

### 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

Address: \_\_\_\_\_  
Street City State Zip Code

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 MO/YR MO/YR	SCHOOL NAME	CITY/STATE	NO. YEARS COMPLETED	GRADUATE YES/NO	DIPLOMA/DEGREE DATE
____/____ 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 \_\_\_\_\_  
POSITION/JOB TITLE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_ MAY WE CONTACT:  YES  NO If no, reason: \_\_\_\_\_

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

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

4. EMPLOYER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
DATES EMPLOYED (MO/YR): \_\_\_\_\_ to \_\_\_\_\_  
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 his 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 Department  
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 his 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, his 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

**DISCLOSURE OF NAMES OF FAMILY MEMBERS WHO  
ARE STATE EMPLOYEES**

**Disclosure Required by G.L. c. 268A, Sec. 6B**

**Name of Applicant for Employment:** \_\_\_\_\_

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

Is your spouse, parent, brother, sister or child, or the spouse of your parent, brother, sister or child, a state employee?

Yes      No

If you answered Yes, please list below the name(s) of any state employee who is your spouse, parent, brother, sister or child, or who is the spouse of your parent, brother, sister or child, and indicate their relationship to you. Please also list the name of the state agency that employs those relatives.

**NOTE:** For purposes of this disclosure, a “state employee” is a person holding a paid or unpaid office, position, employment or membership in a Massachusetts state agency. For purposes of this disclosure, a “state agency” is any department of Massachusetts state government, including any department or agency within the executive, legislative or judicial branch, and all councils thereof and thereunder, and any division, board, bureau, commission, institution, tribunal or other instrumentality within such department or agency, and any independent state authority, commission, instrumentality or agency, but NOT INCLUDING an agency of a county, city or town.

<b>Name of Relative</b>	<b>Relationship to Applicant</b>	<b>Name of State Agency</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____