

MIDDLESEX SHERIFF'S OFFICE

APPLICATION FOR EMPLOYMENT

JAMES V. DIPOLA, SHERIFF

400 Mystic Ave., Medford, MA 02155

Position Applied for: _____

Date: _____

PERSONAL DATA:

Name (Last) (First) (Middle Name/Initial) (_____) Telephone Number

Address (Street & Number) (City/Town) (State) (Zip Code)

Previous Address if at above address less than three (3) years:

Person to contact in case of emergency: (_____) Telephone Number

Are you a Citizen of the U.S.? (YES or NO) If not, birth place _____

EDUCATION AND/OR TRAINING:

High School Address City/Town State Zip Code Years Completed/Diploma

College/University Address City/Town State Zip Code Years Completed/Degree

Specialized Training

Military Service Branch Highest Rank Dates Served Reserve Status

EMPLOYMENT: (PLEASE LIST ALL EMPLOYMENT STARTING WITH MOST RECENT)

MAY WE CONTACT PRESENT EMPLOYER? YES: _____ NO: _____

Employer's Names Address Dates of Employment

Position Held Salary Name of Supervisor Telephone Number

Employer's Names Address Dates of Employment

Position Held Salary Name of Supervisor Telephone Number

THE MIDDLESEX SHERIFF'S OFFICE IS A SMOKE FREE ENVIRONMENT

OTHER:

HAVE YOU EVER BEEN CONVICTED OF A FELONY: YES OR NO
IF YES, PLEASE EXPLAIN: _____

DO YOU HAVE ANY RELATIVES WORKING IN THE MIDDLESEX SHERIFF'S OFFICE?
IF YES, PLEASE COMPLETE:

NAME **RELATIONSHIP**

REFERENCES: PERSONS WHO CAN COMMENT ON YOUR WORK PERFORMANCE AND/OR PERSONAL REFERENCES:

NAME **RELATIONSHIP** **TELEPHONE NUMBER**

NAME **RELATIONSHIP** **TELEPHONE NUMBER**

NAME **RELATIONSHIP** **TELEPHONE NUMBER**

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

CERTIFICATION: I hereby certify that any and all statements which I have set forth in this application are true and correct as to the best of my knowledge. I also recognize that any false answers, mis-statement or omissions made herein, may subject me to discharge in the event that I am hired. I hereby give the Middlesex Sheriff's Office the right to verify any statement made by me concerning my experience, reputation, character, abilities and qualifications for employment, and I agree to release from all liability or responsibility all persons, companies, or corporations supplying such information. I understand that it is the intention of the Middlesex Sheriff's Office to hire only individuals who are U.S. Citizens or Aliens authorized to work in the United States of America.

Signature of Applicant

Date of Application

PLEASE ATTACH ANY ADDITIONAL INFORMATION HELPFUL IN EVALUATING YOUR QUALIFICATIONS.

THE MIDDLESEX SHERIFF'S OFFICE IS AN EQUAL OPPORTUNITY EMPLOYER. CONSIDERATION FOR EMPLOYMENT AND EMPLOYMENT PRACTICES ARE NOT BASED ON RACE, COLOR, RELIGION, SEX, AGE HANDICAP, DISABILITY, OR NATIONAL ORIGIN.

VOLUNTARY AFFIRMATIVE ACTION INFORMATION
COMPLETION OF THE INFORMATION BELOW IS VOLUNTARY

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION MARITAL STATUS, SEX, SEXUAL ORIENTATION, AGE, NATIONAL ORIGIN, QUALIFIED DISABILITY, VETERAN STATUS OR ANY OTHER LEGALLY PROTECTED STATUS.

