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.
3. Created a new form entitled Criminal Record Supplemental Questionnaire (CS-14B).
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

Cc: R. Licht
    K. Kirsch
    D. Dawson
    M. Marcaccio
    J. Del Deo
    T. Mannock
### 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**

<table>
<thead>
<tr>
<th>Highest school grade completed</th>
<th>Type of High School Course</th>
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<td>1 2 3 4 5 6 7 8 9 10 11 12</td>
<td>__________________________</td>
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Name and address of elementary or secondary school last attended

Did you graduate?

- ☐ YES
- ☐ NO

**COLLEGE, BUSINESS SCHOOL, TRADE SCHOOL AND OTHER EDUCATION**

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Major and/or Course of Study</th>
<th>Dates Attended</th>
<th>Type of Diploma or Degree Earned</th>
<th>If No Degree, # of Credits</th>
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5. Have you ever worked for the State before?

- ☐ NO
- ☐ 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.

- ☐ YES
- ☐ NO

### 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.

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<thead>
<tr>
<th>Name of Employer</th>
<th>Type of Business</th>
<th>Lowest Weekly Salary</th>
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<th>Highest Weekly Salary</th>
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Duties:
### Employment Information

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<td>Duties:</td>
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### Affirmation

**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!**

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**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.**

<table>
<thead>
<tr>
<th>Approved by Appointing Authority/Signature</th>
<th>Date</th>
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<tr>
<td><strong>Title of Appointing Authority</strong></td>
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<td>☐ Male</td>
<td>☐ Married ☐ Single</td>
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<td>☐ Female</td>
<td>☐ Divorced ☐ Widowed ☐ Separated</td>
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<tr>
<th>17. Are you a Veteran? (Including Desert Storm activation)</th>
<th>18. Are you a war Veteran?</th>
<th>Yes</th>
<th>No</th>
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<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
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<th>19. Are you a disabled Veteran? (RIGL-36-4-19)</th>
<th>20. Do you have the proper &quot;WORK AUTHORIZATION&quot; documentation to work in the U.S.?</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td></td>
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**SIGNATURE** ____________________________  **DATE** ____________________________
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

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. ___________________________

ADDRESS ___________________________ SUMMER PHONE NO. ___________________________

CITY ___________________________ STATE ___________________________ ZIP CODE _____________

AGE ___________________________ Email Address ___________________________

SUMMER ADDRESS:

(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 □ NO □ ___________________________ ___________________________ ___________________________ ___________________________ ___________________________

College/Univ.: ___________________________ YES □ NO □ ___________________________ ___________________________ ___________________________ ___________________________ ___________________________

Other Schools/Training: ___________________________ YES □ NO □ ___________________________ ___________________________ ___________________________ ___________________________ ___________________________
EXPERIENCE: DESCRIBE BELOW ANY POSITIONS YOU HAVE HELD IN THE RECENT PAST. OR ANY OTHER EXPERIENCE WHICH YOU THINK MAY QUALIFY YOU FOR A POSITION. INCLUDE ALL PREVIOUS EMPLOYMENT WITH THE STATE OF RHODE ISLAND. BEGIN WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT.

<table>
<thead>
<tr>
<th>NAME OF EMPLOYER</th>
<th>TITLE OF YOUR POSITION</th>
<th>FROM: (DATE)</th>
<th>ADDRESS</th>
<th>EMPLOYER TEL. NO.</th>
<th>HOURLY WAGE</th>
<th>TO: (DATE)</th>
</tr>
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</table>

DUTIES

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<thead>
<tr>
<th>NAME OF EMPLOYER</th>
<th>TITLE OF YOUR POSITION</th>
<th>FROM: (DATE)</th>
<th>ADDRESS</th>
<th>EMPLOYER TEL. NO.</th>
<th>HOURLY WAGE</th>
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</tr>
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</table>

DUTIES

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION: This program is attempting to monitor recruitment and selection in order to assure equal employment opportunity. We would appreciate your cooperating by voluntarily furnishing us with the information requested below. The information will be kept confidential and used only for affirmative action purposes.

☐ Male ☐ Black ☐ American Indian ☐ Other ☐ Disabled Veteran: ☐ Disabled
☐ Female ☐ White ☐ Asian American ☐ Hispanic ☐ Age: 40 & Over ☐ Vietnam

CERTIFICATE OF APPLICANT:

I hereby certify to the truth of all statements made in this application and agree that any false or misleading statements shall render null and void this application and any approval, appointment or other favorable action made in connection therewith.

SIGNATURE DATE

PARENTAL CONSENT (If Under Age 18)

My son/daughter has my permission to seek employment with the Summer Program.

