

APPLICATION FOR EMPLOYMENT



BERKSHIRE COUNTY SHERIFF'S OFFICE, JAIL AND HOUSE OF CORRECTION

IMPORTANT

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subjected to criminal penalties and civil liability. *MGL Ch.149, Section 19B*

Instructions for completing the application form

1. Type or print clearly in black or blue ink.
2. Answer every question fully and accurately even if you have submitted a résumé. If you cannot answer or do not understand any part of this application notify the Sheriff's Office representative immediately. In addition to the information required below, please provide any other information you think would be helpful to us in considering you for employment. You may exclude all information indicative of any status in a protected category (age, race, religion, national origin, race, color, religious creed, national origin, sex, sexual orientation, genetic information, ancestry, marital status, veteran status or handicap).
3. The Commonwealth will review, if applicable:
 - Criminal Offender Record Information (C.O.R.I) and;
 - The Central Registry of Child Abuse/Neglect reports maintained in accordance with M.G.L. Chapter 119, Section 51 B.
4. If an offer of employment is made to you, the Commonwealth may identify that it is contingent upon the results of a medical exam and/or a tax and background check.
5. **FALSE OR INACCURATE INFORMATION OR THE OMISSION OF INFORMATION ON THIS APPLICATION WILL BE CAUSE FOR DISQUALIFICATION FOR EMPLOYMENT OR DISMISSAL AT ANY TIME AFTER EMPLOYMENT HAS COMMENCED.**
6. Read certification and releases carefully before signing.
7. Return completed application.
8. Incomplete applications will not be considered.

This application will be kept on file for at least one year.



Berkshire County Sheriff's Office, Jail and House of Correction

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of the Berkshire County Sheriff's Office to afford equal employment opportunity to all qualified persons regardless of race, color, religion, national origin, age, military status, sex, sexual orientation, disability, gender, genetic information, or veteran's status except where age or sex is a bonafide occupational qualification as allowed by the Civil Rights Act of 1964.

PERSONAL INFORMATION	
Name (First) (Middle) (Last) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Home Telephone Number
Mailing Address (Street) (City) (State) Zip(Postal) Code	Business or Message Phone:
Home Address (if different from mailing address)	E-Mail Address:
Are you authorized to work in the U.S. on an unrestricted basis? YES <input type="checkbox"/> NO <input type="checkbox"/>	National ID (SS #) (optional)
Are you over age 19? YES <input type="checkbox"/> NO <input type="checkbox"/>	Who referred you to us? Agency <input type="checkbox"/> Employee <input type="checkbox"/> Newspaper advertisement <input type="checkbox"/> Commonwealth's Employment Opportunities (CEO) <input type="checkbox"/> Other _____ _____ _____

EMPLOYMENT DESIRED	
POSITION APPLIED FOR:	Date you can start
NAME OF STATE AGENCY WHERE POSITION IS LOCATED: Berkshire County Sheriff's Office, 467 Cheshire Road, Pittsfield, MA 01201	
Have you worked for the Commonwealth before? YES <input type="checkbox"/> NO <input type="checkbox"/>	Starting salary desired
Are you available for full time work? YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you available for part time work? YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you available to work nights and weekends? YES <input type="checkbox"/> NO <input type="checkbox"/>	
In addition to your work history, what other experiences, skills or qualifications would qualify you for work with our agency? _____ _____ _____	

EDUCATION				
Name of School	Location City State	Main Course of Study	Did you Graduate	Degree
List any additional education or training: _____				

PROFESSIONAL REFERENCES (not personal): List 3 people not related to you who can comment on your work performance.				
Name	Address	Occupation	Telephone Number	Years Acquainted
1				
2				
3				

PERSONAL REFERENCES (not professional): List 3 people not related to you who can comment on your work performance.				
Name	Address	Occupation	Telephone Number	Years Acquainted
1				
2				
3				

MILITARY SERVICE INFORMATION				
<i>This information is furnished on a <u>voluntary</u> basis.</i>				
Check all that apply to you: <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Vietnam Era Veteran				
Dates of Service: _____ to _____ Branch _____				
If Vietnam Era Veteran, have you been certified by the State Office of Affirmative Action? YES <input type="checkbox"/> NO <input type="checkbox"/>				
If yes, what is the Certification #? _____				
(Please attach Form DD214 or a copy of SOAA certification.)				

