

## **Application Form Instructions**

Below are instructions for completing the forms:

1. **APPLICATION FOR EMPLOYMENT & ADDENDUM**  
Please fill out completely. References are required.
2. **AUTHORITY FOR RELEASE OF INFORMATION**  
Please sign and have a witness sign. This authorizes us to begin a background investigation and run your NCIC record.
3. **MEDICAL CLEARANCE FOR PHYSICAL FITNESS TESTING**  
Must be signed by your doctor prior to P/T test
4. **MEDICAL QUESTIONNAIRE**  
Please fill out completely.
5. **WRITTEN HOMEWORK ASSIGNMENT**  
Answer ten questions. This will give us some insight into your career goals.
6. **DOCUMENT LIST**  
These are documents and certificates we need copies of. Transcripts must be in sealed envelope from school.
7. **PHYSICAL FITNESS STANDARDS**  
This is the table we follow for the entry level physical fitness test

**All forms are kept confidential and are only viewed by Training, Human Resources and Internal Affairs**

***Completed forms can be dropped off in person to Christine Fishken***

***Mail to:***

***Essex County Correctional Facility  
Attn: Christine Fishken  
Training Office  
20 Manning Ave.  
Middleton, MA 01949***

# Essex County Correctional Facility



## Sheriff's Headquarters

Sheriff Frank G. Cousins, Jr.

20 Manning Avenue

P.O. Box 807

Middleton, Massachusetts 01949-2807

(978) 750-1900



### Application for Employment

(1) **Important:** Various Federal and state laws prohibit discrimination because of age, race, color, religious creed, national origin, ancestry, physical handicap, or military status. Inquiries as to your age or handicap are made in good faith for nondiscriminatory purposes in completing the application form. **Please exclude:** any information that indicates the race, color, religious creed, national origin, or ancestry of the applicant.

(2) The Employee Polygraph Protection Act prohibits the Essex County Sheriff's Department (ECSD) from requiring or requesting an employee or job applicant to take a lie detector test. This law also prohibits us from discharging, disciplining, or discriminating against an employee or prospective employee for refusing to take a test or for exercising other rights under the Act.

(3) Please read the entire form before you begin to fill it out. Answers should be typed, printed, or carefully written in ink so that they are clear and legible. Please answer all questions indicating "None" where applicable. Resumes will not be accepted in lieu of any information required on this form. This application must be completed in its entirety before any offer of employment may be considered.

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

TELEPHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
AREA CODE

If necessary, best time to call you at home is \_\_\_\_\_

May we contact you at work? \_\_\_\_\_  YES  NO

If yes, work number and best time to call \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
AREA CODE TIME

Are you at least 19 years of age? \_\_\_\_\_  YES  NO

Have you filed an application here before? \_\_\_\_\_  YES  NO

If yes, give date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Have you ever been employed here before? \_\_\_\_\_  YES  NO

If yes, give date \_\_\_\_\_ FROM \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Are you legally eligible for employment in this country? \_\_\_\_\_  YES  NO

Date available for work \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Type of employment desired?:  Full-Time  Part-Time  Temporary  Summer  Co-Op

### MEDICAL

I understand that any offer of employment with ECSD will be contingent upon my successful completion of any post offer pre-employment physical examination that ECSD may require. I also understand and agree that I may be required to undergo and successfully pass a screening for alcohol and/or drugs during the hiring process and if employed, as required by ECSD.

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

## EMPLOYMENT HISTORY

Start with present employer and list ALL employment held by you:

Employer: \_\_\_\_\_

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

Employed from: \_\_\_\_\_ to: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Employed from: \_\_\_\_\_ to: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Employed from: \_\_\_\_\_ to: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Employed from: \_\_\_\_\_ to: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Comments (including explanation of any gaps in employment)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SKILLS AND QUALIFICATIONS** Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with Essex County Sheriff's Department.

\_\_\_\_\_

\_\_\_\_\_

## REFERENCES

List three unrelated people who you know "personally" and can attest to your character and fitness:

	Full Name of Reference	Address	Telephone #	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

## EDUCATIONAL INFORMATION

Name of School      Address      Years Completed      Diploma/Degree/GED      Honors Received

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Describe specialized training, apprenticeship, skills and extracurricular activities:

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

List professional, trade, business, or civic activities: \_\_\_\_\_

List special accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status.) \_\_\_\_\_

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List any additional information you would like us to consider: \_\_\_\_\_

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List any foreign language(s) and check the box that best describes your skill level.

