



Essex County Sheriff's Department



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

Kevin F. Coppinger
Sheriff

Telephone 978-750-1900
www.essexsheriffma.org

APPLICATION FOR EMPLOYMENT

IMPORTANT!

INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM

False or misleading, incomplete, or intentional omission of information on the application will be cause for disqualification for employment or dismissal at any time during employment.

1. Type or print clearly in black or blue ink.
2. Answer every question fully and accurately. If not applicable, please write "N/A".
If applying for a Correctional Officer position, you must also complete Addendums A and B found at the end of the application.
3. All Applicants for employment that meet the minimum requirements may be subject to the following review by the Essex County Sheriff's Department later in the Application process:
 - Criminal Offender Record Information (C.O.R.I.);
 - Sex Offender Registry Information (S.O.R.I)
4. All employment offers made by the Essex County Sheriff's Department may be subject to the successful results of the following: drug screen; psychological exam; reference check; education and/or professional license certifications; driving record review; credit check and/or background investigation.
6. Read all certifications and releases included as part of this Application carefully before signing.
7. Return completed application (including all numbered pages) to the Essex County Sheriff's Department by email, hand delivery or via US Postal Service, UPS, or Fed Ex.
8. If you require an alternative version of the Essex County Sheriff Department's Application for Employment, please contact Human Resources at: hr@essexsheriffma.org or (978)750-1900 ext. 3533.

Proudly serving the communities of Essex County

AMESBURY • ANDOVER • BEVERLY • BOXFORD • DANVERS • ESSEX • GEORGETOWN • GLOUCESTER • GROVELAND
HAMILTON • HAVERHILL • IPSWICH • LAWRENCE • LYNN • LYNNFIELD • MANCHESTER-BY-THE-SEA • MARBLEHEAD
MERRIMAC • METHUEN • MIDDLETON • NAHANT • NEWBURY • NEWBURYPORT • NORTH ANDOVER • PEABODY
ROCKPORT • ROWLEY • SALEM • SALISBURY • SAUGUS • SWAMPSCOTT • TOPSFIELD • WENHAM • WEST NEWBURY

REQUIRED DOCUMENTATION

Below is a list of documents you are required to submit along with your employment application. Applications will not be processed unless all required documents are received by Human Resources. Copies are acceptable for all items except transcripts which will need to be original transcripts in a sealed envelope.

1. Current Resume
2. Valid Driver's License
3. Birth Certificate with Official Seal
4. DD214 (If Military Service)
5. License to Carry Firearms (if applicable)
6. Professional Certifications (EMT, Reserve Police Academy, etc.)
7. Social Security Card
8. Naturalization Documents (if applicable)
9. High School Diploma/GED
10. Official College Transcript in sealed envelope
11. Passport (if applicable)
12. Entire Credit Report (**All pages are required**)

Free Credit Reporting Website: www.annualcreditreport.com or 1-877-322-8228.

ESSEX COUNTY SHERIFF'S DEPARTMENT

APPLICATION FOR EMPLOYMENT

THE ESSEX COUNTY SHERIFF'S DEPARTMENT IS AN
EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER.

It is the policy of the Essex County Sheriff's Department to afford equal employment opportunity to all qualified persons regardless of race, color, religious creed, national origin, age, military status, sex, gender identity, sexual orientation, genetic information, ancestry, or disability unless based upon a bona-fide occupational qualification.

ALL Employees must be able to effectively communicate with staff, inmates, and the general public.

Position Applying for: _____ **Date of Application:** _____

PERSONAL DATA

First Name				Middle Initial	Last Name	
Home Telephone Number		Personal Cell Phone		Email Address		
Mailing Address:						
Street/PO Box		City		State	Zip	
Home Address if different than mailing address:						
Street		City		State	Zip	
Are you authorized to work in the U.S. on an unrestricted basis?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you a citizen of the United States?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you 21 years of age or older?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Social Security Number:						
Have you previously applied to the Essex County Sheriff's Department?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If yes: What position and When? _____						
Have you ever legally changed your name, or used a different name for legal reasons, including for purposes of employment?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, please explain:

Please list any names or nick names that you have gone by, or currently go by:

Do you personally know anyone who is employed by the Essex County Sheriff's Department? YES NO
 Whom: _____

How did you hear about the Essex County Sheriff's Department?
 Current Employee Military Branch School Friend Family Internet Other
 Explain: _____

Education and/or Specialized Training:

High School Name _____ City _____ State _____

From: _____ Dates Attended _____ To: _____ Did you Graduate? YES NO
 If yes, what year?

