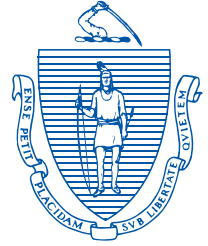




Plymouth County Sheriff's Department

Application and Personal History Statement



Position applied for: _____	Date: _____
Salary sought: _____	

Application

Please Print Clearly

Personal			
Last:	First:	Middle:	
List your current address where you actually reside, not a mailing address:			
Number and Street:	City:	State:	Zip Code:
Rent: <input type="checkbox"/> Own: <input type="checkbox"/> Parents: <input type="checkbox"/> Other: <input type="checkbox"/>	How long have you lived there?	Yrs.	Mo.
List your landlord and phone number:			
List your home and work phone numbers including area code:			
Home Telephone:	Work Telephone:		
E-mail:			
List your mailing address if different from your current address:			
Number and Street:	City:	State:	Zip Code:
Are you a citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Place of Birth:	Birth Date:		
In accordance with Federal Privacy Act of 1974, disclosure of your Social Security Number is voluntary. The SSN will be used for identification purposes to ensure proper records are obtained. SSN: <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/>			
Provide the following for purposes of identification:			
Height:	Weight:	Hair:	Eyes:
List and describe all scars, marks and tattoos (include where they are located)			
List all names, aliases, nicknames you have used or have been known by (include maiden name):			
Last:	First:	Middle:	Years used:

Print Name: _____

Relatives			
All applicants must provide complete information concerning their Mother, Father, Brothers and Sisters. Even though a relative is deceased, give all the information requested and indicate last residence and year of death. If you have been reared by someone other than your parents, the requested information should be furnished concerning them, as well as your natural parents.			
Name:	Address:	Home number:	
Relationship:		Work number:	
Date of Birth:	Occupation:		
Name:	Address:	Home number:	
Relationship:		Work number:	
Date of Birth:	Occupation:		
Name:	Address:	Home number:	
Relationship:		Work number:	
Date of Birth:	Occupation:		
Name:	Address:	Home number:	
Relationship:		Work number:	
Date of Birth:	Occupation:		
Name:	Address:	Home number:	
Relationship:		Work number:	
Date of Birth:	Occupation:		
Name:	Address:	Home number:	
Relationship:		Work number:	
Date of Birth:	Occupation:		

Marital Status				
Mark one of the following to show your current marital status:				
<input type="checkbox"/> 1-Never Married <input type="checkbox"/> 2-Married <input type="checkbox"/> 3-Separated <input type="checkbox"/> 4-Legally Separated <input type="checkbox"/> 5-Divorced <input type="checkbox"/> 6-Widowed				
Current Spouse				
Last:	First:	Middle:	Co-worker:	
Maiden Name	Date of Birth	Place of Birth	SSN	
Address of Spouse if different from applicant				
Number and Street:	City:	State:	Zip Code:	
Former Spouse				
Last:	First:	Middle:		
Maiden Name	Date of Birth	Place of Birth	SSN	
Date of Separation if Legally Separated, where is the record located (City/State/Country)?				
Address of Former Spouse				
Number and Street:	City:	State:	Zip Code:	Telephone No.

Education						
Check all that apply:						
<input type="checkbox"/> I possess a two-year college degree. NOT in Law Enforcement.		<input type="checkbox"/> I possess a masters degree in Law Enforcement.				
<input type="checkbox"/> I possess a two-year college degree in Law Enforcement.		<input type="checkbox"/> I possess a masters degree. NOT in Law Enforcement.				
<input type="checkbox"/> I possess a four-year college degree. NOT in Law Enforcement.		<input type="checkbox"/> Other				
<input type="checkbox"/> I possess a four-year college degree in Law Enforcement.						
College:	City and State:	Major:	Date Began:	Date Ended:	Credits:	Degree:
Have you ever attended a Trade, Vocational, Business school or received any specialized training? <input type="checkbox"/> Yes <input type="checkbox"/> No						
School:	Type of Training:	Date Attended:	Course Completed:			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
High School attended including graduation date:						

Experience and Employment			
BEGINNING WITH YOUR MOST CURRENT EMPLOYMENT , please list your last three previous employers, including military service, you have held. All time periods must be accounted for. Jobs include self-employed, part time, temporary work, voluntary work and internships. You must list all employment regardless of the length of employment. Addresses must be complete, current and accurate. If you have had intervening periods of unemployment, please list those periods in sequence in the spaces provided.			
Date of Employment:	From:	To:	
Name and address of employer:			Phone:
Supervisor's name:	Job Title:	Salary:	
Describe your duties:			
Reason for leaving, be specific:			
Co-worker:	Work/Home Phone:	Co-worker:	Work/Home Phone:
Unemployed?	From:	To:	
Date of Employment:	From:	To:	
Name and address of employer:			Phone:
Supervisor's name:	Job Title:	Salary:	
Describe your duties:			
Reason for leaving, be specific:			
Co-worker:	Work/Home Phone:	Co-worker:	Work/Home Phone:
Unemployed?	From:	To:	

Experience and Employment continued			
Date of Employment:	From:	To:	
Name and address of employer:			Phone:
Supervisor's name:	Job Title:		Salary:
Describe your duties:			
Reason for leaving, be specific:			
Co-worker:	Work/Home Phone:	Co-worker:	Work/Home Phone:
Unemployed?	From:	To:	

