



Commonwealth of Massachusetts

OFFICE OF THE SHERIFF

COUNTY OF WORCESTER

JAIL AND HOUSE OF CORRECTION
5 PAUL X. TIVNAN DRIVE
WEST BOYLSTON, MASSACHUSETTS 01583
TELEPHONE (508) 854-1800

Empty rectangular box with horizontal lines for text entry.

APPLICATION FOR EMPLOYMENT

This application must be completed in its entirety. Type or 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 Worcester County Sheriff is an Equal Opportunity/Affirmative Action employer. It is the policy of the Commonwealth of Massachusetts and the Worcester County Sheriff to afford equal employment opportunity to all qualified persons regardless of race, color, religious creed, national origin, age, military status, sexual orientation, disability, genetic information, gender identity, gender expression or gender unless based upon a bona fide occupational qualification.

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____

City _____ State _____ Zip: _____

Mailing Address (if different): _____

City _____ State _____ Zip: _____

Telephone: _____ Email: _____

Are you authorized to work in the U.S. on an unrestricted basis? Yes [] No []

Are you 18 years or older? Yes [] No []

Corrections Officer applicants, are you 19 years or older? Yes [] No []

PREVIOUS RESIDENCES (List previous residences if at current residence less than 3 years)

Table with 5 columns: DATES, STREET, CITY OR TOWN, STATE, ZIP. It contains three empty rows for data entry.

EDUCATION INFORMATION

	SCHOOL NAME	CITY / STATE	Total Number of Credits	GRADUATE YES / NO	DIPLOMA / DEGREE DATE
HIGH SCHOOL					
COLLEGE					
GRADUATE					
OTHER					

EMPLOYMENT INFORMATION

Position seeking:	When are you available to start?
Have you previously been employed by the WCSO? <input type="checkbox"/> Yes <input type="checkbox"/> No Dates: _____	Have you previously applied to the WCSO? <input type="checkbox"/> Yes <input type="checkbox"/> No Dates: _____
Are you available to work nights, weekends and overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you reviewed the essential functions of the job as listed on the CEO website or job posting? <input type="checkbox"/> Yes <input type="checkbox"/> No
In addition to your work history, what other experiences or qualifications would qualify you for this work?	

References Information (Please list three persons not related to you, who can comment on your work and/or educational experience)

NAME	OCCUPATION	RELATIONSHIP	YRS. KNOWN	PHONE

MILITARY EXPERIENCE - If you have ever served in the U.S. Armed Forces, complete the following:

Branch: _____	Total years of Service: _____
---------------	-------------------------------

MILITARY SERVICE INFORMATION – This information is furnished on a voluntary basis

Check all that apply:			
<input type="checkbox"/> Not indicated	<input type="checkbox"/> No Military Service	<input type="checkbox"/> Not a Veteran	<input type="checkbox"/> Active Reserve
<input type="checkbox"/> Inactive Reserve	<input type="checkbox"/> Afghanistan Veteran	<input type="checkbox"/> Desert Shield Veteran	<input type="checkbox"/> Desert Storm Veteran
<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Iraq Veteran	<input type="checkbox"/> Operation Enduring Freedom Veteran	<input type="checkbox"/> Operation Iraq Freedom Veteran
<input type="checkbox"/> Other Protected Veteran	<input type="checkbox"/> Retired Military	<input type="checkbox"/> Vietnam Veteran	<input type="checkbox"/> Vietnam Era Veteran
<input type="checkbox"/> Recently Separated Veteran	<input type="checkbox"/> Armed Forces Services Medal Veteran	<input type="checkbox"/> Special Disabled Veteran	Dates of Most Recent Service:

EMPLOYMENT HISTORY (Please list your employment history in the last ten years starting with most recent)

Employer: _____ Telephone: _____

Address: _____

Dates Employed: (Mo/Yr) _____ to _____

Position Job Title: _____

Short description of responsibilities:

Employer: _____ Telephone: _____

Address: _____

Dates Employed: (Mo/Yr) _____ to _____

Position Job Title: _____

Short description of responsibilities:

Employer: _____ Telephone: _____

Address: _____

Dates Employed: (Mo/Yr) _____ to _____

Position Job Title: _____

Short description of responsibilities:

Employer: _____ Telephone: _____

Address: _____

Dates Employed: (Mo/Yr) _____ to _____

Position Job Title: _____

Short description of responsibilities:

**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.

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

CERTIFICATIONS AND LICENSES

List any professional licenses, registrations or certifications you possess.

License	License Number	Date Issued	State Issued	Expiration Date

REFERRAL INFORMATION *How were you referred to us? Please check all that apply.*

<input type="checkbox"/> WCSO website	<input type="checkbox"/> Referral from career counselor
<input type="checkbox"/> Commonwealth’s Employment Opportunities (CEO)	<input type="checkbox"/> Current employee
<input type="checkbox"/> Newspaper ad	<input type="checkbox"/> Unemployment office
<input type="checkbox"/> Job fair	<input type="checkbox"/> Other (Please indicate)

RELEASE AND CERTIFICATION – Please read before signing.

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.

