

Name: \_\_\_\_\_  
Last First Middle Initial

## CONFIDENTIAL EMPLOYMENT APPLICATION

# Hampshire Sheriff's Office Jail and House of Correction

A Tobacco Free Facility



Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Hampshire Sheriff's Office  
PO Box 7000  
205 Rocky Hill Road  
Northampton, MA 01061-7000

Telephone: (413) 584-5911  
Fax: (413) 582-7715  
Email: [hr@hsd.state.ma.us](mailto:hr@hsd.state.ma.us)

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, sexual orientation or disability, which does not preclude the applicant from performing the essential function of the job with or without reasonable accommodation.

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 subject to criminal penalties and civil liability.

**INSTRUCTIONS:** Please read the Confidential Employment Application carefully and answer **EVERY** question in full. If you cannot answer or do not understand any part of this application, notify a member of the Hampshire Sheriff's Office Human Resources immediately. If you need additional space to complete an answer, please attach additional sheets containing the information to this application. 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 age, sex, race, religion, color, national origin, and disability.

#### **NOTE**

ANY FALSE STATEMENT OR OMISSION SHALL SUBJECT AN APPLICANT TO DISQUALIFICATION FROM FURTHER CONSIDERATION FOR EMPLOYMENT AND SHALL BE CONSIDERED JUSTIFICATION FOR IMMEDIATE **DISMISSAL**, IF DISCOVERED AT A LATER DATE.

## **CONFIDENTIAL EMPLOYMENT APPLICATION**

PLEASE PRINT LEGIBLY OR TYPE

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
                                Last                                First                                MI

Have you ever used or been known by another name? \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ How long have you lived there?: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_

Previous address: \_\_\_\_\_ How long?: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Are you a United States citizen?:                    Yes                     No

Are you at least 20 years of age?:                    Yes                     No

Have you ever filed an application here before?: Yes                     No                     If yes, when?: \_\_\_\_\_

Have you ever been employed here before?:    Yes                     No                     If yes, give dates: \_\_\_\_\_

Are you available to work:            Full-time                     Part-time                     Temporary                     Contractual

Position applying for: \_\_\_\_\_

How were you referred to us?

Newspaper ad: \_\_\_\_\_ Online Job Posting: \_\_\_\_\_

Friend: \_\_\_\_\_ Relative: \_\_\_\_\_

HSO Website: \_\_\_\_\_ Other: \_\_\_\_\_

Name of referral source: \_\_\_\_\_

What is your minimum annual salary requirement: \$ \_\_\_\_\_

Date available to begin work: \_\_\_\_\_

\_\_\_\_\_

## EDUCATIONAL BACKGROUND

TYPE OF SCHOOL	NAME AND ADDRESS	HOW MANY YEARS COMPLETED	GRADUATED		COURSE OR MAJOR	DEGREE/ MAJOR
			YES	NO		
Grammar or Grade School	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
High School	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
College	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Graduate School	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Business or Trade School	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other education or special training	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Name or class of any certificate, license or rating you may hold: _____						
_____						

Describe specialized training, apprenticeship, skills, and extra curricular activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Honors received: \_\_\_\_\_

\_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application (use additional sheets if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any languages, other than English, that you speak, read write etc.: \_\_\_\_\_

\_\_\_\_\_

List professional trade, business, or civic activities, and offices held: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List certificates and licenses you hold: \_\_\_\_\_

\_\_\_\_\_

**MILITARY EXPERIENCE**

Have you ever served in the U.S. armed forces? Yes  No

If yes, what branch? \_\_\_\_\_ Dates of duty: From \_\_\_\_\_ To \_\_\_\_\_

Rank at discharge: \_\_\_\_\_

Under what conditions were you discharged? Honorable  Less Than Honorable

What were your duties in the service? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you a U.S. Veteran? Yes  No

**EMPLOYMENT HISTORY**

List present or most recent employer first. List all full-time and part-time employment held in the past ten (10) years. You may include any verified work performed on a volunteer basis. Continue on a separate sheet of paper, if necessary.

1. Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_ Employed from: \_\_\_\_\_ (mo./yr.) to: \_\_\_\_\_ (mo./yr.)

Salary: Start: \_\_\_\_\_ End: \_\_\_\_\_ Job title: \_\_\_\_\_

Job duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor's name: \_\_\_\_\_

DO NOT CONTACT:  \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_ Employed from: \_\_\_\_\_ (mo./yr.) to: \_\_\_\_\_ (mo./yr.)

