



*Suffolk County Sheriff's Department
application for employment*

To All Applicants

The Suffolk County Sheriff's Department is an equal opportunity employer. It does not discriminate on the basis of race, religion, color, sex, sexual orientation, age, national origin, or disability of qualified applicants who can perform the essential functions of the position applied for with or without reasonable accommodation.

Please note that it is unlawful in Massachusetts to require or administer a Lie Detector test as a condition of employment. Violation of said law subjects said employer to Criminal penalty and civil liability.

Nothing on this application is intended to create or imply a contractual relationship. If hired, the employee understands that employment is "at will" during the first eighteen month probationary period and during this time, can be terminated with or without cause at any time.

PERSONAL INFORMATION

Date: _____

Name: _____
Last First Middle Maiden

Address: _____
Street City State Zip Code

Home Telephone: (____ __) ____ - ____ Cell #: _____

Social Security #: ____ - ____ - ____ Date of Birth: _____

Please list any other names you have been known by so that we may verify your identity, employment and educational history. _____

PREVIOUS RESIDENCES

List chronologically ALL of your previous residences in the past 10 years. Include addresses while attending school and all military addresses including any military base. If additional space is needed, please use the back page of this application.

Month Year		Street	City	State
____/____	to ____/____	_____	_____	_____
____/____	to ____/____	_____	_____	_____
____/____	to ____/____	_____	_____	_____
____/____	to ____/____	_____	_____	_____
____/____	to ____/____	_____	_____	_____

REFERRAL INFORMATION

How were you referred to us? Please check the appropriate line and write in the name of source.

- | | |
|---|--|
| <input type="checkbox"/> Employee _____ | <input type="checkbox"/> Advertisement _____ |
| <input type="checkbox"/> Community Organization _____ | <input type="checkbox"/> School _____ |
| <input type="checkbox"/> Website _____ | <input type="checkbox"/> Walk-in _____ |
| <input type="checkbox"/> Government Agency _____ | <input type="checkbox"/> Job Fair _____ |
| <input type="checkbox"/> Other _____ | |

POSITION INFORMATION

Position desired: _____ Salary expectation: _____

Position type: Full-Time Part-Time Temp. Intern. Summer

Date available: _____

Please provide the following information unless it has been officially annulled, expunged, or sealed by the court:

SEALED RECORD NOTICE: An applicant for employment with a sealed record on file with the Commissioner of Probation may answer “no record” with respect to an inquiry herein relative to prior arrest, court appearances, and adjudication in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the Superior Court for criminal prosecution.

Have you ever been convicted of a felony? YES NO
If yes, please provide full details: _____

Were you ever imprisoned for a felony conviction? YES NO
If yes, when and where? _____

Within the past five (5) years, have you been convicted of a misdemeanor with the exception of a first conviction for public drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace? YES NO
If yes, please provide full details: _____

Should you be offered employment, do you agree and understand that a medical examination and drug test is a requirement of employment? YES NO

EDUCATION INFORMATION

Dates Attended Mo/Yr	School Name (High School, College, etc)	City/State	No. of Years Completed	Graduated Yes/No	Diploma/ Degree
_____	H.S. _____	_____	_____	_____	_____
_____	College _____	_____	_____	_____	_____
_____	Grad.Sch. _____	_____	_____	_____	_____
_____	Other _____	_____	_____	_____	_____

Indicate any languages other than English you are fluent in, read and/or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills that may relate to the position you have applied for.

If you have ever served in the Armed Forces, including the Reserves, complete the following. *(Upon hire, a copy of your DD214 is required)*

Branch

Type, place and date of discharge

Any special training or skills

Duties performed

Reserve Obligations (list branch and unit)

EMPLOYMENT EXPERIENCE

1. _____ Dates Employed _____
_____ - _____
Employer mo/yr mo/yr Position/Job Title _____

Address _____

Telephone Number(s) _____ Hourly Rate/Salary _____

Supervisor _____ \$ _____ Starting \$ _____ Final

Reason for Leaving _____

May we contact this employer? YES NO
If no, please state reason: _____

2. _____ Dates Employed _____
_____ - _____
Employer mo/yr mo/yr Position/Job Title _____

Address _____

Telephone Number(s) _____ Hourly Rate/Salary _____

Supervisor _____ \$ _____ Starting \$ _____ Final

Reason for Leaving _____

May we contact this employer? YES NO
If no, please state reason: _____

3.