LANGUAGE	READ AND WRITE	READ AND SPEAK	READ ONLY	SPEAK ONLY

## MILITARY SERVICE INFORMATION

Selective Service Number? \_\_\_\_\_

Were you in the United States Armed Forces?: \_\_\_\_\_

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

Rank at time of discharge: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

List type of duty in service, including special training: \_\_\_\_\_

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## COURT RECORD

Read this carefully before answering the following questions:

You may answer "No" if your criminal record consists only of one or more of the following: (a) a sealed record on file with the Commissioner of Probation, (b) a case of delinquency or a child in need of services which did not result in a complaint transferred to Superior Court for criminal prosecution, (c) your crimes were misdemeanors and they occurred five or more years ago, or (d) your misdemeanors were limited to a first offense for drunkenness, simple assault, speeding, minor traffic offenses, or disturbance of the peace, or affray.

Have you been convicted of a felony or misdemeanor?  YES  NO

If yes, give details including date, location (city) nature of offense and disposition. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Note: A conviction record will not necessarily bar you from employment.

## CERTIFICATION

I certify that the answers given to the foregoing questions and statements and supporting information are true and correct without reservation of any kind. I understand and agree to the following:

- (1) It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or dismissal from the Essex County Sheriff's Department if I have been employed. Furthermore, I understand that just as I am free to resign, ECSD reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of ECSD has the authority to make any assurances to the contrary.
- (2) I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision. I understand that this application is not, and not intended to be, a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the ECSD. I further agree to submit to the following examinations: pre-test, physical test, medical tests, and such further exams/tests as deemed necessary by the appointing authority.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



# Essex County Correctional Facility



## Sheriff's Headquarters

Sheriff Frank G. Cousins, Jr.

20 Manning Avenue  
P.O. Box 807  
Middleton, Massachusetts 01949-2807  
(978)-750-1900



### AUTHORITY FOR RELEASE OF INFORMATION

Social Security Number \_\_\_\_\_ — — \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_, born at \_\_\_\_\_ on \_\_\_\_\_ having filed an application for employment with the Essex County Sheriff's Department (ECSD), consent to have an investigation made as to my moral character, reputation, and fitness for the position to which I have applied and such information as may be received, reported to the appointing authority. I agree to give any further information which may be required in reference to my past record.

I also authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records and other information pertaining to me, to furnish to the ECSD such information, including documents, records, files regarding charges or complaints filed against me, formal, or informal, pending or closed, or any other pertinent data, and to permit the ECSD or any of its agents or representatives to inspect and make copies of such documents, records, and other information.

Specifically, I hereby authorize the release of the following data or records to the ECSD:

I hereby release, discharge, and exonerate the ECSD, its agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigations made on behalf of the ECSD.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State, Zip





# *Essex County Sheriff's Department*

## **AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS**

Applicant's Name: \_\_\_\_\_

Social Security No: \_\_\_\_\_

I am applying for a position with the Essex County Sheriff's Department and hereby authorize any hospital or other medical provider to release to the Essex County Sheriff's Department Human Resource Office, ***any and all information, including but not limited to psychiatric records, records pertaining to HIV (AIDS) or other records especially those protected by law.***

Signature: \_\_\_\_\_

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

Witness: \_\_\_\_\_

## INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

**Anti-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

**Section 1 - Employee.** All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

**Preparer/Translator Certification.** The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1 personally.

**Section 2 - Employer.** For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. **Employers must record: 1) document title; 2) issuing authority; 3) document number, 4) expiration date, if any; and 5) the date employment begins.** Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. **However, employers are still responsible for completing the I-9.**

**Section 3 - Updating and Reverification.** Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:

- examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C),
- record the document title, document number and expiration date (if any) in Block C, and
- complete the signature block.

**Photocopying and Retaining Form I-9.** A blank I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

**For more detailed information, you may refer to the Department of Homeland Security (DHS) Handbook for Employers, (Form M-274). You may obtain the handbook at your local U.S. Citizenship and Immigration Services (USCIS) office.**

**Privacy Act Notice.** The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

**Reporting Burden.** We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: **1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response.** If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., Washington, DC 20529. OMB No. 1615-0047.