Salary: Start: \_\_\_\_\_ End: \_\_\_\_\_ Job title: \_\_\_\_\_

Job duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor's name: \_\_\_\_\_

DO NOT CONTACT:  \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_ Employed from: \_\_\_\_\_ (mo./yr.) to: \_\_\_\_\_ (mo./yr.)

Salary: Start: \_\_\_\_\_ End: \_\_\_\_\_ Job title: \_\_\_\_\_

Job duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor's name: \_\_\_\_\_

DO NOT CONTACT:  \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_ Employed from: \_\_\_\_\_ (mo./yr.) to: \_\_\_\_\_ (mo./yr.)

Salary: Start: \_\_\_\_\_ End: \_\_\_\_\_ Job title: \_\_\_\_\_

Job duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Supervisor's name: \_\_\_\_\_

DO NOT CONTACT:  \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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 reason under unfavorable circumstances.

Use the numbers above under "code" to explain the reason your employment was ended.

DATE (MO./YR.)	CODE	EMPLOYER 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. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Provide all details below. Use more pages as needed. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you presently on lay off and subject to recall? Yes  No

Should you be offered employment, would you consent to a medical examination, as a condition of employment, conducted solely for the purpose of determining whether you are, with reasonable accommodation, capable of performing the essential functions of the job? Yes  No

**Person to be notified in case of emergency**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: ( ) \_\_\_\_\_

**Professional References: (Not relatives)**

NAME/OCCUPATION	ADDRESS	TELEPHONE/EMAIL
_____ _____ _____	_____ _____ _____	( ) _____ _____ _____
_____ _____ _____	_____ _____ _____	( ) _____ _____ _____
_____ _____ _____	_____ _____ _____	( ) _____ _____ _____
_____ _____ _____	_____ _____ _____	( ) _____ _____ _____
_____ _____ _____	_____ _____ _____	( ) _____ _____ _____



Are you a United States citizen or authorized to work in the United States? Yes  No

You will be required to produce documentation to establish your identity and your authorization to work in the United States in accordance with the immigration reform and control act of 1986.

**SEALED RECORD NOTICE: READ CAREFULLY**

An applicant for employment with a sealed record on file with the Commissioner of Probation may answer “no record” with respect to an inquiry herein relative to prior arrests, criminal court appearances, or convictions.

In addition, any applicant for employment may answer “no record” with respect to any inquiry relative to prior arrests, court appearance, and adjudication 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.

Please provide the following information unless it has been officially annulled, expunged, or sealed by a court:

Have you ever been convicted of a felony? Yes  No

If **yes**, provide full details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were you ever imprisoned for a felony conviction? Yes  No

If **yes**, provide full details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were you convicted of a misdemeanor within the past five (5) years with the exception of a first conviction or drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace? Yes  No

If **yes**, provide full details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PRISON RAPE ELIMINATION ACT (PREA)**

The HJHC 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. **115.17 (b)**

The HJHC 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: **115.17 (a)**

Have you ever 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)? **115.17 (a) (1)**    Yes     No

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? **115.17 (a) (2)**    Yes     No

Have you been civilly or administratively adjudicated to have engaged in the activity described in the question above? **115.17 (a) (3)**    Yes     No

Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. **115.17 (g)**

## **AGREEMENT**

I understand that as a prerequisite to being hired, I will undergo a Criminal Offender Record Information (CORI) background check. This information is protected from disclosure of MGL Chapter 6 Section 172, and is confidential, and/or privileged.

I hereby affirm that I have read and understand this application and that the information, which I have provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I agree that any omission or falsified information shall subject me to disqualification from further consideration for employment and shall be considered justification for my immediate dismissal if discovered at a later date.

I hereby authorize all persons, schools, current employer(s) (if applicable) and previous employers and other organizations named in this application (and accompanying resume, if any) to provide Hampshire Sheriff's Office with any relevant information that may be helpful in arriving at an employment decision. I hereby release, indemnify and hold harmless said persons and entities and the Hampshire Sheriff's Office from any and all liability for providing and/or using this information.

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Signature

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Date

**EQUAL OPPORTUNITY/AFFIRMATIVE ACTION DATA RECORD**

**CONFIDENTIAL**

The Hampshire 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, sexual orientation, or disability, which can be reasonably accommodated.

Further, the Hampshire 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, sexual orientation, or disability are not factors in employment, promotion, transfer, compensation, lay-off, disciplining and termination.

In order to effectively monitor the success of our recruitment and employment efforts, it is requested that you provide the following information. Please submit this form with your application or resume to: Hampshire Sheriff's Department, P.O. Box 7000, Northampton, MA 01061.

