



I, \_\_\_\_\_, am submitting this application and information packet to the Communications Collaborative of Boston, Massachusetts, for the purpose of obtaining assistance in securing temporary, contract or "permanent" employment. I acknowledge that by signing this application, the Communications Collaborative offers no assurance that any positions are or will be available, and is not obligated to process my application.

I certify that the information I have supplied as a part of the application process is true and complete. I give permission to the Communications Collaborative to make inquiries into my character, employment, educational, and criminal history as a part of this application process and at any time during my employment. I authorize the release of information by any businesses, schools, or individuals listed by me in the information packet. I also authorize the Communications Collaborative and its employees to release any reference information to clients or potential clients for purposes of evaluating my credentials and qualifications. I hereby release the Communications Collaborative and all other persons from all liability in making or responding to such requests for information.

I understand that if I am employed as a temporary employee assigned to a client of the Communications Collaborative, I will be an employee of the Communications Collaborative. I also understand that employment by the Communications Collaborative is "at-will," meaning that it is not guaranteed for any specific time length and may be terminated by the Communications Collaborative or me at any time for any reason. I understand that a contract will exist between the Communications Collaborative and every client I may be assigned to. In the event that I accept a temporary, contract or permanent position with any client (or affiliated company by referral of the client) within one year after the last day of any assignment through the Communications Collaborative, I understand this will require the client to pay a fee to the Communications Collaborative. I agree to notify the Communications Collaborative if I am offered or accept direct employment by any client (or affiliated company by referral of the client) within one year after the last day of any assignment period.

I understand that, if employed by the Communications Collaborative, I will submit a time report for each assignment, every week. To insure prompt payment, I will complete the time report promptly, accurately and legibly, and I will obtain each client's authorization and signature on the time report upon completion of each week's work.

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Candidate

Date

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Staffing Manager

Date

**NOTE:** It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. Any employer who violates this law shall be subject to criminal penalties and civil liabilities.

**Name:** \_\_\_\_\_

As a temporary employee of the Communications Collaborative, you have been assigned to work for a period of time at one of our client companies.

When this temporary assignment is completed, you must contact the Communications Collaborative to request reassignment.

Failure to contact the Communications Collaborative for reassignment before filing a claim for Unemployment Insurance benefits may result in the denial of those benefits.

You may contact us between the hours of 8:30 a.m. and 5:30 p.m., Monday through Friday. The firm representative you must contact is:

*Name:* Mike McDonnell  
*Address:* 177 Huntington Avenue, 17th Floor, Boston, MA 02115  
*Phone:* 617.536.3700  
*Fax:* 617.536.4800

Remember that this contact must be made prior to filing a claim for unemployment insurance.

By signing below you acknowledge the procedure outlined above as well as being in receipt of the Form 590A regarding the unemployment process.

**Acknowledgement:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Our goal at Communications Collaborative is to provide you with the best possible experience while working with us. One way to accomplish that goal is to identify what company (or companies) would be a good fit for you. Before that can happen, we need to understand your previous freelance experience, including why you enjoyed working there, why you left, and anything else you think would be helpful in understanding your experience. Please fill out as much information as you can in the space provided below.

Company: \_\_\_\_\_

Position held: \_\_\_\_\_

Supervisor name/title: \_\_\_\_\_

Pay-rate: \_\_\_\_\_ Dates employed: \_\_\_\_\_

Software/Hardware used: \_\_\_\_\_

Were you placed at this company by a staffing agency?  Yes  No

On a scale of 1–5, please rate your overall experience: \_\_\_\_\_ (Rating scale: 1 = poor; 2 = fair; 3 = neither poor, nor excellent; 4 = good; 5 = excellent)

In your own words, please tell us about your experience while working there (include what you liked, didn't like, why you left, etc.).

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Company: \_\_\_\_\_

Position held: \_\_\_\_\_

Supervisor name/title: \_\_\_\_\_

Pay-rate: \_\_\_\_\_ Dates employed: \_\_\_\_\_

Software/Hardware used: \_\_\_\_\_

Were you placed at this company by a staffing agency?  Yes  No

On a scale of 1–5, please rate your overall experience: \_\_\_\_\_ (Rating scale: 1 = poor; 2 = fair; 3 = neither poor, nor excellent; 4 = good; 5 = excellent)

In your own words, please tell us about your experience while working there (include what you liked, didn't like, why you left, etc.).