DATE: _____

APPLICANT'S NAME: _____

POSITION APPLIED FOR: _____

REFERRAL SOURCE:

_____ NEWSPAPER AD	_____ EMPLOYEE	_____ GOVERNMENT EMPLOYMENT AGENCY
_____ WALK-IN	_____ SCHOOL	_____ SCHOOL PLACEMENT OFFICE
_____ JOB FAIR	_____ RELATIVE	_____ OTHER

NAME OF SOURCE (IF APPLICABLE) _____

As required, we comply with government regulations including Affirmative Action obligations where they apply. In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that this survey is not part of your official application for employment. It is considered confidential information and will not be used in any hiring decision.

GOVERNMENT REQUESTED INFORMATION:

CHECK ONE: _____ MALE _____ FEMALE

RACE/ETHNIC GROUPS: _____ White _____ Hispanic _____ Black
_____ AMERICAN INDIAN/ALASKAN NATIVE _____ ASIAN/PACIFIC ISLANDER _____ Other

SPECIAL NOTICE TO VIETNAM ERA VETERANS, DISABLED VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS OR DISABILITIES:

THE MIDDLESEX SHERIFF'S OFFICE IS SUBJECT TO THE VIETNAM ERA VETERANS READJUSTMENT ACT OF 1974 AND THE REHABILITATION ACT OF 1973 AND IS REQUIRED TO TAKE AFFIRMATIVE ACTION TO EMPLOY, AND ADVANCE IN EMPLOYMENT, QUALIFIED DISABLED VETERANS AND VETERANS OF THE VIETNAM ERA AND QUALIFIED HANDICAPPED INDIVIDUALS.

YOU ARE INVITED TO VOLUNTEER THIS INFORMATION, IF YOU QUALIFY, TO ASSIST IN PROPER PLACEMENT AND DETERMINING REASONABLE ACCOMMODATION. THIS INFORMATION WILL BE CONSIDERED CONFIDENTIAL, AND REFUSAL TO PROVIDE THIS INFORMATION WILL NOT ADVERSELY AFFECT YOUR CONSIDERATION FOR EMPLOYMENT.

IF YOU WISH TO BE IDENTIFIED, PLEASE CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

_____ VIETNAM ERA VETERAN _____ DISABLED VERTERAN _____ HANDICAPPED INDIVIDUAL

**CONSENT TO BACKGROUND INVESTIGATION, AUTHORIZATION FOR
RELEASE OF INFORMATION AND LIABILITY WAIVER**

FULL NAME: _____
ADDRESS: _____
DATE OF BIRTH: _____ **PLACE OF BIRTH:** _____
FATHER'S NAME: _____ **MOTHER'S MAIDEN NAME:** _____
SOCIAL SECURITY NUMBER: _____

I, _____, having filed an application for a position with the Middlesex Sheriff's Office, hereby consent to have a background investigation made as to my moral character, reputation and fitness for that position and to have all information acquired during the course of such background investigation reported to the Middlesex Sheriff. I also agree to provide upon request any further information required in reference to my past record.

I, _____, further authorize and request every person, firm, company, Corporation, business governmental agency, court, former employer, and any other entity having control Of any documents, records, or other information pertaining to me (including without limitation Personnel files and charges or complaints filed against me both formal and informal, pending and closed), to furnish such documents, records, and other information to the Sheriff's representatives at their request for inspection and copying. My authorization and request shall continue in effect for one year from the date hereof unless and until I submit to the Middlesex Sheriff a signed, written revocation prior to that time. I waive any and all rights to inspect, copy, or compel disclosure of any documents, records, or other information acquired by or on behalf of the Sheriff as authorized herein.

I, _____, hereby release the Middlesex Sheriff, the Commonwealth of Massachusetts, their agents, servants, employees, and representatives, and any person, firm, company, corporation, business, governmental agency, court, former employer, and any other entity from any and all liability, loss, damage, costs, claims, and/or causes of action, including without limitations all claims of negligence, invasion of privacy, constitutional or civil rights violations, emotional distress, loss of consortium, and any other claims of injury or loss, which arise out of any investigation into my background made by or on behalf of the Sheriff' Office and/or the disclosure, furnishing, inspection, or withholding of documents, records or other information pertaining to me.

