



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Administration
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INTER-OFFICE MEMORANDUM

DATE: December 17, 2013

TO: All State Personnel Officers

FROM: Anthony A. Bucci, Personnel Administrator 

SUBJECT: "BAN THE BOX" Legislation – RIGL CHAPTER 28-5, Fair Employment Practices, SECTION §28-5-7(7)

Beginning January 1, 2014, most public and private employers will no longer be permitted to ask applicants prior to their first interview about their criminal convictions. In other words, employers may not ask applicants about their criminal history on the initial employment application or at any time prior to the initial interview. An employer can still ask about an applicant's criminal convictions at the initial job interview or any time thereafter.

There are some exemptions in the law for law enforcement agencies and employers who are precluded by law from hiring persons with specific criminal records. Further, for positions which require a standard fidelity bond or an equivalent, one or more prior offenses would have to disqualify the applicant from obtaining such a bond. If the employer falls within one of these exemptions, the pre-interview question must be narrowly tailored to the potentially disqualifying offenses. *If you believe that you fall within one of the two exemptions, please contact our office and review your circumstances with us so that we may validate that before you proceed.*

To comply with the act, we have done the following:

1. Modified the State of Rhode Island Application for Employment (CS-14). Changes have been incorporated into the new version of the CS14 form to address this legislation as well as other necessary updates.
2. Modified the State of Rhode Island Application for Seasonal Employment (CS-14A)
3. Created a new form entitled Criminal Record Supplemental Questionnaire (CS-14B).
4. Modified the language on the standard Vacancy Notice form (CS-376).

Unless otherwise specifically authorized, effective immediately, I am directing that all agencies only ask applicants about their criminal history at the time of the first interview or thereafter to avoid any potential violation of the act.

The new form entitled Criminal Record Supplemental Questionnaire (CS-14B) must be completed at the first interview or thereafter. All appointments submitted must now include the updated CS14 form **and** the Criminal Record Supplemental Questionnaire (CS-14B).

These documents are attached for your information and are available on the HR website at <http://www.hr.ri.gov/jobapplicant/apply/>. These new forms are also available by contacting Fran Cirillo at the Department of Administration (DOA) at 222-6699.

You must discontinue use of and discard any supply you may have of the previous version of the CS-14 form and replace it with this revised version (CS-14 dated 12/13). In addition, if your agency has any links on a webpage to the State of Rhode Island Application for Employment (CS-14) form, please redirect your link to the updated form on our HR website.

If you have any questions concerning this matter or need to validate a position that you believe falls within one of the exemptions, please call Joseph Del Deo (222-2872) or Thomas Mannock (222-6377) of our office.

Enclosures

Xc: R. Licht
K. Kirsch
D. Dawson
M. Marcaccio
J. Del Deo
T. Mannock

THIS SECTION IS TO BE FILLED IN BY APPOINTING AGENCY

Class Title and Number

Identify below the license or certificate required by the class specification and held by the applicant

Type of License _____ License Number _____ Date Issued _____

PRE-EMPLOYMENT INFORMATION – TO BE FILLED OUT BY APPLICANT

Applicants selected for an interview will be required to complete the Criminal Record Supplemental Form (CS-14B) at the time of initial interview or anytime thereafter. A conviction is not necessarily a bar to employment. See RIGL §28-5-7(7).

1. Print Name (as you wish it to appear on payroll check and official records) _____	2. Telephone Number _____
3. Print Actual Address (Street and Number, City, State and Zip Code) _____	4. Mailing Address (if different) _____

EDUCATION

ELEMENTARY AND SECONDARY EDUCATION

Highest school grade completed 1 2 3 4 5 6 7 8 9 10 11 12	Type of High School Course _____
Name and address of elementary or secondary school last attended _____	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO

COLLEGE, BUSINESS SCHOOL, TRADE SCHOOL AND OTHER EDUCATION

Name of School	Major and/or Course of Study	Dates Attended		Type of Diploma or Degree Earned	If No Degree, # of Credits
		From	To		

5. Have you ever worked for the State before? <input type="checkbox"/> NO <input type="checkbox"/> YES - Name of agency/organization: _____	6. Have you ever been dismissed from any position? If your answer is yes, give details on an attached sheet. <input type="checkbox"/> YES <input type="checkbox"/> NO
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EXPERIENCE

7. Describe below all the positions you have held in the past ten years. In addition, describe any other experience which you think may qualify you for this job. Include all previous employment with the State of Rhode Island. Begin with your present or most recent employment.

