**TOWN OF SHERBORN**
**19 Washington Street**
**Sherborn, MA 01770**
**508-651-7850**

Michael Giaimo, *Chairman*
Paul R. DeRensis, *Vice Chairman*
Charles Yon, *Clerk*
Mark Brandon
Sean Killeen

July 13, 2016

Honorable Glenn A. Cunha, Inspector General
Commonwealth of Massachusetts
Office of the Inspector General
McCormack State Office Building
1 Ashburton Place, Room 1211
Boston, Massachusetts

Re: Letter to Boards of Health and Town Officials dated, May 17, 2016, regarding "Addressing the Risks of Time Abuse Across Multiple Jurisdictions"

Dear Inspector General Cunha:

The Sherborn Board of Selectmen received your letter regarding the potential for abuse of time reporting across multiple jurisdictions, specifically in response to a citizen complaint about the employment of Mr. Mark Oram, who, at the time, served as the part- time Sherborn Health Agent and the full-time Ashland Health Agent.

At your recommendation, and with the Board of Selectmen support, the Sherborn Town Administrator has been exploring various ways that we can begin to implement procedural controls through the Town Administrator's authority as Human Resources Director. The Town Administrator is given authority by the Town's bylaw to implement personnel controls, procedures, and operating procedures, as well as enforce these efforts.

The first improvement in procedures has been to update the Town's employment application. The application has been updated to require the full disclosure of other employment and contracts that an applicant currently has. It also forces applicants to initial and sign understanding that they are required to fully disclose such commitments throughout their employment with the Town of Sherborn, and in some instances, maybe required to get written approval from their other employer to be employed in Sherborn. The Town Administrator has discussed this change with two current employees that are known to be employed at other municipalities. This disclosure policy will eventually be rolled out to all employees after the Town Administrator has had time to consult with Town Counsel on wording and resolve any other unforeseen issues. The policy will also apply to any individuals who are delivering contracted services, and this will be enforced by the Town Administrator as Chief Procurement Officer

The Town Administrator, working with the Finance Department, is also in the process of standardizing an acceptable logbook for employees who work in the field and in offices to record mileage, times, and other expenses. The logbook will be available for public inspection, and will be attached to departmental timesheets as evidence of time worked. Also, a standardized

reimbursement request form is in progress. A new Personnel Requisition form has been developed to better track what positions are being filled at the department level in order to provide the Town Administrator and Payroll with departmental plans for filling vacancies. This puts the Town Administrator in a better situation to coordinate hiring processes and make sure no employee begins employment without being properly vetted. This is an extremely important administrative control in a small town where there are many elected bodies with their own hiring and appointing authority. These forms are being reviewed by Town Counsel. Town employees will be trained in their use so they understand expectations, processes, and consequences.

In closing, the Town of Sherborn Board of Selectmen has and continues to take this matter seriously. The Board will continue to work with the Sherborn Board of Health and the Town of Ashland to improve accountability and restore public confidence. Please do not hesitate to contact our Town Administrator David Williams if you would like any further information on the matters discussed in the response.

Sincerely,

Michael Giaimo, Chair
Sherborn Board of Selectman

Cc:
Sherborn Town Administrator
Ashland Board of Selectmen
Ashland Board of Health
Ashland Town Manager
Norfolk Board of Selectmen
Norfolk Board of Health
Norfolk Town Administrator
Sherborn Board of Health
Sherborn Town Counsel

**TOWN OF SHERBORN**
TOWN ADMINISTRATOR OFFICE
SHERBORN TOWN HALL
19 WASHINGTON ST.
SHERBORN, MA 01770
(508) 651 - 7850

# Employment Application

(Eff. 7/1/16)

**The Town of Sherborn is an Equal Opportunity/Affirmative Action Employer.** Race, color, religion, age, sex, disability, marital or veteran status, national origin, or any other status/category protected by law are not factors in employment, promotions, compensation or working conditions.