College/University Name _____ City _____ State _____

From: _____ Dates Attended _____ To: _____ Did you Graduate? YES NO
 If yes, what year?

College/University Name _____ City _____ State _____

From: _____ Dates Attended _____ To: _____ Did you Graduate? YES NO
 If yes, what year?

Other education or specialized training (explain):

RESIDENCES/PHONE NUMBERS

Please provide information relative to your **CURRENT** residence:

CURRENT Address	City	State	Dates Resided at this Address
------------------------	------	-------	-------------------------------

Telephone number	RENT <input type="checkbox"/> OWN <input type="checkbox"/>
------------------	--

Landlord's name and phone number (if applicable)

Please provide the following information relative to **all other** addresses where you have resided during the **last 10 years other than** your **current** address (Please use Page 15, Continuation Page, if you require additional space.)

Address	City	State	Dates resided at this address
---------	------	-------	-------------------------------

Address	City	State	Dates resided at this address
---------	------	-------	-------------------------------

Address	City	State	Dates resided at this address
Address	City	State	Dates resided at this address
Address	City	State	Dates resided at this address

Please provide the following information relative to **all other** phone numbers you have used during the **last 10 years other than your current** phone number:

Phone Number	From	To
Phone Number	From	To

MILITARY

Are you registered for Selective Service? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, Selective Service Number: Your Selective Service Number can be found at https://www.sss.gov/verify/
---	--

Have you ever served in the Armed Forces, National Guard or Military Reserves? YES <input type="checkbox"/> NO <input type="checkbox"/>	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: _____

Supervisor/Commanding Officer Name: _____ Phone Number: _____

Were you ever investigated for any criminal activity while in the military or military reserves? YES NO

(If "YES", please explain)

Was any type of disciplinary action taken against you while in the military? YES NO

(If "YES", please explain)

Month/Year: _____

Charge or Specification/Action Taken: _____

City & County: _____

Month/Year: _____

Charge or Specification/Action Taken: _____

City & County: _____

Did you receive an Honorable Discharge? YES NO

If No, Please Explain: _____

EMPLOYMENT HISTORY

(Please list previous employment for the last 10 years. Use continuation page if necessary)

Are you currently employed? YES NO

Employer Name	Telephone Number	Disclaimer: Current Employers will be contacted.	
---------------	------------------	---	--

Street Address	City	State	Zip
----------------	------	-------	-----

Job Title	Dates Employed
-----------	----------------

Specific Duties:

Reason for Leaving:

Supervisor Name (Last, First)

Employer Name	Telephone Number	May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>	
---------------	------------------	---	--

Street Address	City	State	Zip
----------------	------	-------	-----

Job Title	Dates Employed
-----------	----------------

Specific Duties:

Reason for Leaving:

Supervisor Name (Last, First)			
Employer Name	Telephone Number	May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Street Address	City	State	Zip
Job Title		Dates employed	
Specific Duties:			
Reason for Leaving:			
Supervisor Name (Last, First)			
Employer Name	Telephone Number	May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Street Address	City	State	Zip
Job Title		Dates Employed	
Specific Duties:			
Reason for Leaving:			
Supervisor Name (Last, First)			
<p>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?</p>			
YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please provide the following information:			
Date:		Employer:	
Details:			
Have you ever been suspended by an employer or received a formal written reprimand? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Explain:			
Circumstances:			
<p>Have you ever had any extended work absences for reasons other than earned vacation or time protected by the Family Medical Leave Act, Massachusetts Maternity Leave Act or Military Leave, or used as a reasonable accommodation under the Americans with Disabilities Act or similar state law?</p>			
YES <input type="checkbox"/> (Explain in the continued space provided)		NO <input type="checkbox"/>	
SOCIAL MEDIA			

Are you part of or do you have a username on any on-line social network?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, which one (check all that apply):	<input type="checkbox"/> Instagram <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Snapchat <input type="checkbox"/> LinkedIn <input type="checkbox"/> Personal/Business <input type="checkbox"/> Other
What is your identity?	Network: _____ Identity: _____
	Network: _____ Identity: _____
	Network: _____ Identity: _____

REFERENCES

Please provide three references, who are not related to you, not your significant other, who can comment on your personal character.

Reference #1

Name	
Residential Address	
Phone Number	
Number of years acquainted	
Occupation	
Business Name	
Business Phone	

Reference #2

Name	
Residential Address	
Phone Number	
Number of years acquainted	
Occupation	
Business Name	
Business Phone	

Reference #3

Name	
Residential Address	
Phone Number	
Number of years acquainted	
Occupation	
Business Name	
Business Phone	

DRIVER'S LICENSE(S)

(All Sheriff Department Employees must have a valid Driver's License from the state in which you reside)

Do you have a valid Driver's License?