Name of Employer	Type of Business	Lowest Weekly Salary	From (Date)
Address of Employer	Title of Position	Highest Weekly Salary	To (Date)

Duties:

Name of Employer	Type of Business	Lowest Weekly Salary	From (Date)
Address of Employer	Title of Position	Highest Weekly Salary	To (Date)

Duties:

Name of Employer	Type of Business	Lowest Weekly Salary	From (Date)
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Duties:

Name of Employer	Type of Business	Lowest Weekly Salary	From (Date)
Address of Employer	Title of Position	Highest Weekly Salary	To (Date)

Duties:

THIS AFFIRMATION MUST BE COMPLETED

I certify that there are no willful misrepresentations and falsifications of the above statements and answers to questions. I understand that should an investigation disclose such misrepresentations and falsifications, my application may be rejected and, should I be employed, my service may be terminated.

_____ DATE

_____ SIGNATURE

STOP! Do not write in the spaces below!

IF CANDIDATE IS HIRED, ALL POST-EMPLOYMENT INFORMATION BELOW MUST BE COMPLETED. YOU MUST ALSO ATTACH THE "CRIMINAL RECORD SUPPLEMENTAL QUESTIONNAIRE (CS14-B) TO THIS APPLICATION.

Approved by Appointing Authority/Signature _____ DATE _____
 Title of Appointing Authority _____

8. Date of Birth _____ 9. Your Social Security No. _____ 10. Age _____ 11. Sex Male Female 12. Marital Status Married Single Divorced Widowed Separated

13. Spouse's Name _____ 14. Spouse's Date of Birth _____ 15. Spouses Social Security No. _____ 16. YOUR Maiden Name (if applicable) _____

17. Are you a Veteran? (Including Desert Storm activation) Yes No
 18. Are you a war Veteran? Yes No
 If yes, identify below the War/Conflict and the dates of service that apply:
 _____ War/Conflict _____ Service Dates
 20. Do you have the proper "WORK AUTHORIZATION" documentation to work in the U.S.? Yes No

19. Are you a disabled Veteran? (RIGL-36-4-19) Yes No

SIGNATURE _____ **DATE** _____

For Office Use Only

(CS-14A; REV. 12/13)

R N Position Recommended _____
 Division _____ Location _____ Acct. No. _____ Pos. No. _____ Dates _____ ID # _____

Assignments are made by: Division of Human Resources/Seasonal Employment
DEPARTMENT OF ADMINISTRATION
 1 Capitol Hill, Providence, RI 02908
 TELEPHONE: 401-222-2160
 TDD#: 711 FACSIMILE: 401-222-6391
 Website: www.hr.ri.gov

Application for Seasonal Employment
2014
Summer Season

READ THESE INSTRUCTIONS: This application is for temporary, short term, seasonal positions with the Department of Administration. This application may be completed by the person applying for summer employment or by his/her guardian. Read each question carefully and give the information requested. Our office is available to help you with any questions you may have. ALL INFORMATION REQUESTED ON THE APPLICATION FORM MUST BE FURNISHED. THE INFORMATION YOU GIVE WILL BE USED BY OUR PERSONNEL OFFICE TO DETERMINE YOUR QUALIFICATIONS FOR A SUMMER JOB. IF AN ITEM DOES NOT APPLY TO YOU OR IF THERE IS NO INFORMATION TO BE GIVEN, WRITE IN THE LETTERS "N.A." FOR "NOT APPLICABLE". IF YOU FAIL TO ANSWER ALL OF THE QUESTIONS ON THE APPLICATION FORM, YOU MAY DELAY CONSIDERATION OF YOUR APPLICATION AND LOSE CONSIDERATION FOR EMPLOYMENT. In completing the application form, use a typewriter if available. Otherwise print clearly in dark ink or ballpoint pen. If you are selected for work in this department, you will be so notified. All selected candidates must be prepared to show proof of citizenship as required by federal law. Applications must be returned as soon as possible. **You must be age 16 or older to apply.**

In accordance with US Department of Justice Immigration and Naturalization Service requirements for Employment Eligibility Verification (I-9), all individuals eligible to work in the United States must present genuine documents demonstrating their eligibility at the time of hire. A list of acceptable documents is available upon request.