*(PLEASE PRINT)* Date of Application: ____/____/____

Position(s) Applied For: _____

Name: _____
*Last* *First* *Middle* *Alias/Nickname*

Physical Address: _____

Mailing Address (*if different from above*): _____

Email: _____ Contact #: (____) _____-_____ Time to Call: *AM PM EVE*

---

Are you under 18 years of age? ❑ *YES* ❑ *NO*

Are you prevented from lawfully becoming employed in this country because of a Visa or Immigration Status? ❑ *YES* ❑ *NO* *(Proof of citizenship/immigration status will be required upon employment)*

---

Have you filed an application with the Town of Sherborn before?
❑ *YES* ❑ *NO* If yes, please give date: ____/____/____; and position: _____

Have you ever worked for the Town of Sherborn before?
❑ *YES* ❑ *NO* If yes, date of last day worked: ____/____/____; and position: _____

Are you related to any Town of Sherborn employee or official?
❑ *YES* ❑ *NO* If yes, please provide name: _____ Relation: _____

Are you currently employed?
❑ *YES* ❑ *NO* If yes, please circle one: *Full-time Part-time* Avg. # hours per week: _____

May we contact your present employer? ❑*YES* ❑*NO* Do you intend to resign? ❑*YES* ❑*NO*

Is your current employer a municipality? ❑*YES* ❑*NO*

*Sherborn requires full disclosure of all other employment and/or contracts while employed for the Town of Sherborn. Written permission from other employers may be required for employment. Failure to disclose other employers or contracts prior to hiring or while being employed in Sherborn, or failure to provide requested written approval, may result in termination.*

---

Are you available to work: ❑ *Full-time* ❑ *Part-time* ❑ *Temporary/Seasonal*

Date available to begin work: ___/___/___

# I. EMPLOYMENT EXPERIENCE

a.) Start with your present or most recent employment. Include military service assignments and verifiable work performed on a volunteer basis. *You may exclude organization names which indicate race, color, religion, sex, gender, national origin, disability or any other protected status.* Attach a separate sheet if you need more space.

| Employer: | | | | Employer: | | | | Employer: | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Address: | | | | Address: | | | | Address: | | | |
| Supervisor: | | | | Supervisor: | | | | Supervisor: | | | |
| Telephone: ( ) | | | | Telephone: ( ) | | | | Telephone: ( ) | | | |
| Status: ❑FT ❑PT Hrs/Wk: | | | | Status: ❑FT ❑PT Hrs/Wk: | | | | Status: ❑FT ❑PT Hrs/Wk: | | | |
| Job Title: | | | | Job Title: | | | | Job Title: | | | |
| Dates Employed | | Hourly Rate/Salary | | Dates Employed | | Hourly Rate/Salary | | Dates Employed | | Hourly Rate/Salary | |
| From | To | Start | Final | From | To | Start | Final | From | To | Start | Final |
| | | | | | | | | | | | |
| Work Performed | | | | Work Performed | | | | Work Performed | | | |
| | | | | | | | | | | | |
| Reason For Leaving | | | | Reason For Leaving | | | | Reason For Leaving | | | |
| | | | | | | | | | | | |

b.) Sherborn requires full disclosure of other employment and/or contracts, and may request that you submit written approval from those employers to be employed at Sherborn. Failure to disclose other employers or contracts prior to hiring or while being employed in Sherborn, or failure to provide requested written approval, may result in termination. List any employers where you currently or plan to hold employment or a contract while being employed for the Town of Sherborn, and name the position or contract:
*(Attach a separate sheet if needed.)*

*a)*_____ *b)*_____ *c)*_____ *d)*_____

c.) List any professional, trade, business or civic activities/offices held:
*(You may exclude memberships which would reveal sex, race, religion, national origin, age, or any other protected status.)*

_____

_____

d.) Have you ever been terminated or asked to resign from a job? ❑ *YES* ❑ *NO*
If yes, please explain: _____

_____

*e.)* What was your attendance record at your prior place of employment? _____

*f.)* State any additional information you feel may be helpful in considering your employment:

_____

_____

_____

## II. EDUCATION

In order to ensure proper evaluation of your application, ***all*** questions must be answered clearly, completely, and accurately. *You may attach a copy of your resume, but not as a substitute for responding to all questions on this application.* If you need more space, attach a separate sheet.