**NOTE:** This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.

# Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

<b>I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.</b>	I attest, under penalty of perjury, that I am (check one of the following):
	<input type="checkbox"/> A citizen or national of the United States
	<input type="checkbox"/> A Lawful Permanent Resident (Alien #) A _____
	<input type="checkbox"/> An alien authorized to work until _____ (Alien # or Admission #) _____

Employee's Signature	Date (month/day/year)
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**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**CERTIFICATION** - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

**Section 3. Updating and Reverification.** To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility. Document Title: \_\_\_\_\_ Document #: \_\_\_\_\_ Expiration Date (if any): \_\_\_\_\_

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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## LISTS OF ACCEPTABLE DOCUMENTS

LIST A	LIST B	LIST C
<b>Documents that Establish Both Identity and Employment Eligibility</b>	<b>Documents that Establish Identity</b>	<b>Documents that Establish Employment Eligibility</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport (unexpired or expired)</li> <li>2. Certificate of U.S. Citizenship (<i>Form N-560 or N-561</i>)</li> <li>3. Certificate of Naturalization (<i>Form N-550 or N-570</i>)</li> <li>4. Unexpired foreign passport, with <i>I-551 stamp</i> or attached <i>Form I-94</i> indicating unexpired employment authorization</li> <li>5. Permanent Resident Card or Alien Registration Receipt Card with photograph (<i>Form I-151 or I-551</i>)</li> <li>6. Unexpired Temporary Resident Card (<i>Form I-688</i>)</li> <li>7. Unexpired Employment Authorization Card (<i>Form I-688A</i>)</li> <li>8. Unexpired Reentry Permit (<i>Form I-327</i>)</li> <li>9. Unexpired Refugee Travel Document (<i>Form I-571</i>)</li> <li>10. Unexpired Employment Authorization Document issued by DHS that contains a photograph (<i>Form I-688B</i>)</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> </ol> <p style="text-align: center; margin: 5px 0;"><b>For persons under age 18 who are unable to present a document listed above:</b></p> <ol style="list-style-type: none"> <li>10. School record or report card</li> <li>11. Clinic, doctor or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>
	AND	<ol style="list-style-type: none"> <li>1. U.S. social security card issued by the Social Security Administration (<i>other than a card stating it is not valid for employment</i>)</li> <li>2. Certification of Birth Abroad issued by the Department of State (<i>Form FS-545 or Form DS-1350</i>)</li> <li>3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (<i>Form I-197</i>)</li> <li>6. ID Card for use of Resident Citizen in the United States (<i>Form I-179</i>)</li> <li>7. Unexpired employment authorization document issued by DHS (<i>other than those listed under List A</i>)</li> </ol>

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)**



## *Essex County Sheriff's Department* *Training & Staff Development*

Dear Applicant,

Below is a list of documents you must submit copies of with your prescreening package:

1. Resume
2. Driver's License
3. Birth Certificate w/Official Seal
4. DD214 (If Military Service)
5. College Diploma
6. High School Diploma
7. License to Carry Firearms (If applicable)
8. Professional Certifications (EMT, Reserve Police Academy, etc.)
9. Motor Vehicle Registration
10. Social Security Card
11. Naturalization Documents (If applicable)
12. College Transcript (**Official**) In sealed envelope
13. Passport (If applicable)
14. Free Credit Report ([www.annualcreditreport.com](http://www.annualcreditreport.com)) or 1-877-322-8228



# *Essex County Sheriff's Department Training & Staff Development*

## *Written Homework Assignment for Reserve Officer Candidates*

The following questions are intended to give the Essex County Sheriff's Department an opportunity to get to know something about who you are, what law enforcement experience you may already have, as well as getting your thoughts on issues facing corrections today.

You will need to answer the following questions as part of your application process and return your completed work to the Essex County Sheriff's Department within forty-eight hours of receipt.

Please answer the following questions utilizing double spacing and a font no greater than twelve (12).

There are no required number of pages for this assignment.

1. Do you have any experience within the criminal justice field? (Military police, other police agencies, corrections, internships, etc.)
2. Why did you apply for a correctional officer's position with the Essex County Sheriff's Department?
3. How many other police/corrections/fire departments have you applied for and what have been the past, present and foreseeable outcomes? (Passed, failed, pending future testing)
4. Is corrections a career choice or job opportunity for you?
5. What skills, talents and abilities would you bring to the Essex County Sheriff's Department? Be specific.
6. What are you looking for in a corrections facility to meet your needs as a correctional officer?
7. What should we know about you?
8. What are some of the issues facing law enforcement in general and corrections specifically that you feel should be addressed?
9. How would you address these issues as an Essex County Sheriff's Department employee?
10. Explain what you've done to prepare yourself for a position within the field of corrections or other law enforcement agencies. (College, ride-alongs, interviewing people in the field, etc.)



## *Essex County Sheriff's Department Training & Staff Development*

### **MEDICAL CLEARANCE FOR PHYSICAL FITNESS TESTING**

Your patient has been selected for entry level testing for employment in the Essex County Sheriff's Department. This testing is a mandatory part of our pre-employment screening.