IMMEDIATE FAMILY WORKING IN MASSACHUSETTS STATE GOVERNMENT			
Per Executive Order 444, please disclose any immediate family members, including those related to your immediate family by marriage, who are employed by the Commonwealth of Massachusetts. You are required to complete the information below. "Immediate family" is defined as a spouse, child, parent, and sibling; and the spouse's child, parent and sibling. Include those employed in all branches of state government: judicial, legislative, executive, higher education and state authorities; and those employed as regular or contract employees, or elected officials. This "sunshine disclosure" is intended to ensure that the citizens of our Commonwealth have full confidence in their government and its hiring process. The disclosure will not be used to exclude any qualified applicant seeking a position within the Executive Branch from receiving full consideration based on the merits of his/her credentials and the requirements of the job. Attach additional pages if needed.			
Name of Relative	Relationship	Title of Relative's Job	State Agency

EMPLOYMENT HISTORY

Are you employed now? Yes No

COMPLETE ALL INFORMATION IN FULL

(A resume may not be substituted but may be included as a supplement)

Begin with your most recent employment, including any present employment. Your present employer will not be contacted without your permission. You may include any verifiable work performed on a volunteer basis. Any gaps in employment must be explained.

Company Name		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Telephone	Specific Duties
City & State		Postal Code	
Job Title			
Supervisor			
Dates Employed: From To			Reason for Leaving
Company Name		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Telephone	Specific Duties
City & State		ZIP (Postal) Code	
Job Title			
Supervisor			
Dates Employed: From To			Reason for Leaving
Company Name		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Telephone	Specific Duties
City & State		ZIP (Postal) Code	
Job Title			
Supervisor			
Dates Employed: From To			Reason for Leaving
Company Name		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Telephone	Specific Duties
City & State		ZIP (Postal) Code	
Job Title			
Supervisor			
Dates Employed: From To			Reason for Leaving
Company Name		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Telephone	Specific Duties
City & State		ZIP (Postal) Code	
Job Title			
Supervisor			
Dates Employed: From To			Reason for Leaving

IF YOU NEED ADDITIONAL SPACE PLEASE ATTACH A SEPARATE SHEET

EMPLOYMENT HISTORY (continued)

COMPLETE ALL INFORMATION IN FULL

Has any of the following happened to you in the last ten (10) years:

- 1 - Fired from job
- 2 - Quit a job after being told you would be fired
- 3 - Left a job by mutual agreement following allegations of misconduct
- 4 - Left a job by mutual agreement following allegations of unsatisfactory performance
- 5 - Left a job for other reasons under unfavorable circumstances.

If yes - use the numbers above under “code” to explain the reason your employment was ended.

Date (Month/Year)	Code	Employer’s Name & Address
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If yes – begin with the most recent occurrence and go backwards, providing date fired, quit or left and Employer identity, and a detailed explanation for each instance. Use additional sheets of paper if necessary.

MISCELLANEOUS JOB-RELATED INFORMATION

JOB INTEREST

Shift preferred

1st (Days) 2nd (Evenings) 3rd (approx. 11:00pm –7:00am)

Are you available to work EVERY Saturday and Sunday?

YES NO

CERTIFICATIONS AND LICENSES

List any professional licenses, registrations or certifications you possess:

License _____ License Number _____ Date Issued _____ Expiration Date _____

License _____ License Number _____ Date Issued _____ Expiration Date _____

License _____ License Number _____ Date Issued _____ Expiration Date _____

ENGLISH LANGUAGE

Describe your proficiency in the English Language

Simple conversation:
YES NO

Simple Reading:
YES NO

Read and speak fluently
YES NO

LANGUAGE CAPABILITIES

List any language(s) other than English in which you are proficient including Sign Language and ability to read Braille.*

Language	Conversational			Reading			Writing		
	HIGH (Fluent)	MOD (Good)	LOW (Fair)	HIGH (Fluent)	MOD (Good)	LOW (Fair)	HIGH (Fluent)	MOD (Good)	LOW (Fair)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* If language proficiency is required, the Commonwealth may administer a Bilingual Certification Examination.