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Company: \_\_\_\_\_

Position held: \_\_\_\_\_

Supervisor name/title: \_\_\_\_\_

Pay-rate: \_\_\_\_\_ Dates employed: \_\_\_\_\_

Software/Hardware used: \_\_\_\_\_

Were you placed at this company by a staffing agency?  Yes  No

On a scale of 1–5, please rate your overall experience: \_\_\_\_\_ (Rating scale: 1 = poor; 2 = fair; 3 = neither poor, nor excellent; 4 = good; 5 = excellent)

In your own words, please tell us about your experience while working there (include what you liked, didn't like, why you left, etc.).

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*Please complete as much information as you can.*

Company: \_\_\_\_\_  
Reference Name: \_\_\_\_\_  
Reference Title: \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Company: \_\_\_\_\_  
Reference Name: \_\_\_\_\_  
Reference Title: \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Company: \_\_\_\_\_  
Reference Name: \_\_\_\_\_  
Reference Title: \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Company: \_\_\_\_\_  
Reference Name: \_\_\_\_\_  
Reference Title: \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

# Form W-4 (2010)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____			
<b>B</b>	Enter "1" if: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	}	<b>B</b> _____
{	<ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	}			
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____			
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____			
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____			
<b>F</b>	Enter "1" if you have at least \$1,800 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b> _____			
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three or more eligible children.</li> <li>• If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" <b>additional</b> if you have six or more eligible children.</li> </ul>	<b>G</b> _____			
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b> _____			
	For accuracy, <b>complete all worksheets that apply.</b> <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul> </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>	}	
{	<ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>	}			

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b></p>	OMB No. 1545-0074  <div style="font-size: 2em; font-weight: bold; margin: 0;">2010</div>
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1 Type or print your first name and middle initial.	Last name	2 Your social security number
Home address (number and street or rural route)	3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code	4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 \$	
7 I claim exemption from withholding for 2010, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶		7

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature (Form is not valid unless you sign it.) ▶	Date ▶	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

### Deductions and Adjustments Worksheet

**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1** Enter an estimate of your 2010 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . . **1** \$ \_\_\_\_\_
- 2** Enter: 

{	\$11,400 if married filing jointly or qualifying widow(er)	}	. . . . .	<b>2</b>	\$		
	\$8,400 if head of household						
	\$5,700 if single or married filing separately						
- 3** **Subtract** line 2 from line 1. If zero or less, enter “-0-” . . . . . **3** \$ \_\_\_\_\_
- 4** Enter an estimate of your 2010 adjustments to income and any additional standard deduction. (Pub. 919) . . . . . **4** \$ \_\_\_\_\_
- 5** **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 6* in Pub. 919.) . . . . . **5** \$ \_\_\_\_\_
- 6** Enter an estimate of your 2010 nonwage income (such as dividends or interest) . . . . . **6** \$ \_\_\_\_\_
- 7** **Subtract** line 6 from line 5. If zero or less, enter “-0-” . . . . . **7** \$ \_\_\_\_\_
- 8** **Divide** the amount on line 7 by \$3,650 and enter the result here. Drop any fraction . . . . . **8** \_\_\_\_\_
- 9** Enter the number from the **Personal Allowances Worksheet**, line H, page 1 . . . . . **9** \_\_\_\_\_
- 10** **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** \_\_\_\_\_

### Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1** Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) **1** \_\_\_\_\_
- 2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3.” . . . . . **2** \_\_\_\_\_
- 3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet . . . . . **3** \_\_\_\_\_

**Note.** If line 1 is **less than** line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4–9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4** Enter the number from line 2 of this worksheet . . . . . **4** \_\_\_\_\_
- 5** Enter the number from line 1 of this worksheet . . . . . **5** \_\_\_\_\_
- 6** **Subtract** line 5 from line 4 . . . . . **6** \_\_\_\_\_
- 7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . . . **7** \$ \_\_\_\_\_
- 8** **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . . **8** \$ \_\_\_\_\_
- 9** Divide line 8 by the number of pay periods remaining in 2010. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2009. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . **9** \$ \_\_\_\_\_

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$7,000 -	0	\$0 - \$6,000 -	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
7,001 - 10,000 -	1	6,001 - 12,000 -	1	65,001 - 120,000	910	35,001 - 90,000	910
10,001 - 16,000 -	2	12,001 - 19,000 -	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
16,001 - 22,000 -	3	19,001 - 26,000 -	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 27,000 -	4	26,001 - 35,000 -	4	330,001 and over	1,280	370,001 and over	1,280
27,001 - 35,000 -	5	35,001 - 50,000 -	5				
35,001 - 44,000 -	6	50,001 - 65,000 -	6				
44,001 - 50,000 -	7	65,001 - 80,000 -	7				
50,001 - 55,000 -	8	80,001 - 90,000 -	8				
55,001 - 65,000 -	9	90,001 -120,000 -	9				
65,001 - 72,000 -	10	120,001 and over	10				
72,001 - 85,000 -	11						
85,001 -105,000 -	12						
105,001 -115,000 -	13						
115,001 -130,000 -	14						
130,001 - and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