YES NO

License Number

State

Have you been issued a Driver's License by another state? YES NO

License Number

State

Has your Driver's License, in any State, ever been suspended or revoked YES NO

Explain: _____

PROFESSIONAL LICENSE(S)/CERTIFICATION(S)

Please provide information for any **current and active** professional licenses or certifications you hold **relative to the position you are applying for** (i.e. plumber, dispatch certifications, CPR, teacher, social worker, etc.) Attach additional sheets if necessary.

Type of license/certification

State of license/certification

License/certification number

Type of license/certification

State of license/certification

License/certification number

Type of license/certification

State of license/certification

License/certification number

Type of license/certification

State of license/certification

License/certification number

FIREARMS LICENSE(S)

Have you ever been issued a firearms license?

YES NO

Date of Issue

City/State of Issue

License Number

Have you ever had a firearms license suspended/revoked/denied?

YES NO

If yes, explain:

CIVIL CASES/BANKRUPTCY

Have you been named as a plaintiff or defendant in any civil court action?

YES NO

If yes, Please explain: _____

Month Year: _____ Reason: _____ Action Taken/Disposition: _____

Law Enforcement Agency/Court/Docket #:

Have you ever filed for Bankruptcy?

YES NO

If yes, Please explain: _____

Month/Year: _____ Reason: _____ Action Taken/Disposition: _____

Law Enforcement Agency/Court/Docket #:

Month/Year: _____ Offense: _____ Action Taken/Disposition: _____

Law Enforcement Agency/Court/Docket #:

APPLICATIONS WITH OTHER AGENCIES:

Have you ever applied to any other law enforcement agency?

YES NO

If yes, list every agency, starting with the most recent. DO NOT include this application.

Agency, including address:

Date applied:

Position:

Outcome:

Agency, including address:

Date applied:

Position:

Outcome:

Agency, including address:

Date applied:

Position:

Outcome:

CRIMINAL RECORDS

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 appearances and adjudications 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.

You may answer "no" with regard to any inquiry relative to the following:

(i) an arrest, detention, or disposition regarding any violation of law in which no conviction resulted, or (ii) a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace, or (iii) any conviction of a misdemeanor where the date of such conviction or the completion of any period of incarceration resulting there from, whichever date is later, occurred five or more years prior to the date of such application for employment or such request for information, unless such person has been convicted of any offense within five years immediately preceding the date of such application for employment or such request for information.

a. Have you ever been convicted of a felony?

YES NO

b. Have you been convicted of a misdemeanor within the past five years (see limitation to answering above)?

YES NO

If "YES", give details including date, location (city), law enforcement entity (Police Department, State Police, Federal Law Enforcement), nature of offense and disposition:

PRISON RAPE ELIMINATION ACT (PREA)

1. Have you 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;

(Please note that 42 U.S.C. 1997 states that the term “institution” means any facility or institution which is owned, operated, or managed by, or provides services on behalf of any State or political subdivision of a State; and which is for persons who are mentally ill, disabled, or retarded, or chronically ill or handicapped; a jail, prison, or other correctional facility; a pretrial detention facility; for juveniles held awaiting trial; residing in such facility or institution for purposes of receiving care or treatment; or residing for any State purpose in such facility or institution (other than a residential facility providing only elementary or secondary education that is not an institution in which reside juveniles who are adjudicated delinquent, in need of supervision, neglected, placed in State custody, mentally ill or disabled, mentally retarded, or chronically ill or handicapped); or providing skilled nursing, intermediate or long-term care, or custodial or residential care. Privately owned and operated facilities shall not be deemed “institutions” under this subchapter.)

YES NO

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; or

YES NO

3. Have you been civilly or administratively adjudicated to have engaged in the activity described in the above section?

YES NO

Applicant Name (Print)

Applicant Signature

Date

Witness Name (Print)

Witness Signature

Date

DISCLOSURE OF FAMILY MEMBERS WHO ARE STATE EMPLOYEES
 Disclosure required by MGL Chapter 268A, §6B

Applicant's Name: _____ Date: _____

A state employee is a person holding a paid or unpaid office, position, employment, or membership in a Massachusetts State Agency. For purpose 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.

Note: Employees of the Essex County Sheriff's Department are Massachusetts State Employees.

Is your spouse, parent, brother, sister, or child, or the spouse of your parent, brother, sister, or child a Massachusetts State Employee: YES NO

If you answered **yes**, please list below the name(s) of any Massachusetts 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 provide the name of the state agency that employs those relatives.