I understand and agree that any offer of employment will be contingent upon the successful completion of a medical examination and a drug screen. Applicants for the position of Corrections Officer will also be required to successfully complete a psychological examination to evaluate fitness to perform the job of Corrections Officer. I understand that either refusal to submit to such screening or failure to qualify according to the minimum standards established by the Worcester County Sheriff’s Office for this screening may disqualify me from further consideration for employment. Further, I understand that any positive drug test results will be communicated in a confidential manner.

I understand that any offer of employment will be contingent upon a satisfactory criminal background check as required by 103 C.M.R. 914.02.

I authorize the Worcester 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.

Signature of Applicant

Date

Printed Name

AUTHORITY FOR RELEASE OF INFORMATION

FULL NAME OF APPLICANT: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

Having filed an application for employment by the Worcester 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 concerning issues raised to 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 Worcester 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 Worcester 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 Worcester 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 Worcester 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

In accordance with the Prison Rape Elimination Act (28 C.F.R. Part 115), all prospective employees/contractors/volunteers must answer the following questions.

1. Have you previously engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?

YES NO

If yes, please provide further details:

2. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?

YES NO

If yes, please provide further details:

3. Have you ever been civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?

YES NO

If yes, please provide further details:

4. Do you have any incidents of sexual harassment?

YES NO

If yes, please provide further details:

I hereby certify that I have answered the above questions honestly and accurately. I understand that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination/dismissal.

Signature: _____ Date: _____



Commonwealth of Massachusetts

OFFICE OF THE SHERIFF
COUNTY OF WORCESTER

AFFIRMATIVE ACTION DATA RECORD
INDIVIDUALS ARE ENCOURAGED, BUT NOT REQUIRED, TO COMPLETE THIS FORM
ALL INFORMATION WILL BE KEPT CONFIDENTIAL

The Worcester County Sheriff's Office is an Equal Opportunity/Affirmative Action employer. It is the policy of the Commonwealth of Massachusetts and the Worcester County Sheriff to afford equal employment opportunity to all qualified persons regardless of race, color, religious creed, national origin, age, military status, sexual orientation, genetic information, gender identity, gender expression, gender, disability, which can be reasonably accommodated, unless there exists a bona fide occupational qualification.

The WCSO will act in good faith, to affirmatively recruit and consider for promotion individuals in protected categories. Age, race, religious creed, color, national origin, ancestry, marital status, gender, military status, sexual orientation, or disability are not factors in employment, promotion, transfer, compensation, lay-off, disciplining and termination, unless there exists a bona fide occupational qualification.

In order to effectively monitor the success of recruitment and employment efforts, it is requested that the following information be provided. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Affirmative Action Data Records are kept in a confidential file and are not part of your application for employment or your personnel file. Inclusion or exclusion of any affirmative action data will not jeopardize or adversely affect any employment decision.

Check if the following is applicable: Person with a disability*

A disability means a physical or mental impairment that substantially limits one or more major life activities; a record of such impairment; or being regarded as having such an impairment. "Major Life Activities" includes but is not limited to functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. Information on disability is maintained by the ADA Coordinator.

Applicant Signature & Name

Date



Commonwealth of Massachusetts

OFFICE OF THE SHERIFF
COUNTY OF WORCESTER

AFFIRMATIVE ACTION DATA RECORD
INDIVIDUALS ARE ENCOURAGED, BUT NOT REQUIRED, TO COMPLETE THIS FORM
ALL INFORMATION WILL BE KEPT CONFIDENTIAL

The Worcester County Sheriff's Office is an Equal Opportunity/Affirmative Action employer. It is the policy of the Commonwealth of Massachusetts and the Worcester County Sheriff to afford equal employment opportunity to all qualified persons regardless of race, color, religious creed, national origin, age, military status, sexual orientation, genetic information, gender identity, gender expression, gender, disability, which can be reasonably accommodated, unless there exists a bona fide occupational qualification.

The WCSO will act in good faith, to affirmatively recruit and consider for promotion individuals in protected categories. Age, race, religious creed, color, national origin, ancestry, marital status, gender, military status, sexual orientation, or disability are not factors in employment, promotion, transfer, compensation, lay-off, disciplining and termination, unless there exists a bona fide occupational qualification.

In order to effectively monitor the success of recruitment and employment efforts, it is requested that the following information be provided. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Affirmative Action Data Records are kept in a confidential file and are not part of your application for employment or your personnel file. Inclusion or exclusion of any affirmative action data will not jeopardize or adversely affect any employment decision.

Check One: [] Male [] Female

Are you Hispanic or Latino? A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
[] Yes [] No

What is your race?
Select one or more.

- [] American Indian* or Alaska Native
*Requires supporting documentation of Tribal affiliation or heritage.
[] Asian
[] Black or African American
[] Native Hawaiian or Pacific Islander
[] White

Do you have a primary Ethnic Group? (optional)

- [] Hispanic or Latino [] American Indian or Alaska Native [] Asian
[] Black or African American [] Native Hawaiian or Pacific Islander [] White [] No Primary

Applicant Signature & Name

Date