Applicants selected for an interview will be required to complete the Criminal Record Supplemental Form (CS-14B) at the time of initial interview or anytime thereafter. A conviction is not necessarily a bar to employment. See RIGL §28-5-7(7).

TO BE COMPLETED BY APPLICANT

NAME _____ HOME PHONE NO. _____
 LAST FIRST MIDDLE
 ADDRESS _____ SUMMER PHONE NO. _____
 NUMBER STREET
 CITY _____ STATE _____ ZIP CODE _____ AGE _____ Email Address _____
SUMMER ADDRESS: DATES YOU WILL BE AVAILABLE FOR WORK:
 _____ FROM: _____ TO: _____
 (STREET & NUMBER)
 CITY, STATE AND ZIP CODE

Do you possess a RI. Operator's License? YES NO
 Do you have an automobile available for Daily Use? YES NO
 Are you willing to commute to within 20 miles of your residence? YES NO

LIST 1ST 3 JOB CHOICES: 1. _____ 2. _____ 3. _____

Special Qualifications Skills (Languages, Office, Typing, Carpentry, Medical Skills, etc.): _____
 Special License or Certificate (Lifeguard Certification No. etc.): _____

If you are **ONLY** interested in employment in a particular geographic area, indicate city/town etc. please indicate here:
 If you are **NOT** interested in employment in a particular area, indicate city/town etc. please indicate here:

Are you available to work weekends and holidays? YES NO What is your earliest start date?
 Are you available to work 2ND SHIFT? YES NO 3RD SHIFT? YES NO

Have you worked in the State Summer Program before? YES NO If YES, indicate Department and Division here and describe in Experience Section

Circle the highest grade you will have completed by June: 7 8 9 10 11 12 GED 13 14 15 16 17 18 19 20
 High School College MA / PhD

EDUCATION **SCHOOLS ATTENDED OR SPECIAL TRAINING RECEIVED**

School Name and Location	From Mo/Yr / To Mo/Yr	Graduate?	Type of Degree or Diploma	Major Subject(s)	Total Credit Hours
High School:		YES <input type="checkbox"/> NO <input type="checkbox"/>			
College/Univ.:		YES <input type="checkbox"/> NO <input type="checkbox"/>			
Other Schools/Training:		YES <input type="checkbox"/> NO <input type="checkbox"/>			



CRIMINAL RECORD SUPPLEMENTAL QUESTIONNAIRE

**THIS FORM MUST ONLY BE COMPLETED BY APPLICANTS
AT THE TIME OF INTERVIEW**

TO BE FILLED OUT BY APPLICANT
Please answer the following questions.

Name (First, Middle, Last)

Telephone Number

Address (Street and Number, City, State and Zip Code)

Mailing Address (if different)

1) Job Title for which you are applying: _____

2) Have you ever been convicted of any offense*?

NO YES If yes, provide an explanation below.

Note: **Conviction is not necessarily a bar to employment. Each case is considered on its individual merits. Per RIGL §28-5-6(4), "CONVICTION means, for purposes of this chapter only, any verdict or finding of guilt after a criminal trial or any plea of guilty or nolo contendere to a criminal charge".*

Explanation (use additional sheets if necessary):

THIS AFFIRMATION MUST BE COMPLETED

I certify that there are no willful misrepresentations and falsifications of the above statements and answers to questions. I understand that should an investigation disclose such misrepresentations and falsifications, my application may be rejected and, should I be employed, my service may be terminated.

