

# DEPARTMENT OF MENTAL HEALTH

## APPLICATION FOR EMPLOYMENT

The Department of Mental Health is an Affirmative Action/Equal Opportunity Employer. Minorities, women, those disabled, and Vietnam Era Veterans are encouraged to apply.

### PLEASE PRINT OR TYPE

Date of Application: 1-27-88 Date available to begin employment with DMH: 1-27-88

Title of Position for which you are applying: M.H.W.

### PERSONAL DATA

Name: BRAGG Phillip Edward Social Security No. 015-34-4201  
(Last) (First) (Middle)

Present Address: 8 Massasoit Rd. Worcester MA 01604  
(No.) (Street) (City) (State) (Zip)

Telephone No. (508) 756-3371

Would you work  Full-time  Part-time

Shift desired  Day  Evening  Night Days off desired: \_\_\_\_\_

Person (and relationship) to be notified in case of accident or emergency: Mrs Marion Breen (Mum)

Telephone No: ( ) 7563371

*call anytime*

### EDUCATION

DID YOU GRADUATE?  
If yes, what year DEGREE EARNED

EDUCATION	NAME AND LOCATION	MAJOR	DID YOU GRADUATE? If yes, what year	DEGREE EARNED
High School	<u>South High School</u>	<u>College Prep</u>	<u>YES</u>	<u>NINE</u>
College	<u>Worcester Mass</u>			
Graduate School				
Business or Trade				

OTHER TRAINING OR SKILLS:  
List office machines, computers, word processors, and/or special courses, etc. in which you have knowledge.

NONE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LANGUAGES:  
List any languages other than English, in which you are proficient:

Language Speak Read Write

NONE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Optional

Disclosure of the following information is entirely voluntary and will be used to ensure compliance with Civil Rights Statutes and for Affirmative Action Purposes.

Sex  Male  Female

Caucasian  Hispanic

Ethnic Status  Black  Asian  American Native  Other

If you wish to identify yourself as a Vietnam-Era Veteran or as disabled for Affirmative Action purpose, please use Attachment I.

*TF91 12*

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### EMPLOYMENT HISTORY

List in order, starting with most recent; attach additional pages if necessary.  
 (If you have previously been employed by DMH or a DMH vendor agency, detail the information below.)

Dates From To	Name, Address, and Telephone No. of Employer	Salary and Title	Supervisor's Name
12/1988	DRW. CITY of WORC. IDEAS WIRC ST. 7991488	Start: \$ 325 WK Finish: \$ 430 WK	MR. KEVIN DALY 7991488

Describe the work you did:  
 RAN BACKHOC AND OPERATED EQUIPMENT.

Reason for leaving: Resigned - To complete court sentence

Dates From To	Name, Address, and Telephone No. of Employer	Salary and Title	Supervisor's Name
		Start: \$ _____ Finish: \$ _____	

Describe the work you did:

Reason for leaving:

Dates From To	Name, Address, and Telephone No. of Employer	Salary and Title	Supervisor's Name
		Start: \$ _____ Finish: \$ _____	

Describe the work you did:

Reason for leaving:

Have you taken a Civil Service Exam? YES  NO  If yes, date: \_\_\_\_\_  
 Are you on a current Civil Service List? YES  NO  If yes, Position Title: LABORER-TRUCK DRIVER

List any awards, certificates, commendations, or licenses acquired during prior employment:  
CLASS II TRUCK - BACKHOC LIC. D.P.W. WORC.

**BACKGROUND INFORMATION**

- You need not disclose the content of a court record that has been sealed. If you have a pardoned court record, attach a copy of it to this application. If the answer to any of the following questions is yes, please attach a separate sheet with appropriate information.

No  Yes  1. Have you, since your 17th birthday, been convicted of a felony *being approved by Mr. Mampone*  
 (such as: larceny, embezzlement, theft)? *laborer truck driver*

No  Yes  2. Have you been convicted of a misdemeanor within the five years preceding the date of this application? (If the conviction was your first for any of the following offenses, you should answer "NO": Drunkenness, Simple Assault, Speeding, Minor Traffic Violations, Affray, or Disturbance of the Peace.)  
 NOTE: If the answer to Question 2 is YES, you must report all convictions that occurred before and during the five-year period. Attach a sheet with: date, court, offense, and disposition.

No  Yes  3. Are there any charges pending against you?

**Applicant's Certification and Agreement**  
 I, hereby, certify that the facts set forth in the above employment application are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal.

Signature *Phillip E. ...* TE91 P. 2