

BARNSTABLE COUNTY SHERIFF'S OFFICE

Integrity Professionalism Compassion Teamwork

James M. Cummings, Sheriff



APPLICATION FOR EMPLOYMENT

Position Applied For: _____

Date: _____

The Barnstable County Sheriff's Office is an equal opportunity employer. It is the Department's policy to abide by all federal, state and local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any discrimination or employment law, nor will any information obtained in response to any question be used in violation of any such law.

APPLICATION FOR EMPLOYMENT

TO APPLICANT: READ THE FOLLOWING **CAREFULLY** BEFORE ANSWERING QUESTIONS IN THE FOLLOWING SECTION.

The Federal Civil Rights Act of 1964 and Massachusetts anti-discrimination laws prohibit discrimination in employment because of race, color, creed, religion, sex, national origin, age, sexual orientation or disability. Federal and state laws also prohibit discrimination based on citizenship, veteran status, attainment of benefits, and participation in union activities. The Federal Fair Credit Reporting act imposes restrictions with respect to credit data.

In regard to questions concerning any past criminal history or criminal background checks, 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 arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer 'no record' with respect to any inquiry relative to prior arrests, court appearances and adjudications 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.

PERSONAL DATA:

Name	(Last)	(First)	(Middle Name/Initial)	Telephone Number
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Address	(Street & Number)	(City/Town)	(State)	(Zip Code)
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Mailing address if different: _____

Cell Phone Number: _____ Email Address: _____

Birth date	Place of Birth
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Person to contact in case of emergency:

Name	Relationship	Best way to contact them
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Are you a citizen of the U.S. (Yes or No) If not, birth place:

EDUCATION AND/OR TRAINING: Please provide copies of high school diplomas, GED certificates, college degrees

High School	Address	City/Town	State	Zip Code	Years Completed/Diploma
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College/University	Address	City/Town	State	Zip Code	Years/Completed/Degree
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Specialized Training

Military Service	Branch	Highest Rank	Dates Served	Reserve Status
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Please provide copy of military discharge paper, (DD-214)

EMPLOYMENT: PLEASE LIST MOST RECENT EMPLOYMENT

You may list volunteer work under employment.

MAY WE CONTACT PRESENT EMPLOYER? YES _____ NO _____

Employer's Name	Address	Dates of Employment
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Position Held	Salary	Name of Supervisor	Telephone Number
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Employer's Name	Address	Dates of Employment
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Position Held	Salary	Name of Supervisor	Telephone Number
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Are there any other experiences, skills, or qualifications which will be of special benefit in the job for which you are applying?
(Applicant should not list any information that Federal and/or State law precludes obtaining in the pre-employment stage)

I hereby authorize the Barnstable County Sheriff's Office, or its agents, to contact the employers listed above concerning my prior work experiences. I waive and release any right or claim that might arise, in the course of and resulting from this investigation, against Barnstable County, the Barnstable County Sheriff's Office, their officers, employees and agents, as well as any former or present employers, as well as their officers, employees, principals and agents. Such waiver and release will cover any right or claim arising from the communication or publication of the information gained, whether that information be true or untrue, actual or alleged, in statements made verbally, in writing or any other form of communication and publication.

Signature and Date: _____

If there is a particular employer(s) you do not wish us to contact, please indicate which one(s).

I have been provided a written job description for the position to which I have applied, and understand that this job description lists the essential job functions of the positions for which I have applied. By signing below I acknowledge that I have read and understand this job description.

Signature and Date _____

Based upon this job description are you able to perform each of the essential job functions listed for the position for which you have applied with or without reasonable accommodation? You may at this time request a reasonable accommodation for the position for which you are applying.

_____ (Yes or No). If no, list the function (s) you are unable to perform and why.

A copy of the Attendance Policy of the BCSO has been provided to you. Can you meet the attendance requirements of the job? How many days did you take leave last year? What was your attendance record at your prior place of employment? Please answer all three questions.

DO YOU HAVE ANY RELATIVES WORKING IN THE BARNSTABLE COUNTY SHERIFF'S OFFICE? YES _____ NO _____

IF YES, PLEASE COMPLETE:

NAME

RELATIONSHIP

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

List three references (not relations, former or present employers, fellow employees or school teachers) on the following page who are responsible adults and have reputable standing in their community.

Reference #1 Complete Name	Resident Address	Phone
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Number of Years Acquainted	Occupation	Business Address	Phone
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Reference #2 Complete Name	Resident Address	Phone
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Number of Years Acquainted	Occupation	Business Address	Phone
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Reference #3 Complete Name	Resident Address	Phone
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Number of years Acquainted	Occupation	Business Address	Phone
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Licenses

1. Have you ever been issued a firearms license? _____ Yes _____ No

Date issued: _____ Firearm License Number: _____

City/town where issued: _____

2. If the answer to "1" is Yes, was it ever revoked? _____ Yes _____ No

If YES, give details: _____

3. Are you a licensed automobile operator? _____ Yes _____ No

License Number: _____ State: _____

Do you have access to an automobile? _____ Yes _____ No

Make: _____ Registration: _____ State: _____

4. Has your license to operate motor vehicles in this state, or any other, ever been suspended or revoked?

_____ Yes _____ No

Languages

Indicate your proficiency in each phase of each foreign language as “none”, “good”, or “fluent”.