To Massachusetts Workers:

# How to File for Unemployment Insurance Benefits

## To Massachusetts Employers:

Under the state's Employment and Training Law, you are required to give a copy of this pamphlet to each of your employees who is separated from work, permanently or temporarily, for seven or more days. Please complete the information below:

---

Employer name (as listed in DUA Quarterly Contribution Report)

---

DUA Employer ID Number

---

Federal Employer ID Number (optional)

---

Address

---

(to which DUA should mail request for separation and wage information)

## You have a choice.

### There are two ways to file your claim for Unemployment Insurance benefits.

#### You can file your claim in person.



**WALK-IN** Unemployment Insurance Walk-In services are available at more than 35 sites located conveniently throughout Massachusetts.

Services include assistance with filing a new claim for Unemployment Insurance, reopening a current claim, and resolving problems with your claim.

For the address of the nearest UI Walk-In site, call **617-626-6560**. After hearing the greeting, enter the number **331** on the keypad of a touch tone telephone. When you asked to do so, enter the first five digits of your zip code. You will be given the address of the Walk-In Center nearest you.

You can also find the addresses of all Walk-In Centers in Massachusetts on the DUA web site at [www.mass.gov/dua](http://www.mass.gov/dua). Select “office locator” on the home page.

#### You can call the TeleClaim Center.



**TELECLAIM** Hours are Monday through Friday, from 8:30 a.m. to 4:30 p.m.

Unemployment Insurance services are also available by telephone. You can file a new claim for Unemployment Insurance, reopen a current claim, be interviewed if there are issues that affect your eligibility, obtain up-to-date information on the status of your claim and benefit payment check, and resolve problems — all by telephone.

When you call the TeleClaim Center, you will be asked to enter your social security number and the year you were born — using the numbers on a touch-tone telephone. **Then you will be transferred to an agent who will take the information necessary to file your claim.**

## Filing your claim. Follow these simple steps.

### Step 1 - Decide how to file your claim.

Choose to file your claim in person or by calling the TeleClaim Center. Walk-In offices are located in every region of the state. For the address of the nearest office, call **617-626-6560**. After hearing the greeting, enter the number 331 on the keypad of a touch tone telephone. When you are asked to do so, enter the first five digits of your zip code. You will be given the address of the Walk-In Center nearest you. You can also find the addresses of the Walk-In Centers on the DUA web site at [www.mass.gov/dua](http://www.mass.gov/dua). Select “office locator” on the home page.

To file your claim by telephone, call the DUA TeleClaim Center:

**Call the TeleClaim Center at 1-877-626-6800 if you are calling from the following area codes: 351, 413, 508, 774, and 978.**

**Call the TeleClaim Center at 617-626-6800 if you are calling from any other area code.**

When you call the TeleClaim Center, you will press a number on your telephone to choose services in English or another language. From the list of services, Press **1** — to file a new UI claim or to reopen an existing claim. You will be asked to enter your social security number and the year you were born. You will be transferred to a DUA agent who will help you file your claim.



### Step 2 - Find out when to file.

**For Walk-In Centers, call your local Career Center for hours.**

**For TeleClaim Centers, hours are Monday through Friday, from 8:30 a.m. to 4:30 p.m.**

DUA is committed to providing you with prompt and courteous service. Our goal is to ensure that your claim is filed quickly and efficiently, and that your waiting time is kept to a minimum. If there are callers in queue, you will be given a message about the length of the expected waiting time. If you choose not to wait, you may call back anytime during that week and there will be no effect on the processing of your claim.

The earliest your claim may be filed is during your first full week of unemployment or the first week that you experience a significant reduction in the number of hours you normally work. A delay in filing could affect the amount of your benefits.

### Step 3 - Be ready with the following information.



- Your Social Security Number
- The year you were born
- Your residential and mailing address and telephone number
- Whether you have filed an Unemployment Insurance claim in Massachusetts or in any other state during the past 12 months
- Your last day of employment
- The names and addresses of all of the employers you have worked for during the 15 months prior to filing your claim, and the dates you worked for each of these employers. If you are reopening a claim, be ready with the same information for the past 8 weeks.
- The reason that you are no longer working or that your hours have been reduced
- The names, dates of birth and social security numbers for any dependent children, if you are going to apply for dependency allowance
- Your alien registration number if you are not a U.S. citizen

# Obtaining UI services by telephone.

## TELECLAIM



### It's Easy.

When you call the Unemployment Insurance Tele-Claim Center, you will press a number on your telephone to choose services in English or another language.

