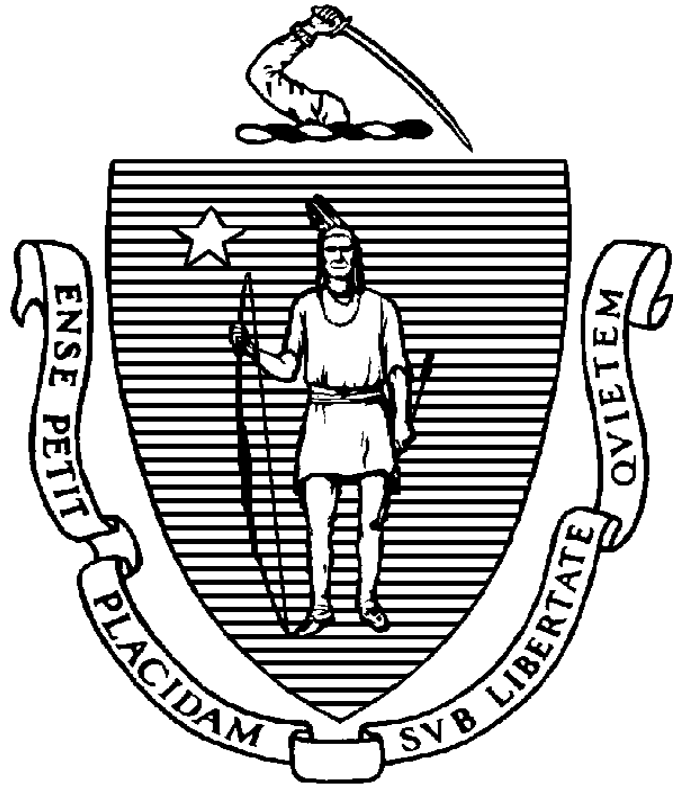


Commonwealth of Massachusetts

FRANKLIN COUNTY SHERIFF'S OFFICE



APPLICATION FOR EMPLOYMENT

IMPORTANT

“It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.”

MGL Ch.149, Section 19B

Instructions for completing the application form.

1. Type or print clearly in black or blue ink.
2. Answer every question fully and accurately even if you have submitted a resume. If you cannot answer or do not understand any part of this application notify the Sheriff's Office representative immediately. In addition to the information required below, please provide any other information you think would be helpful to us in considering you for employment. You may exclude all information indicative of any status in a protected category (age, race, religion, national origin, race, color, religious creed, sex, sexual orientation, genetic information, ancestry, marital status, veteran status or handicap).
3. The Franklin County Sheriff's Office may review, if applicable:
 - Criminal Offender Record Information (C.O.R.I) and;
 - Sex Offender Registry Information (S.O.R.I.) and;
 - The Central Registry of Child Abuse/Neglect reports maintained in accordance with M.G.L. Chapter 119, Section 51 B.
4. If an offer of employment is made to you, the Franklin County Sheriff's Office may declare that the offer is contingent upon the successful results of a medical exam, physical fitness exam, references, and/or a tax and background check.
5. **FALSE OR INACCURATE INFORMATION OR THE OMISSION OF INFORMATION ON THIS APPLICATION WILL BE CAUSE FOR DISQUALIFICATION FOR EMPLOYMENT OR DISMISSAL AT ANY TIME AFTER EMPLOYMENT HAS COMMENCED.**
6. Read certification and releases carefully before signing.
7. Return completed application. Incomplete applications will not be considered.
8. If there is a need for an alternative version of this form, please contact the Director of Human Resources.

This application will be kept on file for one year but applicants are responsible for applying for each vacancy for which there is an interest in being considered.



COMMONWEALTH OF MASSACHUSETTS

Franklin County Sheriff's Office APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

It is the policy of the Franklin County Sheriff's Office to afford equal employment opportunity to all qualified persons regardless of race, color, religion, national origin, age, military status, sexual orientation, disability, or gender, genetic information, or veteran's status except where age or sex is a bonafide occupational qualification as allowed by the Civil Rights Act of 1964.