IN CASE OF EMERGENCY, PLEASE NOTIFY

Name: _____ Relationship: _____ Tel. _____

Address: _____ City: _____ State: _____ Zip: _____

THIS IS AN INSERT

Criminal Offender Record Information (C.O.R.I)

PLEASE READ BEFORE SIGNING

If employed, I agree to abide by all rules and regulations of the Berkshire County Sheriff's Office. I understand if convicted of a felony, I will notify my supervisor immediately. I agree to furnish such additional information and complete such examination as may be required to complete an employment process and understand that this application for employment in no way obligates the Berkshire County Sheriff's Office to employ me. I acknowledge that the Berkshire County Sheriff's Office will, if applicable, review the Criminal Offender Record Information (C.O.R.I.) and the Central Registry of Child Abuse/Neglect reports in accordance with M.G.L. Chapter 119, Section 51B.

I hereby acknowledge that I have read in full and understand the above statement.

Signature of Applicant

Date

Printed Name

THIS IS AN INSERT

PRE-EMPLOYMENT PHYSICAL & DRUG SCREENING NOTICE

PLEASE READ BEFORE SIGNING

If an offer of employment is made to you, the Berkshire County Sheriff's Office may specify that it is contingent upon the results of a medical exam. I freely and voluntarily agree to submit to a pre-employment physical and/or drug screen, as it relates to the requirements of a specific job, as part of my pre-employment application to the Berkshire County Sheriff's Office. I understand that either refusal to submit to such screening, or failure to qualify according to the minimum standards established by the Berkshire 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 hereby acknowledge that I have read in full and understand the above statements.

Signature of Applicant

Date

Printed Name

THIS IS AN INSERT

IMMIGRATION REFORM AND CONTROL ACT REQUIREMENT

In compliance with the Immigration and Reform and Control Act of 1986, you will be required to provide approved documentation that verifies your right to work in the United States prior to beginning work here at this agency. Please be prepared to provide any of the following documentation if you are offered and accept a position with us:

Any **one** of the following: (These establish both identity and employment authorization)

1. U.S. Passport
2. Certificate of U.S. citizenship (issued by Immigration & Naturalization Service)
3. Certificate of Naturalization (issued by INS)
4. Current foreign passport with valid endorsement authorizing employment
5. Resident alien card or other alien registration card, with photo or other approved identifying information, which evidences employment authorization

OR one from List A and one from List B:

LIST A These establish employment authorization:

1. Social Security Card (unless it specifies that it does not authorize employment)
2. Certificate of U.S. birth or other documentation which establishes U.S. nationality or birth
3. Other approved documentation

LIST B These establish identity:

1. Driver's license or similar state I.D. card with photo or other approved identifying information
2. Other approved documentation of identity for applicants under age 16 or from a state which does not issue an I.D. card (other than a driver's license)

THIS VERIFICATION PROCESS IS REQUIRED FOR ALL EMPLOYEES HIRED ON OR AFTER NOVEMBER 6, 1986.



**Berkshire County Sheriff's Office,
Jail and House of Correction
HUMAN RESOURCES DIVISION**

THIS IS AN INSERT

CORRECTIONAL OFFICER – JOB RESPONSIBILITIES

Maintains custody of inmates, assists in rehabilitation programs as established by the Berkshire County Sheriff's Office and performs related work as required. Supervises the occupational activities of inmates, including work details in kitchen, maintenance, shops, yards or grounds. Counsels, guides and leads inmates' recreational and vocational activities.

The Sheriff reserves the right to modify these job responsibilities as may be appropriate from time to time.