Signature of Parent or Legal Guardian DATE

NOTICE TO ALL APPLICANTS: THE NUMBER OF SUMMER JOBS AVAILABLE IS RELATIVELY SMALL IN COMPARISON TO THE LARGE NUMBER OF APPLICANTS WHO FILE FOR SUMMER EMPLOYMENT CONSIDERATION. ONLY A PERCENTAGE OF APPLICANTS ARE HIRED. THEREFORE, YOU SHOULD NOT LIMIT YOUR EFFORTS TO OBTAIN SUMMER WORK SOLELY WITH THE DEPARTMENT OF ADMINISTRATION.

STOP!! DO NOT WRITE IN THE SPACE BELOW!!

IF CANDIDATE IS HIRED, ALL POST-EMPLOYMENT INFORMATION BELOW MUST BE COMPLETED.

If you have a Disability and require an accommodation, please complete RI EEO - 5/90A (Self-Identification form) available from RI Equal Opportunity Office or the Division of Human Resources. If candidate is hired, all post-employment information below must be completed. You must also attach the Criminal Record Supplemental Questionnaire (CS-14B) to this application.

Your Social Security Number: □□□□ - □□□□ - □□□□ DATE OF BIRTH: □□□ - □□□□ - □□□□

Do you have the proper "WORK AUTHORIZATION" documentation to work in the U.S.? YES ☐ NO ☐

Sex: ☐ Male ☐ Female Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

YOUR Maiden name, if applicable: ___________________________ Spouse's Name: ___________________________

Spouse's Date of Birth: □□□ - □□□□ - □□□□ Spouse's Social Security #: □□□□□□□□□□

Are you a Veteran (Including Desert Storm Activation)? YES ☐ NO ☐ Are you a War Veteran? YES ☐ NO ☐

Are you a Disabled Veteran? YES ☐ (RIGL 36-4-19) NO ☐ If yes, identify the War / Conflict and the dates of service that apply:

War / Conflict ___________________________ Service Dates ___________________________

I hereby certify to the truth of all statements made in this application and agree that any false or misleading statements shall render null and void this application and any approval, appointment, or other favorable action made in connection therewith.

SIGNATURE DATE
CRIMINAL RECORD SUPPLEMENTAL QUESTIONNAIRE

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

<table>
<thead>
<tr>
<th>TO BE FILLED OUT BY APPLICANT</th>
<th>Name (First, Middle, Last)</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (Street and Number, City, State and Zip Code)</td>
<td>Mailing Address (if different)</td>
<td></td>
</tr>
</tbody>
</table>

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):

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**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
FOR OPPORTUNITIES IN RHODE ISLAND STATE GOVERNMENT

CS-376 REV (12/13)

TITLE OF POSITION: CLASSIFICATION CODE:

SALARY RANGE: REFERENCE POSITION NO.:

Department or Agency Name: APPLICATION PERIOD:

Division/Section/Unit:

Assignment(s) / Comments:

Shift and Days: Job Location:

Restrictions/Limitations:

Position Covered By Collective Bargaining Union Agreement

Yes ______ No ______

Name of Bargaining Unit Union:

There _____ is ______ is not a Civil Service List for this position. See A/B or Both for Specific Instructions

There _____ is ______ is not a Recall List/Preferred Reemployment List/Contractual Rehire List for this position.

NOTE: If there is a list, only laterals (employees with the same title) or individuals certified by OPA may be appointed to this position.

INSTRUCTIONS:

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 on the application or within a cover letter, both the File Position Title and Number.

Most Important - Please include the following information:

• The title of the position for which you are applying
• Name of department where you are currently employed
• Title of your present position and date you entered it
• Date you entered State service
• Your business telephone number
• Present Union Affiliations

*** In certain agencies, bargaining union applicants will receive preferential consideration according to contract.

B. NON INCUMBENT/NON STATE EMPLOYEE APPLICANT:

If indicated above that NO CIVIL SERVICE 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.

C. AMERICANS WITH DISABILITIES ACT (ADA) PROVISIONS:

• Reasonable Accommodations:
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.

• Medical Information:
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).

D. CRIMINAL CONVICTIONS:

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."

DUTIES / RESPONSIBILITIES:

EDUCATION / EXPERIENCE / SPECIAL REQUIREMENTS:

(A class specification describing the duties of the position and the minimum qualifications will be furnished upon request.)

Education: Such as may have been gained through: or Experience: Such as may have been gained through: Special Requirement:

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:

STATE OF RHODE ISLAND IS AN EQUAL OPPORTUNITY/DIVERSITY EMPLOYER