PERSONAL INFORMATION					
Name (First)	(Middle)	(Last)	Mr.	Ms.	Home Telephone Number
Mailing Address (Street) (City) (State) Zip(Postal) Code				Personal Cell Phone	
Home Address (if different from mailing address)				Personal E-Mail Address	
Are you authorized to work in the U.S. on an unrestricted basis? YES NO				National ID (SS#) Optional	
Are you over 19 years or older? YES NO				Who referred you? Employment Agency Employee Newspaper advertisement Commonwealth's Employment Opportunities (CEO) Other Internet job site Unemployment office/One-Stop Career Center Other : _____ _____ _____ _____ _____	
Have you been convicted of a felony? YES NO (Having a conviction may not necessarily automatically disqualify you from consideration.) If yes, please explain.* _____ _____					
Have you been convicted of a misdemeanor other than a first misdemeanor conviction for drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace within the last 5 years? YES NO (Conviction will not necessarily disqualify an applicant from employment.) If yes, please explain.* _____ _____					
<p>* "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." <i>MGL Ch. 276, Section 100A.</i></p>					

EMPLOYMENT DESIRED	
Position Applied For:	Date available for work:
Have you worked for the Commonwealth before? NO YES Dates:	Starting salary desired
Are you available for full time work? YES NO	Are you available for part time work? YES NO
In addition to your work history, what other experiences, skills or qualifications would qualify you for work with our agency?	

EDUCATION				
Name of School	Location City State	Main Course of Study	Did you Graduate	Degree
List any additional education or training: _____				

PROFESSIONAL REFERENCES (not personal): List 3 people not related to you who can comment on your work performance.				
Name	Address	Occupation	Telephone Number	Years Acquainted
1				
2				
3				

PERSONAL REFERENCES (not professional): List 3 people not former employers or related to you.				
Name	Address	Occupation	Telephone Number	Years Acquainted
1				
2				
3				

MILITARY SERVICE INFORMATION				
<i>This information is furnished on a <u>voluntary</u> basis.</i>				
Check all that apply:	<input type="checkbox"/> Veteran	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Vietnam Era Veteran	
Dates of Service:	to	Branch?		
If Vietnam Era Veteran, have you been certified by the Office of Diversity and Equal Opportunity? YES NO				
If yes, what is the Certification #? _____				
(Please attach Form DD214 or a copy of SOAA certification.)				

IMMEDIATE FAMILY WORKING IN MASSACHUSETTS STATE GOVERNMENT			
Per Executive Order 444, please disclose any immediate family members, including those related to your immediate family by marriage, who are employed by the Commonwealth of Massachusetts. You are required to complete the information below. "Immediate family" is defined as a spouse, child, parent, and sibling; and the spouse's child, parent and sibling. Include those employed in all branches of state government: judicial, legislative, executive, higher education and state authorities; and those employed as regular or contract employees, or elected officials. This "sunshine disclosure" is intended to ensure that the citizens of our Commonwealth have full confidence in their government and its hiring process. The disclosure will not be used to exclude any qualified applicant seeking a position within the Executive Branch from receiving full consideration based on the merits of his/her credentials and the requirements of the job. Attach additional pages if needed.			
Name of Relative	Relationship	Title of Relative's Job	State Agency

EMPLOYMENT HISTORY

Are you employed now? Yes No

COMPLETE ALL INFORMATION IN FULL. All applicants must complete this page even if they are also submitting a resume.Begin with your most recent employment, including any present employment. Your present employer will not be contacted without your permission. You may include any verifiable work performed on a volunteer basis. Any gaps in employment must be briefly explained.

