



## **POSITION DESCRIPTION**

### **Correction Officer or Jail Officer**

#### GENERAL STATEMENT OF DUTIES AND RESPONSIBILITIES

As public servants, correction/jail officers employed by the Suffolk County Sheriff must conduct themselves in an exemplary manner both on and off duty. They must know and scrupulously observe the Department's standards of employee conduct.

Officers ensure the care, custody and control of inmates in accordance with Department policies and procedures. To provide such care, custody and control, officers must tour assigned areas (which requires them in some cases to periodically climb approximately 10-15 stairs); observe inmate activity in person and on closed-circuit monitors; identify inmates who have behavioral, medical or other problems so that appropriate safety and security measures may be taken; and perform general security duties to prevent escape, disorder, rule infractions and harm to inmates, visitors and staff. The general security duties performed by officers require them to search inmates, visitors, cells and other areas for weapons and contraband; monitor and regulate inmate and staff movement; maintain and record inmate counts, cell assignments and other pertinent information; escort inmates within and outside the institution; use and maintain keys and other equipment; and supervise inmate work details. Specific security duties vary by post assignment. Depending on post assignment, both the general and specific security duties range from sedentary to very active in nature.

Officers are supervised and directed by superior officers and must be able to understand and carry out moderately complex oral and written instructions. They are required to prepare accurate written reports and communicate orally and in writing with their superior officers, inmates and staff. If so directed, officers must respond to emergency situations, including incidents involving inmate violence. Depending on assignment, they must be able to respond to such situations by employing emergency equipment, restraints, weapons (including, in certain limited circumstances, firearms) and force when necessary. They must also lift equipment, perform assisted lifting of inmates, exercise sound judgment, and work under pressure in stressful situations.

All officers must participate in training and may be eligible for special, temporary, and/or provisional assignments and duties. Such assignments and duties include transportation, maintenance, entrance control, public affairs, communications, key control, warehouse receiving, property, booking, field supervision, gang intelligence, kitchen, and canteen management.

In keeping with the requirements of both federal and state laws, it is the policy of the Suffolk County Sheriff to make reasonable accommodations to any employee's physical restrictions, whether arising out of a work-related incident or not, and no post or position is exempt from consideration; the specific accommodations of course depend on the employee's specific physical restrictions.

#### SUPERVISION RECEIVED

The rank of officer is the initial rung in a chain-of-command ladder that culminates in the Superintendent, who has overall responsibility for the institution. Officers work under the direct supervision of a sergeant and/or one or more corporals who review work for compliance with regulations. Officers also work under the general supervision of Lieutenants and Captains, one of whom is the Shift Commander and the official responsible for the actions and performance of all uniformed officers assigned to a particular shift.

#### ESSENTIAL FUNCTIONS OF POSITION

1. Regular, punctual and predictable attendance at assigned workplace and post;
2. Knowledge of, compliance with, and enforcement of Department policies and procedures;
3. Patrolling assigned areas (which may include two-tiered areas with approximately 10-15 stairs) for extended time periods while performing general security duties;
4. Obeying moderately complex oral and written orders;
5. Observing inmate and staff activity in person and on closed circuit TV monitors;
6. Searching cells, footlockers, housing units, yards and other areas;

## **POSITION DESCRIPTION**

### **Correction Officer or Jail Officer (cont.)**

#### ESSENTIAL FUNCTIONS OF POSITION (continued)

7. Frisking inmates and performing strip searches;
8. Listening for possible disturbances;
9. Maintaining inmate counts, making accurate written entries in log books, and preparing accurate written reports;
10. Opening and closing doors, cells and gates either manually or electronically;
11. Communicating orally and in writing;
12. Using communication, emergency and other equipment;
13. Applying handcuffs, other restraints and safety devices;
14. Performing restraining and self-defense techniques;
15. Lifting emergency equipment (e.g. fire extinguisher, defibrillator) and performing assisted lifting of inmates;
16. Participation in training;
17. Dealing effectively with inmates one-on-one and in large groups;
18. Dealing calmly and effectively with stressful situations, including emergencies; and
19. Exercising sound judgment.

#### MINIMUM PHYSICAL REQUIREMENTS FOR ESSENTIAL FUNCTIONS

Physical requirements common to the essential duties of MOST positions necessitate the ability to:

1. sit or stand periodically for 8 hours;
2. lift up to 15 pounds;
3. carry up to 5 pounds;
4. climb stairs;
5. walk and run short distances;
6. write or type; and
7. physically restrain an inmate.

The minimum physical requirements for the essential duties of ALL officer positions necessitate ability to:

1. sit or stand periodically for 8 hours;
2. lift/carry up to 5 pounds;
3. occasionally climb stairs;
4. walk short distances; and
5. write or type.

#### ADDITIONAL FUNCTIONS OF POSITION

1. Carrying and discharging a firearm;
2. Carrying and defensive use of baton;
3. Applying handcuffs and other restraint devices;
4. Operating a Department motor vehicle;
5. Performing computer assisted work;
6. Lifting more than 50 pounds (e.g. Scott Air Pack);
7. Performing routine maintenance work;
8. Working outdoors in all types of weather; and
9. Other tasks as may be assigned.

