DISCLOSURE OF NAMES OF FAMILY MEMBERS WHO ARE STATE EMPLOYEES

Disclosure Required by G.L. c. 268A, Sec. 6B

Name of Applicant for E	mployment:	
Date:		
Is your spouse, parent, broor child, a state employees	other, sister or child, or the spous	e of your parent, brother, sister
Yes No		
spouse, parent, brother, sis	se list below the name(s) of any ster or child, or who is the spouse relationship to you. Please also e relatives.	e of your parent, brother, sister
unpaid office, position, en purposes of this disclosure government, including any judicial branch, and all cocommission, institution, tragency, and any independ	his disclosure, a "state employee aployment or membership in a Me, a "state agency" is any department or agency within the uncils thereof and thereunder, and ibunal or other instrumentality went state authority, commission, and there of a county, city or town.	Iassachusetts state agency. For nent of Massachusetts state e executive, legislative or d any division, board, bureau, vithin such department or
Name of Relative	Relationship to Applicant	Name of State Agency