SIGNATURE

DATE

VACANCY NOTICE

CS-376
REV(12/13)

FOR OPPORTUNITIES IN RHODE ISLAND STATE GOVERNMENT

Description of Position	<p>TITLE OF POSITION: _____ CLASSIFICATION CODE: _____</p> <p>SALARY RANGE: _____ REFERENCE POSITION NO.: _____</p> <p>Department or Agency Name: _____ APPLICATION PERIOD: _____</p> <p>Division/Section/Unit: _____</p> <p>Assignment(s) / Comments: _____</p> <p>Shift and Days: _____ Job Location: _____</p> <p>Restrictions/Limitations: _____</p> <p>Position Covered By Collective Bargaining Union Agreement Yes _____ No _____</p> <p>Name of Bargaining Unit Union: _____</p> <p>There ___ is ___ is not a Civil Service List for this position. See A/B or Both for Specific Instructions</p> <p>There ___ is ___ is not a Recall List/Preferred Reemployment List/Contractual Rehire List for this position.</p> <p style="background-color: #e0e0e0;">NOTE: If there is a list, only laterals (employees with the same title) or individuals certified by OPA may be appointed to this position.</p>
General Information to Candidate	<p>INSTRUCTIONS:</p> <p>A. STATE EMPLOYEE LATERAL BIDDER: Bids are now being accepted for the position(s) indicated. If you are currently in this classification and wish to bid, please complete fully the CS-14 Application Form; and RIEEO 378 Affirmative Action Card. Remember to include, either <u>on the application</u> or <u>within a cover letter</u>, both the File Position Title and Number.</p> <p>Most Important - Please include the following information:</p> <ul style="list-style-type: none"> • The title of the position for which you are applying • Title of your present position and date you entered it • Date you entered State service • Name of department where you are currently employed • Your business telephone number • Present Union Affiliations <p>*** In certain agencies, bargaining union applicants will receive preferential consideration according to contract.</p> <p>B. NON INCUMBENT/NON STATE EMPLOYEE APPLICANT:</p> <p>If indicated above that <u>no civil service</u> list exists for this position, you need not be in the class of position, or be in State service to apply. All information requested on the application form must be furnished. The information you give will be used by the agency Personnel Office to determine your qualifications. If an item does not apply to you, or if there is no information to be given, write in the letters "N.A." for Not Applicable. If you fail to answer all the questions on the application form, you may delay consideration of your application.</p> <p>C. AMERICANS WITH DISABILITIES ACT (ADA) PROVISIONS:</p> <ul style="list-style-type: none"> • Reasonable Accommodations: <p>If an applicant is unable to perform any essential job functions because of his/her disability but can achieve the required results by means of a REASONABLE ACCOMMODATION, then the individual shall not be considered unqualified for therefore the position.</p> <ul style="list-style-type: none"> • Medical Information: <p>Any medical exams required for this position will be performed after a conditional offer of employment has been made in accordance with the Rules/Regulations of the Americans with Disabilities Act (ADA).</p> <p>D. CRIMINAL CONVICTIONS:</p> <p>Note: All interviewees will be required to complete a Criminal Record Supplemental Questionnaire (CS-14B) at the first interview or anytime thereafter. Conviction is not necessarily a bar to employment. Each case is considered on its individual merits. Per RIGL §28-5-6(4), "CONVICTION means, for purposes of this chapter only, any verdict or finding of guilt after a criminal trial or any plea of guilty or nolo contendere to a criminal charge".</p>
Statement of Duties	<p>DUTIES / RESPONSIBILITIES:</p>
Minimum Education & Experience	<p>EDUCATION / EXPERIENCE / SPECIAL REQUIREMENTS:</p> <p>(A class specification describing the duties of the position and the minimum qualifications will be furnished upon request.)</p> <p>Education: Such as may have been gained through: or Experience: Such as may have been gained through: Special Requirement:</p>
Where to Apply	<p>Apply within the application period as shown on this announcement. NOTE: Some State union contracts allow a 3 day grace period for receipt of CS-14 application or bid. This Office does not assume responsibility for applications sent through the mail. SEND RESUME or CS-14 Application to:</p> <p style="text-align: right;">Telephone #: _____</p> <p style="text-align: right;">Fax #: _____</p> <p style="text-align: right;">TTY/TDD #: _____</p> <p style="text-align: right;">(Telecommunication Device for the Deaf)</p> <div style="text-align: right;">  </div>

STATE OF RHODE ISLAND IS AN EQUAL OPPORTUNITY/DIVERSITY EMPLOYER