Name of Relative	Relationship to Applicant	Name of State Agency Where Employed

CONTINUATION PAGE



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BACKGROUND INFORMATION REQUEST AND WAIVER

Name: _____
Last First Middle

Previous Name and/or Alias: _____

Residential Address: _____
(not a P.O. Box) Number Street City State Zip

Have you ever resided in another State? YES NO

If yes, Which City/State: _____

Social Security Number: _____

Drivers License Number: _____

Date of Birth: _____ Place of Birth: _____

Sex: _____ Race: _____ Contact Number: _____

Mother's Maiden Name _____

Father's Name: _____

I, _____, hereby release, discharge, and exonerate the Essex County Sheriff's Department, its agents and representatives, and any person so furnishing information, for any and all liability of every nature and kind arising out of furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of the Essex County Sheriff's Department.

I further understand that the Essex County Sheriff's Department will conduct a background investigation which may include a check with past employers, a criminal records check with the local police department, the State Police, the FBI in Washington, D.C., the Massachusetts Board of Probation and Registry of Motor Vehicles. The Essex County Sheriff's Department will conduct these checks as the Department deems necessary.

Notary Public

Signature of Applicant

My Commission Expires

Print Name

Date



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Name: _____

Social Security Number: _____ Date of Birth: _____

Authority for Release of Information

This release, when presented by a duly authorized representative of the Essex County Sheriff's Department, constitutes my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background.

Specifically, I authorize the release of the following data or records to the Essex County Sheriff's Department: Employment, Educational, Medical, Psychological; Selective Service; Police and Criminal; Motor Vehicle and Driving; Financial and Credit; and the UNDELETED copy of my military separation document and medical records from the appropriate Military Records Center and Department of Veterans Affairs.

This authorization is given in connection with a background investigation being conducted relative to my application for, or continued employment with, the Essex County Sheriff's Department. 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 an investigation, which may provide pertinent data for the Essex County Sheriff's Department, to consider my suitability for employment.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part upon this release authorization, will be considered in determining my suitability for employment by the Essex County Sheriff's Department. I understand that all materials pertaining to this background investigation become the property of the Essex County Sheriff's Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her 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. I further understand that in the event my application is disapproved, the confidential information or source of information will not be revealed to me.

I understand that in the event the investigating agency finds conduct that is illegal or unbecoming of a correctional officer and I am currently serving in the capacity of a correctional officer in another jurisdiction, the investigating agency has my permission to disclose the information to my current employer.

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

Notary Public

Signature of Applicant

My Commission Expires

Print Name

Date



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AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

Applicant's Name: _____

Social Security Number: _____

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: _____

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 on this application will be sufficient cause for cancellation of this application and/or dismissal from the Essex County Sheriff's Department if I am 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 during my probationary period. I understand that no representative of the ECSD has the authority to make any assurances to the contrary.
- (2) I authorize an 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 on my application or during interview(s) may result in termination and/or dismissal. I understand that I am required to abide by all rules and regulations of the ECSD. I further agree to submit to the following examinations: oral interview board, physical test, medical tests, and such further exams/ tests as deemed necessary by the appointing authority.
- (3) I understand that any offer of employment from the ECSD will be contingent upon my successful completion of any post offer pre-employment physical examination and background investigation that ECSD may require. I also understand and agree that I will be required to undergo and successfully pass a drug and alcohol screening, as well as a psychological screening during the hiring process and if employed, as required by ECSD.

Signature: _____

Date: _____

Print Name: _____

IMPORTANT!

INSTRUCTIONS FOR COMPLETING THE ADDENDUMS CORRECTIONAL OFFICERS ONLY

1. **Medical clearance** for physical fitness testing must be signed by your doctor prior to the Physical Fitness test.
2. The **Physical Fitness Standards** table depicts the requirements to proceed in the hiring process for the Essex County Sheriff's Department.
3. All questions need to be answered on the **written homework assignment** in order for the Department to get insight into potential career goals.

All forms are kept confidential and are only viewed by the following Divisions:

Training, Human Resources, Internal Affairs

MEDICAL CLEARANCE FOR PHYSICAL FITNESS TESTING Addendum A

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

For your patient to participate in this physical fitness test, he/she must receive medical clearance specifying that he/she is/is not capable of participating in this activity.

On the next page, you will find a list of the four testing elements, and the description of each element.