| | High School | Tech/College/University | Graduate/Professional |
|---|---|---|---|
| School Name/Location: | | | |
| Years Completed: | | | |
| Diploma or Degree: | | | |
| Course of study or Major:<br>*G.P.A.:* | | | |
| Specialized training, internship, apprenticeship; extra-curricular activities, clubs, volunteer, athletics; awards, recognitions: | | | |

## III. SPECIALIZED SKILLS AND QUALIFICATIONS

a.) Some positions require a valid Massachusetts Driver's License, and therefore will require verification of a clean driving record prior to and during employment at Sherborn. If you wish to be considered for such a job, do you have a valid Mass. driver's license? ❑ *YES* ❑ *NO*
If yes, what class? ❑*A* ❑*B* ❑*C* ❑*D* ❑*M* List endorsements: _____

b.) Please list any current certifications and licenses (*other than driver's license*) you have that are a requirement for the position for which you are applying:
(*Please attach a copy of each.*)

_____
_____
_____

c.) Please indicate training, courses, and seminars related to the position for which you are applying:
*(Please note a brief description, source, and date for each.)*

_____
_____
_____

d.) Please summarize any additional skills you feel may be helpful in considering your application:

_____
_____
_____

| **OFFICE SKILLS** | *Check the column that best describes your skill level:* | | | |
|---|---|---|---|---|
| | None | Beginner | Intermediate | Advanced |
| Microsoft Office | | | | |
| Word Processing | | | | |
| Spreadsheets | | | | |
| Databases | | | | |
| Website/Internet/HTML | | | | |
| Accounting, Bookkeeping, and Financial Software | | | | |

# IV. REFERENCES

Please provide the names of three persons not related to you, and who are current or previous employers. All persons you name as reference may be asked to appraise your character, ability, experience, personality, and other qualities.

| | Reference #1 | Reference #2 | Reference #3 | Reference #4 |
|---|---|---|---|---|
| Name: | | | | |
| Job Title: | | | | |
| Company Name & Address: | | | | |
| Phone: | | | | |
| Email: | | | | |

# V. APPLICANT STATEMENT

*PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH. IF THERE ARE ANY QUESTIONS, PLEASE ASK.*

a.) I hereby authorize the Town of Sherborn, its agents and representatives to investigate my references, work records, education and other matters related to my suitability for employment. _____

b.) I hereby release the Town of Sherborn, its agents and representatives, my current and former employers, educators, the references I have provided, and all other persons or organizations disclosed by myself from any and all claims, demands or liabilities arising out of or in any way related to investigation or disclosure related to this employment application; and agree to disclose any employment or contracts throughout my time as a Sherborn employee. _____

c.) I understand and agree that nothing contained in the application or conveyed to me during any interview which may be granted is intended to create an employment contract, implied or explicit, with the Town of Sherborn. _____

d.) I understand and agree that *if offered employment*, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States. _____

e.) I understand and agree that *if offered employment*, the offer may be contingent on several factors, depending on the position I am offered. These may include my passing a pre-employment physical and drug test, the successful completion of medical and physical abilities tests, a CORI (Criminal Offender Record Information) inquiry, and I hereby authorize disclosures of such examinations/inquiries to the Town of Sherborn. I further may be required to provide proof of certifications, records, and licensures as required to perform the duties of the position I am offered, or to attend and successfully complete academy training. _____

f.) I understand and agree that all appointments are probationary (*at least 6 months, and may be extended*) and that I must demonstrate my fitness for continued employment during the probationary period. I also understand and agree that I must be available from time to time for work outside normal business hours as the needs of the department require. _____

g.) I understand and agree that *if I accept employment*, I will follow all personnel procedures, policies, and bylaws adopted by the Town of Sherborn, including but not limited to its policies regarding Harassment/Sexual Harassment, its Drug & Alcohol Policy, and any other policy as established as a condition of employment for all Town employees. I understand also that I am required to abide by all rules, regulations and policies of the Town of Sherborn. ___

***h.)*** I hereby certify that the information and answers herein are true and complete to the best of my knowledge. I further affirm that any omission of fact, misstatement, false or misleading information given on this application, interview, or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. My signature below certifies that I have read and understand this statement and that I agree to the terms and conditions outlined in this document. _____

Printed Name: _____ Signature: _____ Date: ___/___/____

# Town of Sherborn *(Eff. 7/1/16)*

# PERSONNEL REQUISITION

This form should be completed when a position needs to be filled. Purpose is to ensure that adequate funding is available and/or that all relevant factors are considered prior to the opening of a search. All signatures must be secured before a search may be opened.

