

**SECTION 1.**

First Name	Last Name	
Street Address	Apt No.	City/State/Zip
E-mail	URL (if applicable)	
Cell Number	Home Number	
Fax Number	Other Number (please specify)	
Which number do you prefer we call? <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other	Is texting your cell number okay? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**SECTION 2.**

<b>Desired Position</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Freelance	<b>Desired Title/Position</b>
<b>Desired Salary</b> <input type="checkbox"/> Full Time: \$ _____ /year <input type="checkbox"/> Freelance: \$ _____ /hour	<b>Desired Location</b>
	<b>Transportation</b> <input type="checkbox"/> Car <input type="checkbox"/> Public Transportation <input type="checkbox"/> Both
<b>Available Date</b>	<b>Referred By</b>

**Have you ever been convicted of an offense:**  Yes  No **If Yes:**  Felony  Misdemeanor

**Please list the last three positions you have held:** (starting with most recent)

Company	Position Held	Start Date	End Date / Reason for Leaving	Salary

**SECTION 3. Desired Discipline:**

First Choice: \_\_\_\_\_ Second Choice: \_\_\_\_\_

**Disciplines:** (check two that apply)

**Art:**

- Art Director
- Creative Director
- Graphic Designer
- Illustrator
- Interactive Designer

**Copy:**

- Copyeditor/Editor
- Copywriter
- Proofreader
- PR Specialist
- Technical Writer

**Web:**

- Flash/Flex Designer
- HTML Coder
- UX/IA Designer
- Web Designer
- Web Developer

**Management:**

- Account Services Professional
- Interactive Project Manager
- Marketing Manager
- Print Production Manager
- Project Manager
- Traffic Manager

**SECTION 4. Software by Discipline:**

Please rate level of expertise in all applications, languages and/or environments (1 = beginner, 5 = expert).

**Design Applications:**

Dreamweaver	1	2	3	4	5
Fireworks	1	2	3	4	5
Flash	1	2	3	4	5
FrontPage	1	2	3	4	5
GIMP	1	2	3	4	5
Illustrator	1	2	3	4	5
InCopy	1	2	3	4	5
InDesign	1	2	3	4	5
Inkscape	1	2	3	4	5
Keynote	1	2	3	4	5
Photoshop	1	2	3	4	5
Quark	1	2	3	4	5
Visio	1	2	3	4	5
Other:	1	2	3	4	5

**3D Modeling/**

**Animation Applications:**

Blender	1	2	3	4	5
Maya	1	2	3	4	5
Sketchup	1	2	3	4	5
Other:	1	2	3	4	5

**Content Management Systems:**

DotNetNuke	1	2	3	4	5
Drupal	1	2	3	4	5
Joomla	1	2	3	4	5
Plone	1	2	3	4	5
SiteCore	1	2	3	4	5
Vignette	1	2	3	4	5
WordPress	1	2	3	4	5
Other:	1	2	3	4	5

**Audio/Visual Applications:**

3D Studio Max	1	2	3	4	5
After Effects	1	2	3	4	5
Final Cut Pro	1	2	3	4	5
Fruitloops	1	2	3	4	5
Premier	1	2	3	4	5
Samplitude	1	2	3	4	5
Sonar	1	2	3	4	5
Sony Acid	1	2	3	4	5
Other:	1	2	3	4	5

**Business Applications:**

Acrobat	1	2	3	4	5
MediaBank	1	2	3	4	5
MS Access	1	2	3	4	5
MS Excel	1	2	3	4	5
MS Office	1	2	3	4	5
MS PowerPoint	1	2	3	4	5
MS Publisher	1	2	3	4	5
MS Project	1	2	3	4	5
MS Word	1	2	3	4	5
Other:	1	2	3	4	5

**Enterprise Applications:**

Google Apps	1	2	3	4	5
Lotus Notes	1	2	3	4	5
Oracle	1	2	3	4	5
PeopleSoft	1	2	3	4	5
SAAS	1	2	3	4	5
SharePoint	1	2	3	4	5
Other:	1	2	3	4	5