Company Name			May we contact? Yes No		
Street Address		Telephone		Specific Duties	
City & State		ZIP (Postal) Code			
Job Title					
Supervisor					
Dates Employed:		From	To	Salary	Reason for Leaving
Company Name			May we contact? Yes No		
Street Address		Telephone		Specific Duties	
City & State		ZIP (Postal) Code			
Job Title					
Supervisor					
Dates Employed:		From	To	Salary	Reason for Leaving
Company Name			May we contact? Yes No		
Street Address		Telephone		Specific Duties	
City & State		ZIP (Postal) Code			
Job Title					
Supervisor					
Dates Employed:		From	To	Salary	Reason for Leaving
Company Name			May we contact? Yes No		
Street Address		Telephone		Specific Duties	
City & State		ZIP (Postal) Code			
Job Title					
Supervisor					
Dates Employed:		From	To	Salary	Reason for Leaving

EMPLOYMENT HISTORY (continued)

COMPLETE ALL INFORMATION IN FULL

Has any of the following happened to you in the last ten (10) years:

- 1. Fired from job
- 2. Quite a job after being told you would be fired
- 3. Left a job by mutual agreement following allegations of misconduct
- 4. Left a job by mutual agreement following allegations of unsatisfactory performance
- 5. Left a job for other reasons under unfavorable circumstances.

If yes – use the numbers above under “Code” to explain the reason your employment was ended.

Date (Month/Year)	Code	Employer’s Name & Address

If yes – begin with the most recent occurrence and go backwards, providing date fired, quit or left and Employer identity, and a detailed explanation for each instance. Use additional sheets of paper if necessary.

**RELEASE AND CERTIFICATION
PLEASE READ BEFORE SIGNING**

I understand that the foregoing will be verified in order to expedite my application for employment with the Franklin County Sheriff's Office. I hereby authorize the Franklin County Sheriff's Office to conduct a full investigation into my background.

I authorize the Franklin County Sheriff's Office to obtain my previous work records, employment records, character references and any other information concerning character, ability and habits and all other necessary information. Further I grant authority to the keeper of these records to release said records to the Commonwealth of Massachusetts for the purpose of making its hiring decision. I agree that the Franklin County Sheriff's Office shall not be liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statement, omissions or answers made by me on this application. I agree that my previous employers shall not be liable with regard to any information provided by them in connection with this release.

I certify under the pains and penalty of perjury that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing, which, if disclosed, would affect this application unfavorably. I understand that any false statements, omissions or answers made by me on this application can result in my immediate termination.

In compliance with the Immigration and Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment. I have received the list of approved documents with this application.

I understand that unless I am subject to the terms of a collective bargaining agreement, my employment will be at-will, which means that both the Franklin County Sheriff's Office and I are free to terminate the employment relationship at any time for any non-statutorily prohibited reason or for no reason at all, with or without notice.

I hereby acknowledge that I have read in full and understand the above statements and conditions of employment.

Signature of Applicant

Date

Printed Name

I understand that typing my name in the box above constitutes a legal signature confirming that I acknowledge and agree to the above Terms. Signatories have the option to opt out and sign with a paper signature instead.

MISCELLANEOUS JOB-RELATED INFORMATION

JOB INTEREST	
Shift preferred 1 st (Days) 2 nd (Evenings) 3 rd (approx. 11:00pm –7:00am)	Are you available to work EVERY Saturday and Sunday? YES NO

CERTIFICATIONS AND LICENSES	
List any professional licenses, registrations or certifications you possess:	
License _____	License Number _____ Date Issued _____ Expiration Date _____
License _____	License Number _____ Date Issued _____ Expiration Date _____
License _____	License Number _____ Date Issued _____ Expiration Date _____

ENGLISH LANGUAGE									
Describe your proficiency in the English Language	Simple conversation: YES NO			Simple Reading: YES NO			Read and speak fluently YES NO		
LANGUAGE CAPABILITIES									
List any language(s) other than English in which you are proficient including Sign Language and Braille. *									
Language	Conversational			Reading			Writing		
	HIGH (Fluent)	MOD (Good)	LOW (Fair)	HIGH (Fluent)	MOD (Good)	LOW (Fair)	HIGH (Fluent)	MOD (Good)	LOW (Fair)

IN CASE OF EMERGENCY, PLEASE NOTIFY			
Name:	Relationship:	Tel.	
Address:	City:	State:	Zip:

CRIMINAL OFFENDER RECORD INFORMATION (C.O.R.I.)

