

Barnstable County Sheriff's Office



James M. Cummings, Sheriff

Integrity Professionalism Compassion Teamwork

Application for Employment

The Barnstable County Sheriff's Office (BCSO) is an equal opportunity employer. It is BCSO'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.

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 relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer "no record" with respect to an 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.

Position Applied for: _____

Date: _____

PERSONAL DATA:

NAME (Last) (First) (Middle Name)

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

Mailing address if different: _____

EMAIL ADDRESS: _____

Cell Phone Number: _____

Date of Birth

Social Security Number

Are you a citizen of the U.S. YES

NO

If not, birth place _____

EDUCATION AND/OR TRAINING: (Copies of high school diploma, GED certificate and college degrees will be required during the background phase of the hiring process).

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

College/University	Address City/Town	State	Zip Code	Years Completed/Diploma
--------------------	-------------------	-------	----------	-------------------------

Specialized Training

Military Service	Branch	Highest Rank	Dates Served	Reserve Status
------------------	--------	--------------	--------------	----------------

Please provide a copy of military discharge paper (DD-214)

EMPLOYMENT: Please list most recent Employment (you may list volunteer work under employment)

May we contact your current Employer? Yes No

Employer's Name	Address	Dates of Employment
-----------------	---------	---------------------

Position Held	Salary	Name of Supervisor	Telephone Number
---------------	--------	--------------------	------------------

Employer's Name	Address	Dates of Employment
-----------------	---------	---------------------

Position Held	Salary	Name of Supervisor	Telephone Number
---------------	--------	--------------------	------------------

Are there any other experiences, skills or qualifications which will be of special benefit in the job for which you are applying? Indicate proficiency in any foreign language you speak. (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, its employees, officers and/or agents, to contact the employers listed above concerning my prior work experiences. I hereby waive and release any right or claim that might arise, in the course of and resulting from this investigation, against the Commonwealth of Massachusetts and/or 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 shall 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 in any other form of communication and publication.

Signature _____ Date _____

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 position for which I am applying. By signing below I acknowledge that I have read and understand this job description.

Signature _____ 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.

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

A copy of the BCSO Attendance Policy is attached to this Application, please read through and answer the following questions:

Can you meet the attendance requirements set forth the BCSO Attendance Policy? Yes No

How many days did you take leave last year? _____

What was your attendance record at your prior place of employment? _____

Do you have any relatives working at 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) who are responsible adults and have reputable standing in their community.

	Reference #1	Reference #2	Reference #3
Name			
Resident Address			
Phone Number			
Number of years acquainted			
Occupation			
Business Name			
Business Phone			

LICENSES

1. Have you ever been issued a firearm 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: _____

If the answer to 1 is "NO", is there any reason you are aware of that would prohibit you from being issued a firearm license? **Yes** **No**
If YES, give details: _____

All BCSO employees must have a valid Massachusetts Driver's License

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**
If YES, give details: _____

5. Professional Licenses:
Please provide information for any current and active professional licenses or certifications you hold relative to the position you applying for (i.e. plumber, dispatch certifications, teacher certifications, social worker):
Name of License/certification: _____
State of licensure/certification: _____
License/certification number: _____

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.
Any employer who violates this law shall be subject to criminal penalties and civil liability.

**MAIL, DROP OFF or EMAIL YOUR COMPLETED APPLICATION
AND ANY REQUIRED ATTACHMENTS TO:**

BARNSTABLE COUNTY CORRECTIONAL FACILITY
HUMAN RESOURCES DEPARTMENT
6000 SHERIFF'S PLACE
BOURNE, MA 02532
humanresources@bsheriff.net

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 Barnstable County Sheriff's Office to employ me.

Employees covered under collective bargaining agreements serve under the terms of those collective bargaining agreements. These employees are considered probationary employees for a certain period of time (generally their first full year of actual service) and serve at the sole discretion of the Sheriff. All probationary employees 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 employment will proceed according to any applicable law.

I hereby give the Barnstable County Sheriff's Office permission 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 understand 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, at any time during my employment as required by the Barnstable County Sheriff's Office.

Signature _____ **Date** _____

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

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

I, _____

Residing at: _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____

I hereby certify that all information provided in my Employment Application to the Barnstable County Sheriff's Office is true and complete to the best of my knowledge and belief. I understand that if employed, any false statement, omission or misrepresentation of a material fact made in this application may result in my termination as an employee of the Barnstable County Sheriff's Office. I understand that this release is not a contract of employment, nor does this release obligate the Barnstable County Sheriff's Office to employ me.

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/or 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 provide any further information which may be required of me by the Barnstable County Sheriff's Office. I understand that this authorization includes contacting the employers, individuals and references that I listed in my Application, as well as neighbors, or any other person or party that the Barnstable County Sheriff's Office deems necessary to contact.

I hereby waive and release any right or claim that might arise, in the course of and resulting from this investigation. This waiver and release covers the Commonwealth of Massachusetts, 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 provides information to the Barnstable County Sheriff's Office relative 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 by 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 ½ x 2 ¼

Candidate's Name (Printed):

Last

First

M.I.