ENTRANCE REQUIREMENTS

1. Must be high school graduate or possess equivalency certificate issued by MA. Dept. of Education.
2. Must be nineteen (19) years of age or older.
3. Must not have been convicted of a felony, or served a sentence in a Jail or House of Correction.
4. Must have a dependable background and pass a background investigation.
5. Must qualify in all phases of testing – written, physical fitness (standards attached), personal interview and psychological screening.
6. Must meet all qualifying standards to enter the Correction Officers Training Academy and must successfully complete the Academy training as a condition of employment.
7. Must have a Massachusetts Drivers license
8. Must pass drug screen testing.
9. Must be legally eligible for employment in the United States. Proof of citizenship or immigration status will be required.
10. Work experience related to criminal justice system preferred.
11. Must be of good character.
12. Must be able to maintain regular and punctual attendance.

Applicant Signature

Date

Applicant Printed Name



**Berkshire County Sheriff's Office,
Jail and House of Correction
HUMAN RESOURCES DIVISION**

**MINIMUM STANDARDS FOR ENTRANCE TO
CORRECTION ACADEMIES**

45th Percentile

Age Group

MALES	<u>20-29</u>	<u>30-39</u>	<u>40-49</u>	<u>50-59</u>
Body Fat	19.8	22.7	24.8	26.4
Sit Ups	39	36	30	25
Sit & Reach	17"	16"	15"	14"
Push-Ups	31	25	19	14
1.5 Mile run	12:20	13:22	14:08	15:08
Agility	18.6	18.6	18.6	18.6

FEMALES	<u>20-29</u>	<u>30-39</u>	<u>40-49</u>	<u>50-59</u>
Body Fat	26.7	28.0	31.3	34.8
Sit Ups	34	26	21	16
Sit & Reach	19.5"	18.5"	18"	17"
Push-Ups	25	20	14	13
1.5 Mile Run	15:10	15:47	16:34	17:29
Agility	23.3	23.3	23.3	23.3

To figure what you will have to do to minimally qualify, find your gender and age group. Then find the event and apply the following:

Sit-Ups and Push Ups: This is the minimum number of repetitions you have to do in one minute

Sit and Reach: Sitting on the floor with your shoes off, without bending your knees, this is the distance in inches you will have to reach forward on a standard stretch box.

1.5 Mile Run: This is the number of minutes and seconds you have to cover a measured mile and a half.

Agility Course: This is the number of seconds you have to complete an agility course.



**Berkshire County Sheriff's Office,
Jail and House of Correction
HUMAN RESOURCES DIVISION
AFFIRMATIVE ACTION DATA RECORD**

THIS IS AN INSERT

CONFIDENTIAL

The Berkshire County Sheriff's Office is committed, in spirit as well as in action, to abide by all laws dealing with equal employment opportunity. It is our policy to guarantee equal employment opportunities for all qualified persons without regard to their age, race, creed, color, national origin, ancestry, marital status, gender, military status, sex, sexual orientation, military status, genetic information or disability, which can be reasonably accommodated.

Further, the Berkshire County Sheriff's Office will act in good faith, to affirmatively recruit and consider for promotion individuals in protected categories. Age, race, creed, color, national origin, ancestry, marital status, gender, military status, sex, sexual orientation, genetic information or disability are not factors in employment, promotion, transfer, compensation, lay-off, discipline and termination.

In order to effectively monitor the success of our recruitment and employment efforts, it is requested that you provide the following information.

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 a part of your application for employment or your personnel file. Your cooperation is voluntary. Inclusion or exclusion of any affirmative action data will not jeopardize or adversely affect any employment decision.

(PLEASE PRINT)

Name (First) (Middle) (Last)	
Address (Street) (City) (State) (Zip Code)	
Telephone Number (s)	National ID (Social Security Number)
CHECK ONE <input type="checkbox"/> Male <input type="checkbox"/> Female Check one of the following: (Race) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American (American Indian or Alaskan Native) (If Native American, please attach documentation of tribal affiliation) Check if the following is applicable: <input type="checkbox"/> <u>Vietnam Era Veteran*</u> <i>(Ninety (90) days of active duty service, any part of which occurred between August 5, 1964 and May 7, 1975)</i>	

*In order to qualify for Affirmative Action status as a Vietnam Era Veteran, you must apply for Eligibility Certification that is issued by the State Office of Affirmative Action. Forms are available from the State Office of Affirmative Action, (617) 727-7441.