**Development**

**Languages/Environments:**

Action Script	1	2	3	4	5
Ajax	1	2	3	4	5
ASP classic	1	2	3	4	5
ASP.NET	1	2	3	4	5
ASP.NET MVC	1	2	3	4	5
C#	1	2	3	4	5
C++	1	2	3	4	5
Cold Fusion	1	2	3	4	5
Common Lisp	1	2	3	4	5
CSS	1	2	3	4	5
Flex	1	2	3	4	5
HTML	1	2	3	4	5
HTML5	1	2	3	4	5
Java	1	2	3	4	5
JavaScript	1	2	3	4	5
Jquery	1	2	3	4	5
KML	1	2	3	4	5
MySQL	1	2	3	4	5
Magento	1	2	3	4	5
.NET	1	2	3	4	5
Perl	1	2	3	4	5
PHP	1	2	3	4	5
Python	1	2	3	4	5
Ruby	1	2	3	4	5
Scheme	1	2	3	4	5
SQL	1	2	3	4	5
Visual Basic	1	2	3	4	5
XHTML	1	2	3	4	5
Other:	1	2	3	4	5

**Hardware:**

Mac  PC **Computer at Home:**  Mac  PC  None

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

I, \_\_\_\_\_, am submitting this application and information packet to 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, 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 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 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 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 Communications Collaborative, I will be an employee of Communications Collaborative. I also understand that employment by Communications Collaborative is “at-will,” meaning that it is not guaranteed for any specific time length and may be terminated by Communications Collaborative or me at any time for any reason. I understand that a contract will exist between 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 Communications Collaborative, I understand this will require the client to pay a fee to Communications Collaborative. I agree to notify 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 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.*

As a freelancer, it's not just about finding great work. Security and benefits are equally important. So, in addition to our sparkling personalities, here is what you'll get when you work with Communications Collaborative.

### **HEALTH INSURANCE BENEFITS**

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Communications Collaborative is in full compliance with the Affordable Care Act and provides a health care plan that meets Minimum Credible Coverage Standards.

After working 90 consecutive days while maintaining a 30-hour workweek, you are eligible to join our plan, Blue Cross Blue Shield HMO New England. We will also subsidize 50% of the individual premium and 33% of the family premium for this plan. And if you are laid off while participating, you are eligible to receive COBRA benefits through Communications Collaborative.

### **401(K)**

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We offer Unified Trust 401(k), after one year of service and 1,000 hours working with us. And for those contributing 5% or more, we offer a discretionary bonus based on company performance.

### **QUARTERLY BONUS PAY**

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Communications Collaborative provides bonus pay to all freelancers who have worked 400 or more hours per quarter. The amount of the bonus is based on 2% of the hours worked, e.g. if a freelancer works 400 hours in a quarter, they'll receive an additional eight hours of pay. Our freelancers have an opportunity to earn Bonus Pay four times per year (3/31, 6/30, 9/30 and 12/31).

### **REFERRAL BONUS**

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We provide a \$100 referral bonus to any freelancer who refers a qualified candidate after they have worked 40 hours through us.

### **THE COMMUNICATIONS COLLABORATIVE NETWORK**

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As part of our network, you'll stay current on job openings, the latest news and marcom trends, and networking events where you can meet your freelance peers. We are also available to provide resume and portfolio review as well as interview coaching.

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

As a temporary employee of 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 Communications Collaborative to request reassignment.

Failure to contact Communications Collaborative for reassignment before filing a claim for Unemployment Insurance benefits may result in the denial of these 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: 179 Lincoln Street, Suite 400, Boston, MA 02111  
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

## How long does it take to process a new claim?

It takes approximately three to four weeks to process a new claim. If you are determined to be eligible for UI benefits, you will receive payments for the weeks that you are eligible, except for the first week, which is a waiting period required by Massachusetts Law.