Language	Speak	Understand	Read	Write
Spanish				
French				
Italian				
German				
Russian				
Greek				
Chinese				
Other				

VOLUNTARY AFFIRMATIVE ACTION INFORMATION COMPLETION OF THE INFORMATION BELOW IS VOLUNTARY

WE CONSIDER APPLICATIONS 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: _____

APPLICANTS 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 AFRICAN AMERICAN

 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 Barnstable County 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 VETERAN HANDICAPPED INDIVIDUAL

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

PLEASE READ AND SIGN BELOW:

CERTIFICATION: I certify that the facts set forth in my application for employment are true, correct and complete to the best of my knowledge. I understand that if employed, any false statement, omission or misrepresentation of a material fact made in this application may result in my dismissal at any time. I understand that this application is not intended to be a contract of employment, nor does this application obligate the Sheriff’s Office to employ me.

Employees covered under collective bargaining agreements serve under the terms of those collective bargaining agreements. These employees are probationary employees for a probationary period (generally their first full year of actual service) and serve at the sole discretion of the Sheriff and may be terminated at any time during this probationary period without notice or hearing.

Employees not covered by collective bargaining agreements or provisions of state law may be removed from duty by the Sheriff. They serve as at will employees at the will and pleasure of the Sheriff. Such removal from office will proceed according to any applicable law.

I hereby give the Barnstable County 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 of any manner or form all persons, companies, or corporations seeking or supplying such information.

Signature of Applicant

Date of Application

I understand that any offer of employment with the Barnstable County Sheriff's Office will be contingent upon my successful completion of any post offer pre-employment physical examination that the Sheriff's Office may require. In order to be hired I must be able to perform all the essential functions for the position for which I am applying with or without reasonable accommodation. I also understand and agree that I may be required to undergo and successfully pass a screening for alcohol and/or drugs during the hiring process and if employed, as required by the Sheriff's Office.

Signature

Date

If you are a qualified handicapped individual and require a reasonable accommodation you may voluntarily disclose that request below: This information is intended for affirmative action requirements only. Providing this information is purely voluntary. Refusal to provide this information will not subject you to adverse treatment. This information will be kept confidential. If you request, this information will be kept separate and apart from your personnel file.

If there is any additional information that you would like to provide that would assist the Sheriff's Office in evaluating your application please note it below:

The Barnstable County Sheriff's Office is an equal opportunity employer. It is the Department's policy to abide by all federal, state and local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any discrimination or employment law, nor will any information obtained in response to any question be used in violation of any such law.

The information provided as Background Check Information comes under your prior certification in the application that the facts set forth herein are true and complete. That you understand that if employed, any false statement, omission or misrepresentation of a material fact made in this application may result in your dismissal at any time. The fact still holds that this application is not intended to be a contract of employment, nor does this application obligate the Sheriff's Office in any way to employ you.

Furthermore, your authorization in your application for the Barnstable County Sheriff's Office, or its agents, to contact the employers or references listed herein concerning your prior work experiences still holds. You hereby waive and release any right or claim that might arise, in the course of and resulting from this investigation, against Barnstable County, the Barnstable County Sheriff's Office, their principals and agents, as well as any former or present employers, their principals and agents and all other waivers and acknowledgments still hold.

PLEASE EITHER MAIL OR DROP OFF COMPLETED APPLICATION TO:

**BARNSTABLE COUNTY CORRECTIONAL FACILITY
HUMAN RESOURCES DEPARTMENT
6000 SHERIFF'S PLACE
BOURNE, MA 02532**

AUTHORITY TO RELEASE OF INFORMATION AND RELEASE OF ALL CLAIMS RESULTING FROM BACKGROUND INVESTIGATION

I, _____, residing at _____

Birth Date: _____ Social Security Number: _____

I certify that all facts that I have set forth in my application for employment with the Barnstable County Sheriff's Office are true and complete. I understand that if employed, any false statement, omission or misrepresentation of a material fact made in this application may result in my dismissal at any time. I understand that this release is not a contract of employment, nor does this release obligate the Sheriff's Department to employ me.

I understand that if hired I will be a probationary employee for a probationary period and serve at the sole discretion of the Sheriff and may be terminated at any time during this probationary period without notice or hearing. (See your applicable collective bargaining agreement for full definition of probationary period).

I authorize and request every person, agency, corporation or other entity that has control of any documents, records or other information pertaining to me to furnish such information to the Barnstable County Sheriff's Office, its officers, employees and agents.

I consent to having an investigation made into my moral character, reputation, and fitness for the position for which I have applied. I agree to give any further information which may be required of me by the Sheriff's Office. I understand that this authorization includes contacting the employers, individuals and references that I listed in my application, neighbors, or any other person or party that the Sheriff's Office deems necessary to contact.

I waive and release any right or claim that might arise, in the course of and resulting from this investigation. This waiver and release covers Barnstable County, the Barnstable County Sheriff's Office, their past, present and future officers, employees and agents. This waiver and release also covers any present or past employer, their officers, principals, employees and agents, as well as any person or party who respond to my background investigation. Such waiver and release will cover any right or claim arising from the communication or publication of the information gained, whether that information be true or untrue, actual or alleged, in statements made verbally, in writing or any other form of communication. I understand that such release and waiver includes but is not limited to claims such as defamation and slander.

Signature _____ Date _____

RECENT PHOTOGRAPH

2 1/2 X 2 1/4

Candidate's Name (Printed)

Last

First

M.I.