## **ELIGIBILITY REQUIREMENTS FOR CORRECTION OFFICERS**

To be considered for employment by the Suffolk County Sheriff, applicants must satisfy each of the following requirements upon request:

### **PRIOR TO OFFER**

1. Present an original high school diploma or G.E.D. certificate;
2. Present an original birth certificate;
3. Present an original (or verified copy) of a DD-214 (only if applicant was in the military);
4. Present an original Social Security card;
5. Present an original and valid driver's license;
6. Prove United States citizenship;
7. Pass a criminal records check;
8. Pass a background investigation;
9. Pass a written skills test, an Adult Basic Education test, and oral interview, and a physical fitness test; and
10. Submit to, and successfully pass, a drug test.

### **AFTER CONDITIONAL OFFER OF EMPLOYMENT**

Pass a physical examination which includes a determination that the applicant is capable of performing the essential functions of the position offered

### **AFTER HIRE**

1. Successfully complete a required course of basic corrections training
2. Successfully complete an 18-month probationary period.

**Andrea J. Cabral**  
**Suffolk County Sheriff**  
**20 Bradston Street Boston, MA 02118 (617) 635-1000**

APPLICATION FOR EMPLOYMENT

*This application must be completed in its entirety. Print legibly, even if you intend to attach a resume or supplemental documentation. If additional space is required in any area, please use an additional sheet utilizing the same format.*

*The Suffolk County Sheriff 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, either with or without reasonable accommodation.*

**POSITION INFORMATION**

Position desired: \_\_\_\_\_ Salary expectation: \_\_\_\_\_

Position type:     Employee     Non-benefit Employee     Independent Contractor     Intern     Volunteer

**PERSONAL INFORMATION**

Name:

\_\_\_\_\_

Last	First	Middle	Maiden
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Address:

\_\_\_\_\_

Street	City	State	Zip Code
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Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Please list any other names you are or have been known by: \_\_\_\_\_

Gender (**optional**): [ ] M [ ] F Race (**optional**): [ ] Asian [ ] Black [ ] Caucasian [ ] Hispanic [ ] Native American [ ] Other

**EDUCATION INFORMATION**

DATES ATTENDED	SCHOOL NAME	CITY/STATE	NO. YEARS COMPLETED	GRADUATE YES/NO	DIPLOMA/DEGREE DATE
MO/YR      MO/YR					
____/____ to ____/____	HIGH	_____	_____	_____	_____
____/____ to ____/____	COLLEGE	_____	_____	_____	_____
____/____ to ____/____	GRADUATE	_____	_____	_____	_____
____/____ to ____/____	OTHER	_____	_____	_____	_____

Indicate fluency in languages other than English: [ ] Spanish [ ] Vietnamese [ ] French [ ] Chinese [ ] Other: \_\_\_\_\_

**PREVIOUS RESIDENCES** (*List ALL of your previous residences, including schools and military posts, during the past 10 years*)

MO/YR	MO/YR	STREET	CITY OR TOWN	STATE	ZIP
____/____	to ____/____	_____	_____	_____	_____
____/____	to ____/____	_____	_____	_____	_____
____/____	to ____/____	_____	_____	_____	_____
____/____	to ____/____	_____	_____	_____	_____
____/____	to ____/____	_____	_____	_____	_____

**RELATIVES**

*Information concerning relatives must be fully completed even if they are deceased. This includes stepparents and legal guardians. If you are currently or formerly married you must list information for each spouse.*

**FATHER**

**MOTHER**

**SPOUSE**

_____ Name		_____ Name		_____ Name	
_____ Street		_____ Street		_____ Street	
_____ City/State/Zip		_____ City/State/Zip		_____ City/State/Zip	
_____ Birth Date	_____ Place of Birth	_____ Birth Date	_____ Place of Birth	_____ Birth Date	_____ Place of Birth
_____ Occupation		_____ Occupation		_____ Occupation	
_____ Name of Employer		_____ Name of Employer		_____ Name of Employer	
_____ Address		_____ Address		_____ Address	
_____		_____		_____	

**GENERAL INFORMATION**

YES    NO

    Have you ever been employed by the Suffolk County Sheriff? If yes, please state when, where and reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

    Have you ever applied for a position with the Suffolk County Sheriff before? If yes, please indicate when: \_\_\_\_\_

    Are you related to an employee of the Suffolk County Sheriff? If yes, list name(s) and your relationship: \_\_\_\_\_  
\_\_\_\_\_

    May we contact you, with discretion, at your current place of employment? Phone number: \_\_\_\_\_

    Are you a U.S. citizen?

    Are you available to work overtime, weekends and nights? If no, explain: \_\_\_\_\_  
\_\_\_\_\_

    Are you presently on lay-off status from another employer and subject to recall?