**Press 1** — to file a new UI claim or to reopen an existing claim.

You will be asked to enter your social security number and the year you were born. **Then you will be transferred to a DUA agent who will help you file your claim.**

**Press 2** — for immediate information on the status of your check or claim certification form.

Enter your social security number and the year you were born. You will be able to obtain automated information on the status of your weekly signing form or your UI check. This is the same information available to DUA staff. If there is a problem with your claim, you will be transferred to a DUA agent.

**Press 3** — for customer assistance, to resolve a problem, to provide a social security number for a dependent child, or to change your address.

**Press 4** — for information on the Unemployment Insurance program, how to file for benefits, and how to obtain job search and retraining assistance.

You can listen to recorded information on the Unemployment Insurance program and obtain the addresses and telephone numbers of the nearest offices that provide reemployment services and information on training opportunities.

This pamphlet includes important information on how to file a claim for Unemployment Insurance benefits.

Эта брошюра содержит важную информацию о том, как подать документы для получения пособия по безработице.

本手冊包括如何建立失業保險福利檔案的重要資訊。

Este panfleto incluye información importante sobre cómo entablar un reclamo por beneficios de Seguro de Desempleo.

Materyèl sa ginyin infòmasyon ki impòtan o sigè dé ki gan pou fè yon déman pou asirans pou moune ki pap travay yo.

Il presente documento include importante materiale informativo su come presentare domanda circa la riscossione di un premio assicurativo per Disoccupazione.

Tập sách nhỏ này có nhiều tài liệu quan trọng về quyền lợi và trách nhiệm của bạn trong chương trình bảo hiểm cho người thất nghiệp. Hãy nhờ người dịch ra cho bạn.

Este panfleto inclui informação importante sobre como preencher uma reclamação para os benefícios de segurança dos desempregados.

ໝັງສືສໍາຄັນທີ່ອະທິບາຍໃຫ້ທ່ານື່ວ່າເງິນວ່າງງານ

ກຼືຜ່ານນີ້ທ່ານສາມາດສໍາລັບສໍາຄັນ ກຽມຜັກຕາກຸງ  
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Massachusetts Department of  
**Workforce**  
Development  
Division of Unemployment Assistance

Commonwealth of Massachusetts

Equal Opportunity Employer/Program

Auxiliary aids and services are available upon request to individuals with disabilities.

TDD/TTY 1-800-439-2370 - Voice 1-800-439-0183  
[www.mass.gov/dua](http://www.mass.gov/dua)

♻️ Printed on recycled paper Form 0590-A Rev. 03-06

**Welcome to the Communications Collaborative**, the leading creative and marketing freelance staffing firm in New England. You have now joined the ranks of the finest freelance community in our industry and we thank you in advance for continuing to build on our reputation of quality, creativity and professionalism.

To better prepare you for upcoming client assignments, we have compiled our expectations as well as a few helpful tips and tools around resume and portfolio-building.

We will always do our best to represent you and ask that you do your best to represent us.

#### WHAT WE EXPECT...

- Be on time to all assignments.
- Dress professionally.
- If you are sick or late, call the Collaborative. We will inform the client and make alternate arrangements, if necessary. We **MUST** know when you will be out.
- Never walk off an assignment. Call the Collaborative first to discuss your concerns.
- Interviews for permanent jobs, medical appointments, etc. should be scheduled at the beginning or end of the day, if possible. Let the client and the Collaborative know in advance of any appointments.
- Do not assume you can use the internet or make personal phone calls unless cleared by your supervisor.
- Call the Collaborative 72 hours prior to the assignment end date so we can work on getting you into your next assignment.
- Provide at least one week's notice if you cannot complete an assignment.
- Do not discuss any rates with the client at any time.
- Send in your time report at the end of each week's work. Time reports are due no later than Monday at 10:00 a.m. (for the prior work week).

#### PORTFOLIO TIPS...

- **Stack the deck.** You hold all the cards when picking your samples. So pick examples that show your best work. Be prepared to go into detail on concept to completion, strengths and weaknesses, and possibly, the ultimate outcome and results.
- **Multi-dimensional.** Employers will want to see an assortment of capabilities. Make sure to present samples that display an array of software and resources that you know and use.
- **Tailor your talents.** If the job you are interviewing for is within a specific industry, try to provide examples of your work within that business. The more you can relate, the better.