**The completion of this Data Record is voluntary. If you choose to volunteer the requested information please note that all Affirmative Action Data Records are kept confidential. Your cooperation is voluntary. Inclusion or exclusion of any affirmative action data will not jeopardize or adversely affect any employment decision.**

**(PLEASE PRINT)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Department: \_\_\_\_\_

I decline to volunteer the requested information

**ETHNIC DATA:**

The categories below should not be interpreted as scientific or anthropological in nature. They were developed by the Federal government to provide for the collection and use of compatible and exchangeable ethnic data by Federal agencies: (**Check One**)

White (a person not of Hispanic origin, having origins in any of the original peoples of Europe, North Africa, or the Middle East.)

American Indian or Alaska Native (a person having origins in any of the original peoples of North America and who maintains a cultural identification through tribal affiliation or community recognition.)

Asian or Pacific Islander (a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.)

Black (a person not of Hispanic origin, having origins in any of the Black racial groups of Africa.)

Cape Verdean (a person not of Hispanic origin, having origins in any of the peoples of the Cape Verde Islands.)

Hispanic (a person of Mexican, Puerto Rican, Cuban, Central American, South American or other Spanish culture or origin, regardless of race.)

**SEX:**

Female  Male  Other

**VETERAN STATUS:**

Vietnam Era Veteran? Yes  No

Other Veteran? Yes  No

**MILITARY STATUS DEFINITIONS:**

**Veteran of The Vietnam Era**

A Veteran of the Vietnam era is a person who:

(A) served on active duty for a period of more than 180 days and was discharged or released there from with other than a dishonorable discharge. If any part of such active duty occurred: (1) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (2) between August 5, 1964, and May 7, 1975, in all other cases; or

(B) was discharged or released from active duty for a service connected disability if any part of such active duty was performed: (1) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (2) between August 5, 1964, and May 7, 1975, in all other cases.

**Other Veteran**

Any other Veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

Person with a disability \*

A disability means a physical or mental impairment which 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.)

The undersigned applicant acknowledges and agrees that, if I am hired, I must complete the mandated recruit Basic Correctional Officers training program within the first year from the date of hire as a condition of continued employment.

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\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

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***(Correctional Personnel Only)***

## DRUG SCREENING CONSENT FORM

I understand and agree that as a condition of my employment at the Hampshire Jail and House of Correction, I will be required to take a pre-employment drug screening. I may also be required to have drug tests from time to time, which I must pass to rule out drug use.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## PROHIBITION OF POSSESSION OF TOBACCO PRODUCTS<sup>1</sup> ACKNOWLEDGEMENT FORM

In order to create and maintain a safe and healthy environment within the facility, the Hampshire Sheriff's Office at the Hampshire Jail and House of Correction prohibits the possession of tobacco products as defined in MGL Ch. 270 Crimes Against Public Health, § 22.<sup>1</sup>

Use of tobacco products<sup>1</sup> on facility grounds, or within facility buildings or vehicles is also prohibited. This includes staff, inmates, contractors, visitors and volunteers, excluding those medications prescribed by a physician or used for smoking cessation

Pursuant to M.G.L. c. 270, § 22, (3) smoking is prohibited in the state house or in a public building or in a vehicle or vessel, owned, leased, or otherwise operated by the Commonwealth of Massachusetts or in a political subdivision thereof, or in a space occupied by a state agency or department of the Commonwealth which is located in another building, including a private office in a building or space mentioned in this sentence.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

<sup>1</sup> "Smoking" or "smoke", the lighting of a cigar, cigarette, pipe or other tobacco product or possessing a lighted cigar, cigarette, pipe or other tobacco or non-tobacco product designed to be combusted and inhaled.

# MASSACHUSETTS GENERAL LAWS

## PART IV – CRIMES, PUNISHMENTS AND PROCEEDINGS IN CRIMINAL CASES (Chapters 263 through 280)

### TITLE I – CRIMES AND PUNISHMENTS

#### CHAPTER 268A – CONDUCT OF PUBLIC OFFICIALS AND EMPLOYEES

##### Section 6B – Candidates for employment as state employee; disclosure of relation to state employee

*[Text of section added by 2011, 93, Sec. 118 effective July 1, 2011. See 2011, 93, Sec. 138.]*

Section 6B. Each candidate for employment as a state employee shall be required by the hiring authority as part of the application process to disclose, in writing, the names of any state employee who is related to the candidate as: spouse, parent, child or sibling or the spouse of the candidate's parent, child or sibling.

The contents of a disclosure received under this section from an employee when such employee was a candidate shall be considered public records under section 7 of chapter 4 and chapter 66.

All disclosures made by applicants hired by a state agency shall be made available for public inspection to the extent permissible by law by the official with whom such disclosure has been filed.



**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 purpose 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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____