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 and ***Signed*** application. ****(Must be a wet signature)****

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) ☐ Mr. ☐ Ms.	Home Telephone Number
Mailing Address (Street) (City) (State) Zip(Postal) Code Home Address (if different from mailing address)	Business or Message Phone: E-Mail Address:
Are you authorized to work in the U.S. on an unrestricted basis? YES ☐ NO ☐	National ID (SS #) (optional)
Are you over age 19? YES ☐ NO ☐	Who referred you to us? Agency ☐ Employee ☐ Newspaper advertisement ☐ Commonwealth's Employment Opportunities (CEO) ☐ 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 ☐ NO ☐	Starting salary desired
Are you available for full time work? YES ☐ NO ☐	Are you available for part time work? YES ☐ NO ☐
Are you available to work nights and weekends? YES ☐ NO ☐	
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
			Yes ☐ No ☐	
			Yes ☐ No ☐	
			Yes ☐ No ☐	
			Yes ☐ No ☐	

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

This information is furnished on a <u>voluntary</u> basis.

Check all that apply to you: ☐ Veteran ☐ Disabled Veteran ☐ Vietnam Era Veteran
Dates of Service: _____ to _____ Branch _____
If Vietnam Era Veteran, have you been certified by the State Office of Affirmative Action? YES ☐ NO ☐
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		
Street Address	Telephone	Specific Duties
City & State	Postal Code	
Job Title		
Supervisor		
From To Dates Employed:		Reason for Leaving
Company Name		
Street Address	Telephone	Specific Duties
City & State	ZIP (Postal) Code	
Job Title		
Supervisor		
From To Dates Employed:		Reason for Leaving
Company Name		
Street Address	Telephone	Specific Duties
City & State	ZIP (Postal) Code	
Job Title		
Supervisor		
From To Dates Employed:		Reason for Leaving
Company Name		
Street Address	Telephone	Specific Duties
City & State	ZIP (Postal) Code	
Job Title		
Supervisor		
From To Dates Employed:		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

_____
_____
_____
_____
_____
_____

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.

_____
_____
_____
_____
_____
_____

RELEASE AND CERTIFICATION
PLEASE READ BEFORE SIGNING

I understand that the foregoing will be verified in order to expedite my application for employment with the Berkshire County Sheriff's Office. I hereby authorize the Berkshire County Sheriff's Office to conduct a full investigation into my background.

I authorize the Berkshire County Sheriff's Office to obtain my previous work records, employment records, character references and any other information concerning character, ability and habits and all other necessary information. Further I grant authority to the keeper of these records to release said records to the Berkshire County Sheriff's Office for the purpose of making its hiring decision. I agree that the Berkshire County Sheriff's Office shall not be liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statement, omissions or answers made by me on this application. I agree that my previous employers shall not be liable with regard to any information provided by them in connection with this release.

I certify under the pains and penalty of perjury that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing, which, if disclosed, would affect this application unfavorably. I understand that any false statements, omissions or answers made by me on this application can result in my immediate termination.

In compliance with the Immigration and Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment. I have received the list of approved documents with this application.

I understand that unless I am subject to the terms of a collective bargaining agreement providing otherwise, my employment will be at-will, which means that both the Berkshire County Sheriff's Office and I are free to terminate the employment relationship at any time for any non-statutorily prohibited reason or for no reason at all, with or without notice.

I hereby acknowledge that I have read in full and understand the above statements and conditions of employment.

_____ _____

Signature of Applicant Date

_____

Printed Name

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)
	☐	☐	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐	☐	☐

* 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: _____

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

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

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

CORRECTIONAL OFFICER – ESSENTIAL FUNCTIONS

1. Regular, punctual and predictable attendance at assigned workplace and post.
2. Maintaining custodial care and control of inmates by escorting or transporting them under restraint; patrolling facility (including two –tiered areas with approximately fifteen stairs); making periodic rounds, head counts and security checks of buildings, grounds and inmate quarters; monitoring inmates movements and whereabouts; and guarding and directing inmates during work assignment to maintain order and security in a correctional institution.
3. Knowing, complying with and enforcing departmental policies and security procedures;
4. Obeying moderately complex oral and written orders;
5. Observing inmate and staff activity in person and in closed circuit monitors;
6. Searching cells, footlockers and other areas;
7. Frisking inmates and performing strip searches;
8. Listening for possible disturbances;
9. Maintaining inmate counts, making accurate written entries in log books and preparing accurate written reports;
10. Opening and closing doors and gates manually and electronically;
11. Communicating orally
12. Using communication, emergency and other equipment
13. Applying handcuffs, other restraints, and safety devices;
14. Performing restraining and self-defense techniques;
15. Lifting emergency equipment (e.g. fire extinguisher) and performing assisted lifting of inmates; rendering first aid when necessary
16. Participating in training;
17. Dealing effectively with inmates one-on-one and in large groups; using IPC skills and de-escalation techniques
18. Dealing calmly and effectively with stressful situations, including emergencies;
19. Exercising good judgment;
20. Carrying and discharging a firearm;
21. Operating a motor vehicle;
22. Performing computer assisted work;;
23. Lifting more than 50 pounds;
24. Working outdoors in all types of weather;
25. Any and all other duties as assigned at any time.

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

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

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, personal interview.
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

Authorization for Release of Information Agreement

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Berkshire County Sheriff's Office, Jail and House of Correction. The Sheriff's Office needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the Berkshire County Sheriff's Office.

I hereby authorize any representative of the Berkshire County Sheriff's Office bearing this release to obtain any and all information in pertaining to my employment and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof concerning myself by and to any duly authorized agent of the Berkshire County Sheriff's Office, whether said records are of a public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Sheriff's Office to consider in determining my suitability for employment in that agency. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, unless said files are sealed by a court order.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information or any attempt to comply with it. I direct you to release such information upon request of the duly authorized representative of the Berkshire County Sheriff's Office regardless of any agreement I may have made with you previously to the contrary.

For and in consideration of the Berkshire County Sheriff's Office acceptance and processing of my application for employment, I agree to hold the Commonwealth of Massachusetts, the County of Berkshire, the Berkshire County Sheriff's Office, and all of their officers, agents, employees, representatives and insurers harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Berkshire County Sheriff's Office. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand that my rights under title 5, United States Code, Section 552a. the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Berkshire County Sheriff's Office in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

A) this waiver is valid for a period of two years from the date of my signature.
B) Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.
C) I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.
D) I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

_____

Print Last Name First Name Middle Initial

_____

Signature Date

_____ _____

Complete Mailing Address with Zip Code

_____/_____/_____

Phone number with area code Social Security Number MA Driver's License No. (required)

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

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 ☐ Male ☐ Female

Check one of the following: **(Race)**

☐ White ☐ Black ☐ Hispanic ☐ Asian/Pacific Islander

☐ Native American (American Indian or Alaskan Native)

(If Native American, please attach documentation of tribal affiliation)

Check if the following is applicable:

☐ Vietnam Era Veteran*

(Ninety (90) days of active duty service, any part of which occurred between August 5, 1964 and May 7, 1975)

*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

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

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)?

   Circle 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?

   Circle 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?

   Circle 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?

   Circle 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?

   Circle 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