    Do you have a valid driver's license? If yes, license #. \_\_\_\_\_ State of issue: \_\_\_\_\_

    Have you applied to any other law enforcement agency for employment? If yes, please identify name and date applied: \_\_\_\_\_  
\_\_\_\_\_

    Do you have any specialized training, skills, licenses, certifications or apprenticeships? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

1.	_____	_____	_____	_____	_____
	Name	Occupation	Relationship	Years known	Phone
2.	_____	_____	_____	_____	_____
	Name	Occupation	Relationship	Years known	Phone
3.	_____	_____	_____	_____	_____
	Name	Occupation	Relationship	Years known	Phone

**EMPLOYMENT HISTORY** (Please list your employment in the past ten (10) years, and include any relevant volunteer work experience.)

1. EMPLOYER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
DATES EMPLOYED (MO/YR): \_\_\_\_\_ to \_\_\_\_\_ PAY RATE: \$ \_\_\_\_\_/hour OR \$ \_\_\_\_\_/week  
POSITION/JOB TITLE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_ MAY WE CONTACT:  YES  NO If no, reason: \_\_\_\_\_

2. EMPLOYER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
DATES EMPLOYED (MO/YR): \_\_\_\_\_ to \_\_\_\_\_ PAY RATE: \$ \_\_\_\_\_/hour OR \$ \_\_\_\_\_/week  
POSITION/JOB TITLE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_ MAY WE CONTACT:  YES  NO If no, reason: \_\_\_\_\_

3. EMPLOYER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
DATES EMPLOYED (MO/YR): \_\_\_\_\_ to \_\_\_\_\_ PAY RATE: \$ \_\_\_\_\_/hour OR \$ \_\_\_\_\_/week  
POSITION/JOB TITLE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_ MAY WE CONTACT:  YES  NO If no, reason: \_\_\_\_\_

4. EMPLOYER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
DATES EMPLOYED (MO/YR): \_\_\_\_\_ to \_\_\_\_\_ PAY RATE: \$ \_\_\_\_\_/hour OR \$ \_\_\_\_\_/week  
POSITION/JOB TITLE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_ MAY WE CONTACT:  YES  NO If no, reason: \_\_\_\_\_

IF YOU HAVE WORKED FOR ANY OTHER EMPLOYERS DURING THE LAST 10 YEARS, LIST THEM IN THIS FORMAT ON A SEPARATE SHEET

Please explain any gaps in your employment history: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been terminated or asked to leave a place of employment? [ ] NO [ ] YES If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

**MILITARY SERVICE INFORMATION** *If you have ever served in the US Armed Forces, complete the following:*

Branch: [ ] Army [ ] Navy [ ] Air Force [ ] Marine Corps [ ] Coast Guard Type of discharge \_\_\_\_\_

Place of discharge: \_\_\_\_\_ Date of discharge: \_\_\_\_\_

Specialty: \_\_\_\_\_ Special training or skills: \_\_\_\_\_

**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 that I have provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I understand that any omission or falsified information shall subject me to disqualification from further consideration for employment and will 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 the Immigration Reform and Control Act of 1986 by showing eligibility for legal employment in the United States within three (3) business days of the date of employment.
- \_\_\_\_\_ 3. I understand that this employment application is not a contract of employment, and that if hired, my employment will be considered "at will" during the initial eighteen (18) month probationary period during which I could be terminated at any time either with or without cause, and that no other oral or written statements to the contrary have been made.
- \_\_\_\_\_ 4. I understand that any offer of employment will be contingent upon undergoing and successfully passing both a physical examination and a screening for alcohol and/or drugs.
- \_\_\_\_\_ 5. I understand that any offer of employment will be contingent upon a satisfactory criminal background check.
- \_\_\_\_\_ 6. I authorize the Suffolk County Sheriff or her agents to investigate my background, credit records, previous work experience, education (including transcripts), and qualifications, as well as contact my previous employers.

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

- |   |  |
|---|--|
| <input type="checkbox"/> Employee/Other _____         | <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 _____      |

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date signed

**ATTENTION ALL APPLICANTS**

*Please submit completed application in an envelope addressed as follows:*

*Suffolk County Sheriff's Department  
Attn: Recruitment Office  
20 Bradston Street  
Boston, MA 02118*

**AUTHORITY FOR RELEASE OF INFORMATION**

FULL NAME OF APPLICANT: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

Having filed an application for employment by the Suffolk County Sheriff, I hereby consent to have an investigation conducted into my moral character, reputation, and fitness for the position for which I have applied, and to have such information as may be received or reported to the Sheriff. I agree to supply any further information that 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 or her agents 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 or any of its agents to inspect and make copies of such documents, records, and other information. Where such documents or information are supplied on the condition that they be held in confidence, I waive my right to have such documents or information made available to me. Specifically, I authorize the release of all criminal offender record information.

I hereby release, discharge, and exonerate the Suffolk County Sheriff, her 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, as well as for the investigation made by or on behalf of the Suffolk County Sheriff.

This authority shall remain in force for one year from the date of signature, unless sooner revoked by me in writing.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date signed