## How to request your weekly benefit payment:

Beginning on the Sunday after you apply for benefits, you must request your benefit payment (sign or certify your eligibility for UI benefits) weekly. A payment will be made to you for the previous week, after you request the benefit payment and we have determined that you are eligible. To request benefit payment:

1. Go to [www.mass.gov/dua](http://www.mass.gov/dua), select **UI Online for Claimants**. Then log in to your account using your SSN and password that you created. Select **Request Benefit Payment** and answer the questions.
2. Call the automated TeleCert service at 617-626-6338. Follow the voice prompts and answer the questions using the keypad on your phone. TeleCert is available in English and Spanish.

## How to apply for benefits from out of state:

If you worked in Massachusetts and have moved to another state, you may still be eligible for benefits. This type of claim is known as an interstate claim. Interstate claims are subject to Massachusetts Law as if you were still living in the Commonwealth. You can apply for your interstate unemployment claim using UI Online or by calling the TeleClaim Center.



## Need help?

If you have any questions concerning your eligibility or need assistance applying for unemployment benefits, please review the frequently asked questions on our website, [www.mass.gov/dua](http://www.mass.gov/dua) or call the TeleClaim Center.

This pamphlet includes important information how to apply for Unemployment Insurance benefits.

**This pamphlet includes important information on how to apply for Unemployment Insurance benefits.**

**Este folleto contiene información importante sobre cómo solicitar los beneficios del Seguro de Desempleo.**

**Este panfleto contém informações importantes sobre como registrar-se para receber benefícios de subsídio de desemprego.**

**Данный проспект содержит важную информацию о процессе подачи заявления на получение Страхового пособия по безработице.**

**Livrè sa gen enfòmasyon enpòtan sou fason pou aplike pou Benefis Asirans Chomaj yo.**

**Il presente opuscolo contiene importanti informazioni riguardanti la modalità di richiesta per l'indennità di disoccupazione.**

**Cette brochure comporte d'importants renseignements sur la façon de demander des prestations d'assurance-chômage.**

**សៀវភៅផ្សព្វផ្សាយនេះមានរួមជាមួយនឹងព័ត៌មានសំខាន់ៗ អំពីរបៀបដាក់ពាក្យសុំប្រាក់អត្ថប្រយោជន៍ការងារសម្រាប់អ្នករស់នៅក្រៅរដ្ឋ។**

**Cuốn sách mỏng này bao gồm thông tin quan trọng về cách nộp đơn xin bảo hiểm thất nghiệp**

**ແຜ່ນເຈ້ຍນີ້ມີຂໍ້ມູນກ່ຽວກັບວິທີການຂໍເອົາເງິນຜົນປະໂຫຍດປະກັນໄພຫວ່າງງານ.**

**这本小册子包括如何申请失业保险金的重要信息.**

**이 팜플렛에는 실업 보험 급여의 신청 방법에 대한 중요한 정보가 들어 있습니다.**

**يحتوي هذا الكتيب على معلومات هامة حول كيفية التقديم للحصول على منافع تأمين البطالة.**



**THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT  
DEPARTMENT OF UNEMPLOYMENT ASSISTANCE**

## Equal Opportunity Employer Program

Auxiliary aids and services are available upon request to individuals with disabilities. For hearing-impaired relay services, call 711

[www.mass.gov/dua](http://www.mass.gov/dua)

Form 0590-A Rev. 6-13



**THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT  
DEPARTMENT OF UNEMPLOYMENT ASSISTANCE**

To Massachusetts Workers:

# How to Apply 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. Please complete the information below:

### Communications Collaborative

Employer Name

82-608040

DUA Employer Account Number (EAN)

04-3287410

Federal Employer ID Number (optional)

179 Lincoln Street, Suite 400, Boston, MA 02111

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



## What is Unemployment Insurance?

Unemployment Insurance (UI) is a temporary income protection program for workers who have lost their jobs through no fault of their own, but are able to work, available for work, and looking for work. Funding for UI benefits comes from quarterly contributions paid by the state's employers to the Department of Unemployment Assistance (DUA); no deductions are made from employees' pay.