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.

Name of Relative	Relationship to Applicant	Name of State Agency



**BARNSTABLE COUNTY SHERIFF'S OFFICE
POLICY AND PROCEDURE**

<i>Effective Date:</i> 11/30/2010 <i>Amended Date:</i> 03/05/2012 05/01/2013 10/22/2013 10/02/2015	<i>Approval:</i> 	<i>Number:</i> 201.07
<i>Title:</i> Attendance Policy <i>Section:</i> <i>Personnel</i>		
<i>ACA Standards:</i> N/A		
<i>Source:</i> N/A	<i>Annual Review Date:</i> 08/23/2017	<i>No. Pages</i> 03

POLICY:

The purpose of this document is to establish the Barnstable County Sheriff's Office (BCSO) policy to address the use of sick leave.

CANCELLATION:

This policy cancels all previous Sheriff's Office policy statements, bulletins, directives, orders, notices rules or regulations which are inconsistent with this policy.

APPLICABILITY:

This policy applies to all Sheriff's Office managers, employees, volunteers/student interns and contracted personnel.

ACCESS TO POLICY:

This policy will be maintained within the central policy file of the Sheriff's Office (Policy and Procedure Office) and will be accessible to all employees. The policy is available to all staff members electronically through the intranet.

PROCEDURE

Reporting to Work

All staff, unless specifically exempt, are required to use the BCSO time and attendance swipe system (Kronos) at the beginning and end of their shift. All staff shall be required to report to work when scheduled.

Tardiness

It is a requirement of the Barnstable County Sheriff's Office that all employees be on time for their scheduled shift. Excessive tardiness may result in disciplinary action.

Roll Call

If according to a collective bargaining agreement, an employee is entitled to roll call compensation or the employee is responsible for administering roll call, that employee is required to report for duty 15 minutes prior to the start of the scheduled shift.

Sick Leave

Sick leave shall be recorded by the fiscal calendar (July 1 through June 30). Sick leave of one and one-quarter (1.25) days per month shall accrue for each month of full-time service. Part-time employees shall accrue sick leave on a pro-rata basis. Sick leave may be accumulated up to a maximum of 200 days (1600) hours. Employees exceeding the maximum accumulation shall be allowed to maintain the accumulation, but not to accumulate any additional days. Any employee who uses sick leave, other than approved FMLA time, when they are out of accruals shall be deemed absent without leave (AWOL).

Extended Illness

Employees absent for an extended period of time may be required by the Sheriff or his designee to submit to periodic medical evaluations by a Sheriff's Office designated physician. An employee absent on an extended illness who has exhausted all their accumulated sick leave may utilize and vacation time or compensatory time due them before being dropped from the payroll. Some extended illnesses may qualify for the Family Medical Leave Act (FMLA), refer to Policy 210.00.

Sick Leave Use

Sick leave may be used in cases of legitimate personal illness or immediate family illness. Immediate family shall be defined as the employee's spouse or child. Notice of an intended absence due to illness shall be provided three (3) hours in advance of the start of the shift to be worked whenever possible or as soon thereafter as practicable. Notice shall be given according to established practices.

Any employee absent for three (3) or more consecutive work days shall be required by the Sheriff or his designee to submit satisfactory proof of illness prior to receiving sick leave pay. Any employee who uses sick leave on dates they had previously requested off and were

subsequently denied shall be required to submit satisfactory proof of the illness prior to receiving sick leave pay.

Sick Leave Documentation

The employee shall be responsible for documenting all sick leave days in excess of seven (7) sick leave days within five (5) business days upon returning to work. In order for documentation to be accepted it must specifically state the employee was unable to work due to illness or injury to themselves or an eligible family member. The documentation must address the exact days missed.

Unacceptable Sick Leave Documentation

Where medical documentation fails to state the employee could not work, when the documentation is inconsistent with the actual sick days used, or the documentation is unacceptable for some other reason, the documentation shall not be accepted. The employer must notify the employee or the union within seven (7) days of receipt of the documentation if it will not be accepted.

Sick Time Abuse

Any sick usage in excess of seven (7) days without acceptable documentation shall constitute sick time abuse and shall be a basis for discipline up to and including termination. Any employee who attempts to use sick time above their accrued allotment will be deemed a sick time abuser and subject to discipline. During the year the Sheriff or his designee may notify employees in writing if they have met the definition of sick time abuse.

Sick Time Review

All sick leave shall be reviewed on an annual basis; however violations of this policy may be addressed at any time.

RESPONSIBLE STAFF:

The Sheriff, Special Sheriff, Superintendent, Assistant Superintendent and the Assistant Deputy Superintendents shall be responsible for implementing and monitoring this policy.

ANNUAL REVIEW DATE:

The Policy and Procedure Office shall ensure that this policy is reviewed annually.

SEVERABILITY CLAUSE:

If any article, section, subsection, sentence, clause or phrase is for any reason held to be unconstitutional, contrary to statute, in excess of the authority of the Sheriff or otherwise inoperative, such decision shall not affect the validity of any other article, section, subsection, sentence, clause or phrase of these regulations.