#### RESUME TIPS...

- **Every last detail.** When listing work experience, be sure to include the name and location of the organization, the title of the position and dates of employment.
- **Knowledge is power.** For graphic and web designers especially, technology and software capabilities are often the first items employers review. Be sure to include everything you know.
- **Keep it fresh.** Focus on your most recent and relevant work experience. If you have over 15 years experience, don't worry about detailing out any jobs from 15+ years ago.
- **Got gaps?** If there are gaps in your resumé, be prepared to explain what you were up to during the times you weren't working. Don't avoid the gaps.
- **Work, then school.** Unlike life, resumé should start with your most recent work experience and then end with your education history. (Recent grads — you're the exception to this rule.)
- **Keep it current.** Your resumé should ALWAYS be up-to-date and ready to go. Opportunities can arise at the most unlikely times, so be prepared!

## *Full Service Direct Deposit*

### **Your Pay Goes into the Bank. You Don't.**

Here's a new employee benefit that takes the hassle out of payday.

Full Service Direct Deposit automatically deposits your paycheck into the bank account(s) you select. Distribute your pay among multiple accounts (checking, savings, Christmas clubs, investment accounts, etc.) at different financial institutions. You won't have to stand in long check-cashing lines to deposit your pay anymore. Your pay will be in your account(s), ready for immediate use—even if you can't get to the bank.

### **Full Service Direct Deposit is...**

- *Convenient.* It deposits your net pay automatically to the bank account(s) of your choice. Full Service Direct Deposit also makes your money instantly available on payday for withdrawal or check writing—even if you aren't in the office on payday!
- *Safe.* Full Service Direct Deposit eliminates the chance of lost, stolen, or damaged paychecks.
- *Confidential.* Full Service Direct Deposit reduces handling of your personal payroll information by others.
- *Reliable.* Full Service Direct Deposit provides complete paystub information and deposit confirmation every payday.
- *Free.* All these benefits are offered to employees at no additional charge.

### **How to Enroll...**

To sign up for Full Service Direct Deposit, complete the enrollment form and give it to your payroll manager. Take advantage of Full Service Direct Deposit today!

02-184-124

Roseland, New Jersey 07068-1728  
One ADP Boulevard  
Automatic Data Processing, Inc.



TAKE THE  
HASSLE OUT  
OF YOUR  
PAYDAY

# Full Service Direct Deposit





# Employee Direct Deposit Enrollment Form

**Payroll Manager—Please complete this section and enter data into your ADP Payroll system for employee enrollment. Then contact your CSR or AE for further instructions on how to update your employee's direct deposit information to ADP. NOTE: YOUR COMPANY NAME MUST BE FILLED IN BEFORE DISTRIBUTING THIS FORM TO YOUR EMPLOYEE FOR COMPLETION. (Please print.)**

Company Code: \_\_\_\_\_ Company Name: \_\_\_\_\_ Employee File Number: \_\_\_\_\_  
(referred to herein as "Employer")  
Payroll Mgr. Name: \_\_\_\_\_ Payroll Mgr. Signature: \_\_\_\_\_

To enroll in Full Service Direct Deposit, simply fill out this form and give it to your payroll manager. Attach a voided check for each checking account – not a deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



**Routing/Transit #**  
(A 9-digit number always between these two marks)

**Checking Account #**

**Check #**  
(this number matches the number in the upper right corner of the check— not needed for sign-up)

## Important! Please read and sign before completing and submitting.

I hereby authorize Employer, either directly or through its payroll service provider, to deposit any amounts owed me, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Employer, either directly or through its payroll service provider, to my account. In the event that Employer deposits funds erroneously into my account, I authorize Employer, either directly or through its payroll service provider, to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Employer and Bank have received written notice from me of its termination in such time and in such manner as to afford Employer and Bank reasonable opportunity to act on it.

Employee Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Account Information

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form.

**Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.**

- Bank Name/City/State: \_\_\_\_\_  
Routing/Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Checking  Savings  Other I wish to deposit: \$ \_\_\_\_\_ . \_\_\_\_ or  Entire Net Amount
- Bank Name/City/State: \_\_\_\_\_  
Routing/Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Checking  Savings  Other I wish to deposit: \$ \_\_\_\_\_ . \_\_\_\_ or  Entire Net Amount
- Bank Name/City/State: \_\_\_\_\_  
Routing/Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Checking  Savings  Other I wish to deposit: \$ \_\_\_\_\_ . \_\_\_\_ or  Entire Net Amount

### ATTENTION PAYROLL MANAGER:

**Employers must keep each original employee enrollment form on file as long as the employee is using FSDD, and for two years thereafter.**