## When should you apply for UI benefits?

If you have been separated from work, or your work schedule has been reduced, you should apply for UI benefits during your first week of total or partial unemployment. Your claim will begin on the Sunday of the calendar week in which your claim is filed. This date is known as your effective claim date. Waiting more than a full week to request benefits will delay the beginning of your claim and benefits may not be paid for the week(s) of unemployment that occurred prior to the week of filing.

## How to apply for UI benefits:

We are committed to providing you with prompt and courteous service. Our goal is to ensure that you can apply for benefits quickly and efficiently. Simply follow these steps:

### Be ready with the following information:

- Social Security Number
- Date of birth (month, day, year)
- Home address, telephone number, and email address (if available)
- Whether you have filed a UI claim in Massachusetts, or in any other state during the past 12 months
- The names and addresses of all employers you have worked for during the past 15 months, and the dates you worked for each employer. If you are reopening a claim, be prepared to provide the same information for any employment you have had since your claim was last active.
- Your Military discharge papers – form DD-214, member 4 (if you were separated from Military service with any branch of the U.S. armed forces within the past 18 months)
- If you were employed by the federal government within the past 18 months, the SF-8 and/or SF-50 form given to you by your government employer at the time of your separation
- The reason why you are no longer working or why your hours have been reduced

- Last day of employment
- The names, dates of birth, and Social Security Numbers of any dependent children that you plan to claim as a dependent
- Alien registration number or verification that you were legally eligible to work in the United States, and that you are currently eligible to begin a new job

### Select the method that is most convenient for you:

There are two ways you can apply for benefits.



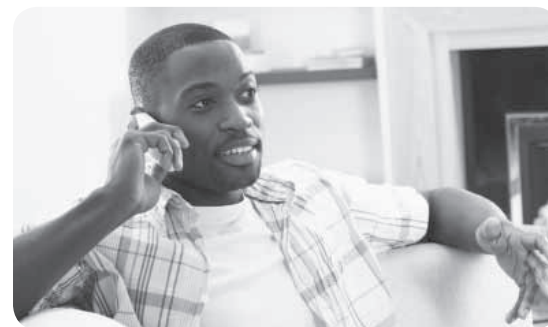
### Apply using UI Online:

UI Online is a safe, secure, easy-to-use, self-service system. If you choose to use UI Online, you will complete the information online and submit your application using a computer with Internet access. If you do not have access to a computer, visit your local library or One-Stop Career Center to use free, publicly-available computers.

To apply using UI Online (5:00 a.m. to 10:00 p.m. daily):

1. Go to [www.mass.gov/dua](http://www.mass.gov/dua) and select **UI Online for Claimants**.
2. Then select **Apply for Benefits**. When you apply for benefits using UI Online for the first time, you will be asked to enter your Social Security Number (SSN), create a password, and select a security question and answer. It is important for you to remember your password and security question and answer. You will use your SSN and password to access UI Online each week to request your benefit payment. If you forget your password, you can reset it by clicking **Forgot Password**, answering the security question, and selecting a new password.
3. Complete all information requested. You will receive a confirmation message after you submit your application. If your application is interrupted, you can go back and complete it before 10:00 p.m. on Saturday of the same week.

**Tip:** Be sure to provide your telephone number and email address – it will make it easier for us to contact you if there are questions about your application.



### Apply by phone using the TeleClaim Center:

To apply for benefits by phone (8:30 a.m. to 4:30 p.m. Monday through Friday):

1. Call the TeleClaim Center toll-free at 877-626-6800: from area codes 351, 413, 508, 774, and 978; or 617-626-6800 from any other area code.
2. Select English or another language.
3. Press 1 – to apply for benefits. Enter your SSN and the year you were born. You will then be connected to an agent who will take the information necessary to file your claim.