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

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

Patient's Name: _____

The above referenced 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: _____

PHYSICAL FITNESS STANDARDS

The physical fitness examination consists of 4 basic tests. The tests will be given in the following sequence with a minimum of a 3-minute rest period between each test.

PHYSICAL FITNESS CRITERIA	REQUIREMENTS
Push – Ups	1 minute (19 minimum)
Plank hold	1 minute
¼ mile run and handcuffing station	3 minutes and 22 seconds
¼ mile run with a rescue mannequin drag	3 minutes and 37 seconds

1 – MINUTE PUSH UP TEST: (Minimum of 19 Push-Ups)

The applicant must keep their elbows extended; hands placed slightly wider than shoulder width apart and flat on the ground with fingers pointed forward. The applicant must always keep the back straight and lower the body to the floor until the chest breaks the horizontal plane with the body parallel to the floor (approximately four inches from the floor), elbows at a ninety-degree bend and then returns to the up position. The applicant will then perform as many push-ups as possible in one minute.

The rest position, if needed, will be with the arms extended and the applicant must always keep their back straight.

1 – MINUTE PLANK HOLD

Begin in the modified push-up position, and when the command ready is given assume a push-up position with the feet placed hip width apart with the ankles at 90-degrees and the knees straight.

Place the elbows directly below the shoulders and bent at 90-degrees so that the weight is supported on both the forearms and toes.

The head must remain in the neutral position and the hands cannot be clasped together.

The pelvis should be tilted into a neutral position and the back should be flat.

The plank exercise is terminated if the participant's hip sags towards the floor, the shoulder blades sag causing a gap in-between the shoulder blades, the head is extended looking up or sagging down or the hips/buttocks are piked up toward the ceiling.

¼ MILE RUN AND HANDCUFFING STATION: (3 Minutes and 22 seconds)

The applicant **RUNS** a measured distance of a ¼ mile and approaches a non-combative (handcuffing station) subject and verbally tells him/her to “turn around”. The participant will then apply the handcuffs on the subject. Timing starts and ends when the participant begins running and ends when the handcuffs are applied.

A certified Defensive Tactics instructor will demonstrate the correct application of the handcuff technique prior to the start of the test.

¼ MILE RUN AND RESCUE MANEQUIN DRAG: (3 Minutes and 37 seconds)

The applicant **RUNS** a measured distance of ¼ mile and approaches the un-responsive officer/subject (training mannequin) and drags the mannequin continuously for a distance of 50 feet at a steady pace. The participant may not stop during the drag.

If the participant accidentally trips or falls, they will be directed to get up as quickly and safely as possible and continue. The participant does not need to start over. Timing starts and ends when the participant begins running and ends when the feet of the mannequin pass the designated 50-foot distance.

Performing the Standing Mannequin Drag:

1. Kneel at the head of the supine victim.
2. Raise the victims head and torso by 90-degrees so that the victim is leaning against you.
3. Reach under the victim’s arms around the victim’s chest and lock your arms.
4. Stand straight up using your legs and drag the victim to the designated location.

Data from the Center for Disease Control states that the average male in the U.S. is 195.7 pounds while the average weight for a female is 168.5 pounds. The average combined weight for both groups is 182.1 pounds. (2017)

The rescue mannequin used for the practical exercise will weigh 165 pounds.

**WRITTEN ASSIGNMENT FOR CORRECTIONAL OFFICER
CANDIDATES
Addendum B**

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 with your application.

Please answer the following questions utilizing double spacing and no greater font size than twelve (12). There are no required number of pages for this assignment.

1. a. If you are currently employed, why are you leaving that position?
b. If you are not currently employed, please explain your gap in employment.
2. What are your experiences thus far, if any in the law enforcement field? How do you feel those experiences will facilitate your assimilation into a career as a Correctional Officer?
3. The field of corrections is known to have a higher than average turn-over rate. Please explain what you would hope that an employer would provide to its employees in order to increase staff retention levels.
4. At all levels of Corrections, from front-line staff to Administration, those who are equipped to handle the physical, mental and emotional demands of Corrections will have more positive experiences and be more productive in the execution of their duties.

Please discuss ways in which the department can assist its Officers in achieving their full physical, mental and emotional potential.
5. Throughout the past two decades, there have been rapid technological advancement and social media availability. Please describe how social media could positively or negatively influence the public's perception of Correctional Officers.
6. Describe in detail some crimes that occur in society that as a Correctional Officer, you may encounter inside the jail. How do these crimes pose a safety concern for both inmates and Correctional staff?
7. What skills do you possess that will facilitate you in being a good Correctional Officer?
8. What skills do you lack that hope you will gain through your employment as a Correctional Officer?