

## *Application Form Instructions*

Below are instructions for completing the forms:

1.    **APPLICATION FOR EMPLOYMENT & ADDENDUM**  
      Please fill out completely. References are required.
2.    **MEDICAL CLEARANCE FOR PHYSICAL FITNESS TESTING**  
      Must be signed by your doctor prior to PTtest
3.    **WRITTEN HOMEWORK ASSIGNMENT**  
      Answer ten questions. This will give us some insight into your career goals.
4.    **DOCUMENT LIST**  
      These are documents and certificates we need copies of. Transcripts must be in sealed envelope from school.
5.    **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 Allisson Hernandez

Mail/ to:

Essex County Correctional Facility  
Attn: Deputy Allisson Hernandez  
20 Manning Ave Middleton, MA 01949



Kevin F. Coppinger  
Sheriff

## Essex County Sheriff's Department

20 Manning Avenue  
P.O. Box 807  
Middleton, MA 01949-2807



Telephone 978-750-1900  
Fax 978-750-1999  
[www.EssexSheriffMA.org](http://www.EssexSheriffMA.org)

### 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.

### APPLICANT INFORMATION

Last Name			First			M.I.	Date		
Street Address						Apartment/Unit #			
City			State			ZIP			
Phone			E-mail Address						
Date Available			Social Security No.			If necessary, best time to call you?			
Type of employment desired?	Full-Time <input type="checkbox"/>		Part-Time <input type="checkbox"/>		Temporary <input type="checkbox"/>		Summer <input type="checkbox"/> Co-Op <input type="checkbox"/>		
May we contact you at work?	YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, type work number				
Are you at least 18 years of age?	YES <input type="checkbox"/>		NO <input type="checkbox"/>						
Are you a citizen of the United States?	YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>		NO <input type="checkbox"/>
Have you ever worked here before?	YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?		FROM		TO
Have you filed an application here before?	YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?				

### 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: \_\_\_\_\_

EDUCATION									
High School					Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College					Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other					Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other					Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Describe specialized training, apprenticeship, skills and extracurricular activities:									
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.)									
List any additional information you would like us to consider:									
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		
				<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"/>		

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	
Selective Service Number?	
List type of duty in service, including special training:	

PREVIOUS EMPLOYMENT		
Start with present employer and ALL employment held by you:		
Employer	Phone	
Address	Supervisor	
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>		
Employer	Phone	
Address	Supervisor	
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>		
Employer	Phone	
Address	Supervisor	
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>		
Employer	Phone	
Address	Supervisor	
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>		
Employer	Phone	
Address	Supervisor	
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>		
Comments (Include 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

*Please list three professional references.*

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

## DISCLAIMER AND SIGNATURE

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



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### APPLICATION FOR EMPLOYMENT Addendum 1

**Applicant Name:** \_\_\_\_\_

Have you ever been disciplined by your employer or supervisor for improper conduct, illegal activities, sexual harassment or Equal Employment Violation including violation of any policies, regulations, rules, or any State or Federal laws?			
YES <input type="checkbox"/>		NO <input type="checkbox"/>	
If yes, please provide the following information.			
Date:		Employer:	
Details:			
Have you ever been suspended or terminated by an employer or received a formal written reprimand?		<input type="checkbox"/>	NO <input type="checkbox"/>
		Explain	
		Circumstances:	

APPLICATIONS WITH OTHER AGENCIES	
Have you ever applied to any other law enforcement agency?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, list every agency, starting with the most recent one listing all. DO NOT include this application.	
Agency, Including address:	Date applied:
	Position:
Agency, Including address:	Date applied:
	Position:
Agency, Including address:	Date applied:
	Position:

If you need more space:

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**DISCLOSURE OF NAMES OF FAMILY MEMBERS WHO  
ARE STATE EMPLOYEES**

**Disclosure Required by G.L. c. 268A, Sec. 6B**

**Name of Applicant for Employment:** \_\_\_\_\_

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

Is your spouse, parent, brother, sister or child, or the spouse of your parent, brother, sister or child, a state employee?

\_\_\_\_\_Yes      \_\_\_\_\_No

If you answered Yes, please list below the name(s) of any state employee who is your spouse, parent, brother, sister or child, or who is the spouse of your parent, brother, sister or child, and indicate their relationship to you. Please also list the name of the state agency that employs those relatives.

**NOTE:** For purposes of this disclosure, a “state employee” is a person holding a paid or unpaid office, position, employment or membership in a Massachusetts state agency. For purposes of this disclosure, a “state agency” is any department of Massachusetts state government, including any department or agency within the executive, legislative or judicial branch, and all councils thereof and thereunder, and any division, board, bureau, commission, institution, tribunal or other instrumentality within such department or agency, and any independent state authority, commission, instrumentality or agency, but **NOT INCLUDING** an agency of a county, city or town.

Name of Relative	Relationship to Applicant	Name of State Agency

[illegible]



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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





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### TRAINING & STAFF DEVELOPMENT

#### *Written Homework Assignment for Correctional 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.

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.)



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### 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.

**In the next page 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: \_\_\_\_\_

# 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.