In order for your patient to participate in this physical fitness test, he/she must receive medical clearance specifying that he/she is capable of participation in this activity.

**On the reverse side you will find a list of the four (4) testing elements, and the degree of exercise required based on chronological age, as well as a description of each element.**

Upon evaluation of your patient, please complete the lower portion of this sheet relative to their ability to participate in the fully active physical fitness test. **The patient is responsible for returning this document to the Essex County Sheriff's Department.**

Please note that any expense incurred for physical examination, documentation, etc., are the responsibility of the patient and not the Essex County Sheriff's Department.

Thank you for your attention to this matter.

Patient's Name: \_\_\_\_\_ has been examined  
and it is determined that he/she:

**IS** medically cleared for full active physical fitness participation

**IS NOT** medically cleared for full active physical fitness participation

**Doctor's Name:** \_\_\_\_\_

**Doctor's Signature:** \_\_\_\_\_

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

***Essex County Sheriff's Department***  
***Training & Staff Development***

**Pre-Employment Medical Questionnaire**

Name: \_\_\_\_\_ No. \_\_\_\_\_

1. Are you currently in good health? YES/NO  
If "NO" give details: \_\_\_\_\_

2. Have you previously or are you currently suffering from any substantial disability? YES/NO  
If "YES" give details: \_\_\_\_\_

3. Have you been absent from work or school due to sickness for more than two weeks in the last 12 months? YES/NO  
If "YES" give details: \_\_\_\_\_

4. Are you currently undergoing investigations or treatment? YES/NO  
If "YES" give details: \_\_\_\_\_

5. Have you ever claimed Industrial Injury or Incapacity Benefits? YES/NO  
If "YES" give details: \_\_\_\_\_

6. Have you been refused employment or taken early retirement on health grounds? YES/NO  
If "YES" give details: \_\_\_\_\_

7. Have you ever smoked? YES/NO  
If "YES" give details: \_\_\_\_\_

8. Do you drink alcohol? YES/NO  
If "YES", how much per week? \_\_\_\_\_

If "NO" is this because you have you been advised to stop drinking on medical grounds?  
YES/NO

9. Do you exercise regularly? YES/NO  
If "YES", do you exercise for more than twenty minutes three times a week?

YES/NO

10. Please list any medication you take on a regular basis:

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**Please list any surgery and/or hospitalizations you have had:**

Date	Type of surgery/reasons for hospitalization	Completely resolved?
_____	_____	YES/NO
_____	_____	YES/NO
_____	_____	YES/NO
_____	_____	YES/NO
_____	_____	YES/NO
_____	_____	YES/NO

**Health History:**

Please circle one if you have had investigation, advice or treatment for the following, and if so give details on the last page

<p>a. 1. Stress or sleep disorder 2. Anxiety/depressive illness 3. Other nervous disorders 4. Attended counseling</p> <p style="text-align: right;">YES/NO</p>	<p>b. 1. High blood pressure 2. Heart Disease 3. Angina or other chest pain 4. Palpitations 5. Angioplasty 6. Coronary by-pass or other heart surgery</p> <p style="text-align: right;">YES/NO</p>
<p>c. 1. Recurrent indigestion 2. Peptic ulcer 3. Irritable bowel disorder 4. Inflammatory disorder 5. Hepatitis/Liver disease 6. Hernia</p> <p style="text-align: right;">YES/NO</p>	<p>d. 1. Cystitis/urinary tract infection 2. Kidney stones 3. Other kidney diseases/transplant 4. Prostate or testicular disorder</p> <p style="text-align: right;">YES/NO</p>
<p>e. 1. Significant menstrual disorders 2. Abnormal cervical smears 3. Breast disorders</p> <p style="text-align: right;">YES/NO</p>	<p>f. 1 Diabetes mellitus 2. Thyroid disorders 3. Other Endocrine disorders .</p> <p style="text-align: right;">YES/NO</p>
<p>g. 1 Blood disorders e.g. anaemia 2. Allergies, including hay fever 3. Chronic fatigue syndrome 4. Cancer or other malignant disease</p> <p style="text-align: right;">YES/NO</p>	<p>h. 1 Low back pain or sciatica 2. Neck or shoulder pain 3. Upper limb disorder 4. Hypermobility syndrome 5. Difficulty in walking or climbing stairs 6. Joint disease/arthritis</p> <p style="text-align: right;">YES/NO</p>
<p>i. 1 Impaired sight 2. Impaired colour vision 3. Glaucoma/other eye conditions</p> <p style="text-align: right;">YES/NO</p>	<p>j. 1 Impaired hearing 2. Other ear conditions 3. Speech impediment</p> <p style="text-align: right;">YES/NO</p>
<p>k. 1 Eczema 2. Contact dermatitis 3. Psoriasis/other skin conditions</p> <p style="text-align: right;">YES/NO</p>	<p>l. 1 Recurrent headaches/migraine 2. Blackouts or fainting fits 3. Epilepsy 4. Vertigo/Tinnitus 5. Menieres Disease 6. Any other neurological disorder</p> <p style="text-align: right;">YES/NO</p>
<p>m. 1 History of tuberculosis or pleurisy 2. Persistent cough or sputum 3. Shortness of breath with exercise 4. Asthma 5. Other chest conditions</p> <p style="text-align: right;">YES/NO</p>	<p>n. 1 Head injury or serious accident 2. Surgical operation including laparoscopy and endoscopy</p> <p style="text-align: right;">YES/NO</p>