Applicant Signature

Date



**Berkshire County Sheriff's Office,
Jail and House of Correction
HUMAN RESOURCES DIVISION
AFFIRMATIVE ACTION DATA RECORD**

CONFIDENTIAL

THIS IS AN INSERT

The Berkshire County Sheriff's Office is committed in spirit as well as in action, to abide by all laws dealing with equal employment opportunity. It is our policy to guarantee equal employment opportunities for all qualified persons without regard to their disability, which can be reasonably accommodated.

Further, the Berkshire County Sheriff's Office will act in good faith, to affirmatively recruit and consider for promotion individuals in protected categories. Disability is not a factor in employment, promotion, transfer, compensation, lay-off, discipline and termination.

In order to effectively monitor the success of our recruitment and employment efforts, it is requested that you provide the following information.

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 a part of your application for employment or your personnel file. Your cooperation is voluntary. Inclusion or exclusion of any affirmative action data will not jeopardize or adversely affect any employment decision.

(PLEASE PRINT)

Name (First) (Middle) (Last)	
Address (Street) (City) (State) (Zip)	
Telephone Number (s)	National ID (Social Security Number)
<u>Check if the following is applicable:</u> <input type="checkbox"/> <u>Person with a disability*</u> A disability means a physical or mental impairment with 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 and is not shared with Human Resources.)	

*If you wish to obtain Affirmative Action status as a Person with a Disability after you have been employed by this agency you may need to submit self-identification and verification of such with the ADA Coordinator if your disability is not obvious. Appropriate forms are available from this agency's ADA Coordinator.

Applicant Signature

Date



**Berkshire County Sheriff's Office,
Jail and House of Correction
HUMAN RESOURCES DIVISION**

PREA National Standards - 28 CFR § 115.17 Hiring and promotion decisions:

- (a) The agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who—
- (1) Has 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);
 - (2) Has 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; or
 - (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.
- (b) The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.
- (c) Before hiring new employees who may have contact with inmates, the agency shall:
- (1) Perform a criminal background records check; and
 - (2) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.
- (d) The agency shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates.
- (e) The agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees.
- (f) The agency shall ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.
- (g) Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.



**Berkshire County Sheriff's Office,
Jail and House of Correction
HUMAN RESOURCES DIVISION**

PREA Inquiries

In accordance with National Standards to Prevent, Detect and Respond to Prison Rape, 28 CFR § 115.17, a correctional facility must make the following inquiries of any applicant for employment in a position that may have contact with inmates and all contractors who may have contact with inmates. In accordance with 28 CFR § 115.17 (g), **any material omission in answering the following questions or the provision of materially false information, shall be grounds for disqualification or for termination if discovered after hire.**

1. Have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility or other "institution" within the meaning of 42 U.S.C. 1997(1) (to include State facilities for persons who are mentally ill, disabled, or retarded, or chronically ill or handicapped; residential care or treatment facilities for juveniles; and facilities that provide skilled nursing, intermediate or long-term care, or custodial or residential care)?

Check One: Yes No

If yes, please provide full details. (attach additional sheets if necessary)

2. Have you 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?

Check One: Yes No

If yes, please provide full details. (attach additional sheets if necessary)

3. Have you been civilly or administratively adjudicated to have engaged in the activity described in Section (2) above?

Check One: Yes No

If yes, please provide full details. (attach additional sheets if necessary)

4. Have you ever engaged in or been accused of engaging in sexual harassment in any prior employment?

Check One: Yes No

If yes, please provide full details. (attach additional sheets if necessary)

5. Have you resigned from, been terminated from, quit or otherwise separated from any job following allegations that you engaged in sexual harassment or any other form of sexual misconduct?

Check One: Yes No

If yes, please provide full details (attached additional sheets if necessary)

I understand that I have a continuing, affirmative duty to immediately report in writing to the Sheriff any such misconduct during the time I am employed by/contract with or volunteer for the Berkshire County Sheriff's Office.

I further understand that failure to do so may result in disciplinary action up to and including discharge.

I affirm and attest that all statements and answers given by me on this form are true and correct under the pains and penalty of perjury.

Signature

Print Name

Date