**Note:** During peak periods from Monday through Thursday, call scheduling may be implemented providing priority for callers based on the last digit of their Social Security number. This helps ensure that everyone can get through to the Teleclaim Center in a timely manner. Please check the schedule below before calling:

If the last digit of your SSN is:	Assigned day to call Teleclaim is:
0, 1	Monday
2, 3	Tuesday
4, 5, 6	Wednesday
7, 8, 9	Thursday
Any last digit	Friday

### How to create or change your Personal Identification Number (PIN) for TeleCert:

When you apply for benefits by telephone for the first time, you will be asked to create your PIN. If you have previously created your PIN and do not remember it, or need to change your PIN, call the PIN Service Line at 617-626-6943. The PIN Service Line is available seven days a week from 5 a.m. to 10 p.m. You will need a touch-tone phone to use the PIN Service Line. Note: Please be aware that smart phones with QWERTY keyboard sometimes do not work when answering the security question. Instead, use a cellular phone or land line.



**Welcome to Communications Collaborative**, the leading creative and marketing freelance staffing firm in New England. To better prepare you for upcoming assignments, here are a few expectations as well as helpful resume and portfolio tips. We will always do our best to represent you and ask that you do your best to represent us.

## **WHAT WE EXPECT**

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- Be on time to all assignments.
- Dress professionally.
- Call the Collaborative if you are sick or late. We will inform the client and make alternate arrangements. We **MUST** know when you will be out.
- Never walk off an assignment. Call the Collaborative first to discuss your options.
- Interviews for permanent jobs, medical appointments, etc. should be scheduled at the beginning or end of day, if possible. Let the client and Communications Collaborative know of any appointments in advance.
- Do not assume you may use the internet or make personal phone calls unless cleared by your supervisor.
- Call Communications 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 rates with the client at any time. Communications Collaborative will manage all rate negotiations on your behalf.
- Complete your time report at the end of each workweek. Time reports are due no later than Monday at 10:00 a.m. for the previous workweek. Time is submitted and approved via our email timesheet. Information will be provided upon assignment. Communications Collaborative pays bi-weekly on Thursdays.

## **PORTFOLIO TIPS**

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- When presenting your portfolio, be selective in your samples. Be prepared to go into detail—concept to completion.
- Make sure your portfolio represents your full capabilities, including the channels you have worked in and the software you know.
- Tailor your portfolio to your interview, if possible. If you are interviewing for a financial services position and have experience in that industry, be sure to provide samples of your work within that business.

## RESUME TIPS

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- When listing work experience, include the name and location of the company, the title of your position and dates of your employment.
- For print and web designers, software capabilities are often the first items employers review. Be sure they are highlighted.
- Focus on your most recent and relevant work experience. If you have 15+ years experience, you do not need to include detail from jobs older than 15 years.
- If there are gaps in your resume, be prepared to explain what you were up to during the times you were not unemployed.
- Resumes should start with your most recent work experience and end with your education. Recent grads are the exception to this rule.
- Your resume should ALWAYS be current. Opportunities can arise at the most unlikely times, so be prepared by having your resume ready to go.





# Employee Direct Deposit Enrollment Form

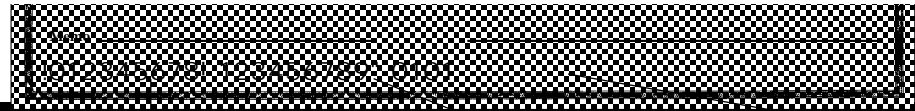
Payroll Manager—Please complete this section and enter data into your ADP Payroll system for employee enrollment. Then contact your CSR or AE for further instructions on how to update your employee's direct deposit information to ADP. NOTE: YOUR COMPANY NAME MUST BE FILLED IN BEFORE DISTRIBUTING THIS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



**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 to me by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Furthermore, 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 Employer deposits funds erroneously to 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 the notice.

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.

1. Bank Name/City/State: \_\_\_\_\_

Routing/Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_

Checking Savings Other I wish to deposit: \$ \_\_\_\_\_ . \_\_\_\_\_ or Entire Net Amount

2. Bank Name/City/State: \_\_\_\_\_

Routing/Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_

Checking Savings Other I wish to deposit: \$ \_\_\_\_\_ . \_\_\_\_\_ or Entire Net Amount

3. 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.