If you answered "YES to any questions "a" to "n", please give more details here:

Question Letter	Description	Diagnosed by Physician? YES/NO	Have you experienced this within the past 12 months? YES/NO

If you have any other health problems you would like to discuss with the physician, please list them here:

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**Declaration:**

I declare all the above answers to be true and correct to the best of my knowledge.  
I understand that withholding information or giving false answers may lead to dismissal.

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Candidate's Signature

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Date



# ACADEMY STANDARDS COOPER INSTITUTE

## 2005 LAW ENFORCEMENT PHYSICAL FITNESS STANDARDS BASED ON THE 40<sup>TH</sup> PERCENTILE

### MALE

AGE	PUSH-UP	SIT-UP	FLEXIBILITY	1.5 MILE RUN
20-29	29	38	16.5	12:29
30-39	24	35	15.5	12:53
40-49	18	29	14.3	13:50
50-59	13	24	13.3	15:14
60+	10	19	12.5	17:19

### FEMALE

AGE	PUSH-UP	SIT-UP	FLEXIBILITY	1.5 MILE RUN
20-29	15	32	19.3	15:05
30-39	11	25	18.3	15:56
40-49	9	20	17.3	17:11
50-59	9	14	16.8	19:10
60+	9	6	15.5	20:55

**PUSH UP** This test measures upper body muscular endurance  
Maximum amount with no time limit, total correct will be scored

Hands are placed slightly wider than shoulder width apart with fingers facing forward and palms flat on the floor. A 3 inch sponge is placed under the sternum for males and females. Starting from the up position (elbows extended), back must be kept straight at all times and lower body to the body to the floor until the chest touches the sponge and returns to the up position. Resting should be done only in the up position. Both hands must remain in contact with the floor at all times.

**How to prepare:** Perform 3-5 sets of 10 repetitions every other day.

**SIT UP** This test measures abdominal muscular endurance  
Maximum amount of correct sit-ups in one minute

Lie flat on back, knees bent, heels flat on the floor, fingers must be laced (interlocked) behind the head. Avoid pulling on the head with the hands. The buttocks must remain on the floor with no thrusting of the hips. In the up position, the elbows should touch the knees and return until the shoulder blades touch the floor. Any resting should be done only in the up position.

**How to prepare:** Practice sit-ups with a partner holding your feet flat on the floor by securing the ankles. Do 3-5 sets of 10 every other day.

**SIT AND REACH** This test measures hamstring and lower back flexibility  
Best of three attempts will be scored to the nearest ¼ inch.

Take sneakers/shoes off. Sit with legs flat on the floor. Place the bottom of your feet flat against the box, approximately eight inches apart. Keep legs straight. Extend arms forward with hands placed on top of the other, fingertips even. Lean forward with your torso reaching and stretching as far as possible. The hands must stay together and even and the stretch must be held for one second. Neck remains in the neutral position. **Do not bounce or jerk your body.**

**How to prepare:** Warm up muscles first before stretching. Sit on the floor, feet straight out in front of you. Reach forward towards your toes. Hold position for 15-25 seconds. Repeat 3-5 times daily.  
**No bouncing or jerking when stretching.**

**1.5 MILE RUN** This test measures cardio respiratory endurance and to cover the set distance as fast as possible

Begin at the start line of a 440 yard track or equivalent. Begin running a total of 6 laps or a measured 1.5 mile for time. The accumulation of minutes and seconds for each individual from start to finish will be recorded and scored.

**How to prepare:** Slowly start and build up gradually. Combine walking and jogging for short periods per session. Practice 3-4 times a week. Gradually add distance to each session building up until you are able to score a comfortable time and distance.