Date: _____ Job Title: _____

Employment Status: FT ___ PT ___ Temp or Seasonal _____

Department: _____ Position reports to: _____

Budget Account number that position will be charged to: _____

Classification: _____ Date Position is Needed: _____

If temp or seasonal, dates: from _____ to _____ ( For seasonal max is 15 wks)

_____Attach a current copy of the job description, and a marked up version if requesting to update the existing job description Be sure to review the job description for changes to experience, education, qualifications (e.g., licenses, experience, training, etc.).

_____Attach a draft position announcement/advertisement and list the best places to post or advertise the position.

---

Is this a Staff addition ___ or replacement ___? Other? Explain on separate sheet.

Is this position budgeted in the current fiscal year? *Y* or *N* FY____

What is the budgeted maximum hourly rate? $_____/hr Annual Salary: $ _____/yr

What are the estimated ancillary budget impacts:

| *CATEGORY* | *AMOUNT* | *CATEGORY* | *AMOUNT* |
|---|---|---|---|
| Training | $ | Educational Pay | $ |
| Clothing | $ | Office Equipment | $ |
| Medical Benefits | $ | Other: | $ |
| Stipends | $ | Other: | $ |

Staff Replacement Only

If a replacement, name of employee being replaced: _____

Date employee is expected to leave: _____ Requests exit interview? *Y* or *N*

If temp or seasonal, date regular employee is expected to return: _____

---

Required Signoffs

Dept. Head Signature: _____ Date_____

Town Administrator / HR:_____ Date_____

Finance/Payroll : _____ Date_____

Notes: _____

_____

_____

Town of Sherborn
19 Washington Street
Sherborn, MA 01770
508.651.7850

## MUNICIPAL EXPENSE REPORT

Employee Name:
Department Name:
Date From: To:
Purpose of Expenses:

### BUSINESS EXPENSES

| Date of Travel or Expense | | | | | | | | Amount Paid Out-of-Pocket | Amount Charged to Town |
|---|---|---|---|---|---|---|---|---|---|
| Breakfast | | | | | | | | - | |
| Lunch | | | | | | | | - | |
| Dinner | | | | | | | | - | |
| Lodging | | | | | | | | - | |
| Telephone | | | | | | | | - | |
| Car Rental | | | | | | | | - | |
| Taxi | | | | | | | | - | |
| Parking/Tolls | | | | | | | | - | |
| Gasoline | | | | | | | | - | |
| Airfare | | | | | | | | - | |
| Ferry | | | | | | | | - | |
| Meetng Fee | | | | | | | | - | |
| Miscellaneous | | | | | | | | - | |
| License Reimbursement | | | | | | | | - | |
| | | | | | | | | - | |
| | | | | | | | | - | |
| | | | | | | | | - | |
| | | | | | | Sub-totals | | $ - | $ - |
| Mileage Start: | | End: | | Total Miles: | | | X | 0.50 | $ - |
| | | | | | | Total Due | | | $ - |

DETAIL OF ITEMS CHARGED TO TOWN

| Vendor | Invoice # | Amount |
|---|---|---|
| | | |

INFORMATION FOR ACCOUNTS PAYABLE:

| | |
|---|---|
| Vendor # | |
| Submission Date | |
| Invoice # | |
| Invoice Date | |
| Account # | |
| Purchase Order | |

Request for Payment $ -

Employee Signature Date

Dept Head Approval Date

*Official documentation of the meeting, seminar, and/or receipts for miscellaneous expenditures must be attached