Dates Employed

Employer

_____-_____
mo/yr mo/yr

Position/Job Title

Address

Telephone Number(s)

Hourly Rate/Salary

Supervisor

\$_____
Starting

\$_____
Final

Reason for Leaving

May we contact this employer? YES NO

If no, please state reason: _____

4.

Dates Employed

Employer

_____-_____
mo/yr mo/yr

Position/Job Title

Address

Telephone Number(s)

Hourly Rate/Salary

Supervisor

\$_____
Starting

\$_____
Final

Reason for Leaving

May we contact this employer? YES NO

If no, please state reason: _____

REFERENCE INFORMATION

(List three persons not related to you, who can comment on your work and/or education experience)

1.

Name	Address	Phone
Occupation	Relationship	Years Known

2.

Name	Address	Phone
Occupation	Relationship	Years Known

3.

Name	Address	Phone
Occupation	Relationship	Years Known

Person to notify in case of an Emergency:

Name: _____ Telephone: _____

Address: _____

Relationship: _____

RELATIVES

All applicants must give complete information concerning their relatives. If you have been married more than once, give the requested information concerning each former spouse. Even though a relative is deceased, give all the information requested, and indicate last residence and year of death. If you have step-parents, legal guardians or others who have reared you instead of your biological parents, the requested information should also be furnished about them.

a. Father

b. Mother

Name

Name

Address

Address

Birth Date

Place of Birth

Birth Date

Place of Birth

Occupation

Occupation

Name and Address of Employer

Name and Address of Employer

c. Spouse (include maiden name and/or all ex-spouse(s))

Name

Address

Birth Date

Place of Birth

Occupation

Name and Address of Employer

CERTIFICATION AND AUTHORIZATION

Please read carefully and initial each section. If you have any questions regarding these statements, please discuss them with a Human Resources Representative before signing.

- _____ 1. I hereby affirm that I have read and understand this application and that the information which I have provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I agree that any omission or falsified information shall subject me to disqualification from further consideration for employment and may be considered justification for my *immediate dismissal* if discovered at a later date.

- _____ 2. I understand that if I am offered employment, I will be required to satisfy the requirements of Immigration Reform and Control Act of 1986 by showing eligibility for legal employment in the United States within three business days of the date of employment.

- _____ 3. I understand that the employment application is not a contract of employment, that employees of the Suffolk County Sheriff's Department are employees at will and if I am hired, I may terminate the employment relationship at any time, with or without cause. I understand that no other oral or written statements to the contrary have been made.

- _____ 4. I authorize the Suffolk County Sheriff's Department or its agents to investigate my background, credit records, previous work experience, education including transcripts, and qualifications, as well as contact my previous employers. I hereby release from liability any person or organization providing information about me to the Suffolk County Sheriff's Department.

I acknowledge that I have read and fully understand this application, including the above statements and the authorization for a background investigation.

Signature of Applicant

Date

**AUTHORITY FOR RELEASE OF INFORMATION
SUFFOLK COUNTY SHERIFF'S DEPARTMENT**

I, _____, DOB: _____

Address

Place of Birth

Father's Name

Mothers Maiden Name

Social Security Number _____ - _____ - _____

Having filed an application for employment with the Suffolk County Sheriff's Department, consent to have an investigation made as to my moral character, reputation, and fitness for the position for which I have applied and to have such information as may be received, reported to the appointing authority. I agree to supply any further information which may be required in reference to my past.

I authorize and request every person, firm, company, corporation, governmental agency (including any uniformed branch of the United States Armed Forces), court, association or institution having control of any documents, records, and other information, pertaining to me, to furnish to the Suffolk County Sheriff's Department any such information, including records, documents, files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Suffolk County Sheriff's Department or any of its representatives to inspect and make copies of such documents, records, and other information and where such documents or information are supplied on the condition that the Suffolk County Sheriff's Department hold them in confidence. I waive my right to have such documents or information made available to me.

I hereby release, discharge, and exonerate the Suffolk County Sheriff's Department, its agents and representatives, and any person furnishing information from any and all liability of every nature and kind rising out of the furnishing, inspection, or withholding of such documents, records, and other information or the investigations made by or on behalf of the Suffolk County Sheriff's Department.

This authority shall not be revoked during the effective period from the date hereof to the date of the revocation, if any, and shall continue for one calendar year unless sooner revoked in writing by the undersigned.

Signature

Date

Witness

Date

Revised 04-03-2008