Date of Employment:	From:	To:	
Name and address of employer:			Phone:
Supervisor's name:	Job Title:		Salary:
Describe your duties:			
Reason for leaving, be specific:			
Co-worker:	Work/Home Phone:	Co-worker:	Work/Home Phone:
Unemployed?	From:	To:	

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

Prior Application		
Have you ever applied to the Plymouth County Sheriff's Department? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the following information.		
Date applied:	Position:	
Date applied:	Position:	
Date applied:	Position:	
Have you ever attended a police academy or a law enforcement-training center? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain.		
Name and address of site:		Date started:
		Date ended:
Did you complete training? <input type="checkbox"/> Yes <input type="checkbox"/> No if no, explain:		

Applications With Other Agencies	
Have you ever applied to any other law enforcement agency? <input type="checkbox"/> Yes <input type="checkbox"/> No 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:

Military Service			
Have you ever served in any Armed Forces, National Guard or Military Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what is your current status with the military? <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Inactive <input type="checkbox"/> Discharged			
Branch:	Unit:	Enlistment Date:	Discharge Date:
Service Number:	Highest Rank:	Rank at Discharge:	Type of discharge:
Separation Code:	Re-enlistment Code	If active or current reserve, list your C.O.'s name:	
Were you ever investigated for any criminal activity while in the military or military reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please explain.			
Have you ever been reduced in pay grade or been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or Military Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please explain.			
Date:	Violation:	Penalty:	
Did you receive an honorable discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.			

Social Network Sites
Are you an active user of social networking sites (Facebook, My Space, Twitter, etc.)? Please provide your account/username for each site.

Visits to a Correctional Facility
Have you ever visited a correctional facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.

Legal	
Have you ever applied for a permit to carry a concealed weapon? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain.	
Date applied:	Permit granted: <input type="checkbox"/> Yes <input type="checkbox"/> No Weapon:
Name of agency where applied:	
For what purpose?	Was it ever revoked?
Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever had a civil judgement ruled against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to either question, provide the following.	
Date:	Court location: <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant
Details:	
Date:	Court location: <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant
Details:	

Motor Vehicles				
List all vehicles that you own and or that are registered to you or your spouse.				
Year:	Make:	Model:	Color:	License number/State:

Residence		
List all your residences during the last ten (10) years. List no information prior to your 15th birthday. Begin with your most current residence:		
Current address:	City/state:	Since:
With whom do live:		Landlord:
Previous address:	City/state:	Since:
With whom do live:		Landlord:
Previous address:	City/state:	Since:
With whom do live:		Landlord:
Previous address:	City/state:	Since:
With whom do live:		Landlord:
Previous address:	City/state:	Since:
With whom do live:		Landlord:
Previous address:	City/state:	Since:
With whom do live:		Landlord:

References

Please list as references, three (3) individuals you have known for at least two (2) years who have knowledge of you and your qualifications.
DO NOT INCLUDE RELATIVES, FAMILY MEMBERS, OR PRIOR EMPLOYERS.

Name:	Address: <input type="checkbox"/> Work <input type="checkbox"/> Home	Work number:
Occupation:		Home number:
Relationship:		How long have you known this person?

Name:	Address: <input type="checkbox"/> Work <input type="checkbox"/> Home	Work number:
Occupation:		Home number:
Relationship:		How long have you known this person?

Name:	Address: <input type="checkbox"/> Work <input type="checkbox"/> Home	Work number:
Occupation:		Home number:
Relationship:		How long have you known this person?

List any additional experience or qualifications you have which may be beneficial.

Signature Page

I understand that any conditional job offer or appointment tendered me will be contingent upon the results of a thorough background investigation.

I further understand that during the application process and or background investigation, I am required to report to the Plymouth County Sheriff's Department Background Investigation Division any changes in my personal history covered in the personal history statement.

Prior to submitting my Personal History Statement, I reviewed it carefully for truthfulness, completeness and accuracy.

I have read each question asked of me and understand each question. My statements on this form and any attachments to this form including but not limited to a resume, are true, and correct to the best of my knowledge and belief and are made in good faith.

I understand that any discrepancies, misstatements, omissions and falsifications will be cause for disqualification and for my name to be removed from the eligible list or will be cause for further review and/or dismissal if an appointment was made.

Signature (sign in ink)

Date:

Voluntary Affirmative Action Survey

Government agencies require periodic reports on sex and ethnic background of all applicants. Please answer the following questions.

Male Female

Race/Ethnic Group: White African American Hispanic

American Indian/Alaskan Native Asian/Pacific Islander

Other Please specify: _____

OFFICIAL USE ONLY

Personal History Statement accepted by: _____

Release of Information

I, _____, hereby release, discharge, and exonerate the
(PRINT YOUR NAME)

Plymouth County Sheriff's Department, its agents and representatives, and any person so furnishing this 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 investigations made by or on behalf of the Plymouth County Sheriff's Department.

I further understand that the Plymouth County Sheriff's Department may conduct a background investigation prior to, or at any time during my tenure. This background investigation will include a check with any past employers, a criminal records check with the local police departments, the State Police, the F.B.I., and the Massachusetts Board of Probation, a credit check, a neighborhood check, as well as interviews with character references. The Plymouth County Sheriff's Department may make an adverse employment decision based on information obtained during the background check, including criminal offender record information.

Signature (sign in ink)

Date of Birth: _____

This application will be held in our files for (1) one year.



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