provided in this section is true and correct.

\_\_\_\_\_  
SIGNATURE OF BUSINESS OWNER

\_\_\_\_\_  
DATE

**SECTION B: FOR THOSE BUSINESSES THAT DO NOT EMPLOY SOME OR ANY OF THE WORKERS THAT THEY PLACE, ASSIGN, OR REFER TO JOBS, WORK, OR ENGAGEMENTS**

1. What type(s) of work do the people you place, assign, or refer perform?  
\_\_\_\_\_
  2. How are these workers paid? Cash  Check  Who pays these workers? \_\_\_\_\_
  3. Does your business set the workers' hours? Yes  No
  4. Does your business assign workers to job site(s)? Yes  No
  5. Does your business provide equipment or tools to workers you place, assign, or refer? Yes  No
  6. How do workers get to their jobs site(s)? \_\_\_\_\_
  7. Does your agency provide workers with a 1099 Tax Form for income earned? Yes  No
  8. Are these workers sufficiently skilled in the performance of the required job duties to be able to make decisions on their own and to work without supervision? Yes  No
  9. Do these workers perform their job duties at more than one job site? Yes  No
  10. Do these workers supervise or employ any other worker(s) at the same or any other job site? Yes  No
  11. What is the average duration of the job/assignment to which you place, assign, or refer a worker? \_\_\_\_\_
  12. Does your business consider the people you place, assign, or refer, to be independent contractors?  
Yes  No
  13. Does your business consider the people you place, assign, or refer to jobs, work, or engagements to be the employees of the person or business for whom they perform their work? Yes \* No
- \*If YES, is this employment relationship disclosed in writing? Yes  No

I do hereby certify, under the pains and penalties of perjury, that the information provided in this section is true and correct.

\_\_\_\_\_  
SIGNATURE OF BUSINESS OWNER

\_\_\_\_\_  
DATE





THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT  
DEPARTMENT OF LABOR STANDARDS

CHARLES D. BAKER  
GOVERNOR

KARYN E. POLITO  
LIEUTENANT GOVERNOR

RONALD L. WALKER, II  
SECRETARY

WILLIAM D. MCKINNEY  
DIRECTOR

**THIS FORM TO BE COMPLETED BY LICENSE APPLICANTS ONLY**

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)  
ACKNOWLEDGEMENT FORM**

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT,  
VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES

**Executive Office of Labor and Workforce Development** is registered under the 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 Department of Criminal Justice Information Services (DCJIS). I hereby acknowledge and provide permission to **Executive Office of Labor and Workforce Development** 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 **Executive Office of Labor and Workforce Development** with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:  
The **Executive Office of Labor and Workforce Development** may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that **Executive Office of Labor and Workforce Development** must first provide me with written notice of this check.

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

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



THE COMMONWEALTH OF MASSACHUSETTS  
 EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT  
 DEPARTMENT OF LABOR STANDARDS

CHARLES D. BAKER  
 GOVERNOR

KARYN E. POLITO  
 LIEUTENANT GOVERNOR

RONALD L. WALKER, II  
 SECRETARY

WILLIAM D. MCKINNEY  
 DIRECTOR

**SUBJECT INFORMATION:**

\_\_\_\_\_  
 Last Name                                      First Name                                      Middle Name                                      Suffix

\_\_\_\_\_  
 Maiden Name (or other name(s) by which you have been known)

\_\_\_\_\_  
 Date of Birth                                      Place of Birth

Your Social Security Number (LAST 6 DIGITS ONLY):   XXX   - \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ft. \_\_\_\_\_in.      Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

\_\_\_\_\_  
 Mother's Full Maiden Name                                      Father's Full Name  
*(Mother's Full Maiden Name = first name and last name prior to marriage (if applicable), if no marriage, her full name given at birth.)*

Current and Former Addresses:

\_\_\_\_\_  
 Street Number and Name                                      City/Town                                      State                                      Zip

\_\_\_\_\_  
 Street Number and Name                                      City/Town                                      State                                      Zip

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

\_\_\_\_\_  
*A copy of the government issued photo ID needs to be included.*

VERIFIED BY: \_\_\_\_\_ Name of Verifying Employee

\_\_\_\_\_  
 Signature of Verifying Employee

**Agency name, address, phone number:**

--

**JOB ORDER**

Method of delivery  U.S. mail to home address  
 In-person  
 Electronically to: \_\_\_\_\_

Date delivered \_\_\_\_\_

This is an important notice. Please have it translated.  
 Este é um aviso importante. Queira mandá-lo traduzir.  
 Este es un aviso importante. Sírvase mandarlo traducir.  
**ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG**  
**XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY**  
 Ceci est important. Veuillez faire traduire.  
**本通知很重要。請將之譯成中文。**  
**ទេះគឺជាជំពូកដ៏សំខាន់ សូមមេត្តាបកប្រែជូនផង**

Name of job applicant/worker:		Job applicant/worker home street address, city, state, and zip code:					
Job applicant/worker phone number:		Job applicant/worker e-mail address:		Job order number:		Date of assignment:	
Worksite company name:		Worksite company mailing address:				Is worksite on strike or lockout?	
Name of contact person at work site:		Contact person phone number:	Contact person email address:		Work site address:		
Description and nature of assignment:				Special attire, accessories, tools, protective equipment, training, or licenses required:			
				<input type="checkbox"/> None required <input type="checkbox"/> Yes, specify:			
Special training will be provided for particular job tasks required by the job/if so, provide details:					Transportation to worksite is offered by agency or worksite employer/if so, provide details:		
<input type="checkbox"/> No <input type="checkbox"/> Yes Specify:					<input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		
Start date of the work, assignment, or engagement:	Expected duration of the work, assignment, or engagement:		Start time:	Anticipated End time:	Anticipated overtime:	Meals are provided by the agency or worksite employer/if so, provide details:	
						<input type="checkbox"/> No <input type="checkbox"/> Yes Specify:	
Fees/charges*:		Description:			Total fee/charge amount:	Paid:	Receipt provided?
Special attire, accessories, tools, protective equipment safety equipment							
Meals provided by agency or worksite employer							
Transportation provided by agency or worksite employer							
Other (Specify)							

\*Massachusetts General Law Chapter 149, section 159C limits the fees/charges that may be charged by staffing agencies to job applicants/workers. **Agencies should review the law in its entirety to determine the permissibility of such charges. Staffing agencies SHALL NOT deduct fees and charges from a worker's paycheck.** In addition, Section 159C requires that a written contract be executed between a staffing agency and job applicant/worker for the payment of any fee for a good or service which clearly states in a language that the job applicant/worker understands that the purchase is voluntary and that the staffing agency will not gain a profit from any cost or fee charged. Attach applicable contract(s) to this job order.

Rate of compensation or wages to be paid:	Designated pay day:	Employers are required by Massachusetts General Laws c. 152, § 25a to provide Workers' Compensation (WC) insurance coverage for all their employees. List Worker's Compensation carrier name, address, and phone number below:					
\$							

Massachusetts General Law Chapter 149, section 159C requires that staffing agencies provide at a minimum, all of the information listed above. Nothing shall prevent a staffing agency from directing an employee to a job by telephone, but such telephone message shall comply with the disclosure requirements of this section and shall be confirmed in writing by the staffing agency and sent to the employee before the end of the first pay period. The Temporary Workers Right to Know Law is administered by the: **DEPARTMENT OF LABOR STANDARDS, 19 STANIFORD STREET, 2<sup>ND</sup> FLOOR, BOSTON, MA 02114; (617) 626-6970.**