I, _____, further acknowledge that I have read and understood this form in Its entirety and that I have given the above consent, authorization, and release knowingly, willingly, and Voluntarily.

SIGNATURE

WITNESS

DATE: _____

NOTICE TO ALL APPLICANTS

PLEASE NOTE:

APPLICANTS MUST ANSWER ALL QUESTIONS CONTAINED IN THE JOB APPLICATION EXCEPT THOSE DESIGNATED "OPTIONAL". IF A QUESTION IS NOT APPLICABLE, YOU SHOULD ANSWER "NA". ILLEGIBLE OR INCOMPLETE JOB APPLICATIONS WILL NOT BE CONSIDERED.

THE MIDDLESEX SHERIFF'S OFFICE IS AN EQUAL OPPORTUNITY EMPLOYER. THE MIDDLESEX SHERIFF'S OFFICE DOES NOT DISCRIMINATE ON THE BASIS OF RACE RELIGION, COLOR, SEX, SEXUAL ORIENTATION, AGE, NATIONAL ORIGIN, OR DISABILITY. DISABLED APPLICANTS MAY REQUEST ACCOMMODATIONS TO FACILATE THEIR PARTICIPATION IN THE JOB APPLICATION PROCESS.

APPLICANTS SHOULD DIRECT ANY QUESTIONS REGARDING THE JOB APPLICATION AND REQUESTS FOR ACCOMMODATIONS TO THE PERSONNEL DEPARTMENT OF THE MIDDLESEX SHERIFF'S OFFICE. THE TELEPHONE NUMBER IS 1-978-667-1711 EXT. 3250.

TO BE CONSIDERED FOR EMPLOYMENT AS AN OFFICER WITH THE MIDDLESEX SHERIFF'S OFFICE THE APPLICANT MUST SATISFY ALL OF THE FOLLOWING INFORMATION/QUALIFICATIONS:

- 1. PRESENT A COPY OF A HIGH SCHOOL DIPLOMA OR G.E.D. CERTIFICATE**
- 2. PRESENT A COPY OF YOUR BIRTH CERTIFICATE**
- 3. PRESENT A COPY OF A DD-214 (IF THE APPLICANT SERVED IN MILITARY)**
- 4. PASS A CRIMINAL RECORD CHECK**
- 5. PASS A BACKGROUND INVESTIGATION**
- 6. PASS A WRITTEN SKILLS TEST, PHYSICAL FITNESS TEST, AND ORAL INTERVIEW**
- 7. PROOF OF UNITED STATES CITIZENSHIP**
- 8. PASS A PHYSICAL EXAMINATION (IF A CONDITIONAL OFFER OF EMPLOYMENT HAS BEEN EXTENDED) WHICH INCLUDES:**
 - A: A DETERMINATION THAT THE APPLICANT IS FIT TO PERFORM A CORRECTION OFFICER'S ESSENTIAL FUNCTIONS; AND**
 - B. DRUG SCREENING TESTS**
- 9. MUST NOT POSE A DIRECT THREAT TO THE HEALTH OR SAFETY OF OTHERS IN THE WORKPLACE, AND**
- 10. POSSESS ABILITY TO PERFORM ALL ESSENTIAL FUNCTIONS OF THE POSITION WITH OR WITHOUT REASONABLE ACCOMODATIONS**

IN ADDITION, ALL NEWLY HIRED OFFICERS MUST:

- 1. SUCCESSFULLY COMPLETE THE BASIC TRAINING ACADEMY, AND**
- 2. SUCCESSFULLY COMPLETE A SIX MONTH PROBATIONARY PERIOD OF EMPLOYMENT.**

FAILURE TO COMPLY WITH ANY OF THE REQUIREMENTS LISTED ABOVE CONSTITUTES JUST CAUSE FOR DISCHARGE.