If employed, I agree to abide by all rules and regulations of the Franklin County Sheriff’s Office. I understand if convicted of a felony, I will notify my supervisor immediately. I agree to furnish such additional information and complete such examination as may be required to complete an employment process and understand that this application for employment in no way obligates the Franklin County Sheriff’s Office to employ me. I acknowledge that the Franklin County Sheriff’s Office will, if applicable, review the Criminal Offender Record Information (C.O.R.I.), Sex Offender Registry Information (S.O.R.I.) and the Central Registry of Child Abuse/Neglect reports in accordance with M.G.L., Chapter 119, Section 51B.

I hereby acknowledge that I have read in full and understand the above statement.

Signature of Applicant

Date

Printed Name

I understand that typing my name in the box above constitutes a legal signature confirming that I acknowledge and agree to the above Terms. Signatories have the option to opt out and sign with a paper signature instead.

PRE-EMPLOYMENT PHYSICAL & DRUG SCREENING NOTICE

PLEASE READ BEFORE SIGNING

If an offer of employment is made to you, the Franklin County Sheriff’s Office may specify that it is contingent upon the results of a medical exam. I freely and voluntarily agree to submit to a pre-employment physical and/or drug screen, as it relates to the requirements of a specific job, as part of my pre-employment application to the Franklin County Sheriff’s Office. I understand that either refusal to submit to such a screening or failure to qualify according to the minimum standards established by the Franklin County Sheriff’s Office for this screening may disqualify me from further consideration for employment. Further, I understand that any positive drug test results will be communicated in a confidential manner.

I hereby acknowledge that I have read in full and understand the above statements.

Signature of Applicant

Date

Printed Name

I understand that typing my name in the box above constitutes a legal signature confirming that I acknowledge and agree to the above Terms. Signatories have the option to opt out and sign with a paper signature instead.

THIS IS AN INSERT provided for Informational Purposes Only

IMMIGRATION REFORM AND CONTROL ACT REQUIREMENT

In compliance with the Immigration and Reform and Control Act of 1986, you will be required to provide approved documentation that verifies your right to work in the United States prior to beginning work. Please be prepared to provide any of the following documentation if you are offered and accept a position:

(This Verification Process Is Required For All Employees (Both Citizen And Non-Citizen) Hired After November 6, 1986.) The list below is effective April 3, 2009.

List A: Any one of the following: (These establish both identity and employment authorization)

1. U.S. Passport or U.S. Passport Card
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa.
4. Employment Authorization Document containing a photo (Form I-766)
5. In the case of a non-immigrant alien authorized to work for a specific employer incident to status a foreign passport with Form I-94 or Form I-94A bearing the same as the passport and containing an endorsement of the alien's nonimmigrant status.
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating non-immigrant admission under the Compact of Free Association between the United States and the FSM or RMI.

OR one from List B and one from List C:

List B: These establish identity:

1. State Driver's License or similar state I.D. card with photo or other approved identifying information
2. ID card issued by federal, state, or local government agency containing photo and required identifying information
3. School ID card with photograph
4. Voter's registration card
5. US military card or a draft card
6. Military dependent's ID card
7. US Coast Guard Merchant Mariner card
8. Native American tribal document
9. Driver's license issued by a Canadian governmental authority

For those under 18 years of age:

10. School record or report card
11. Clinic, doctor or hospital record
12. Day-care or nursery school record

List C: These establish employment authorization:

1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Original or certified U.S. birth certificate bearing an official seal
5. Native American tribal document
6. U.S. Citizen ID Card (Form I-197)
7. ID Card for Use of Resident Citizen in the United States (Form I-179)
8. Employment authorization document issued by Department of Homeland Security



COMMONWEALTH OF MASSACHUSETTS

Franklin County Sheriff's Office

CORI REQUEST FORM

Please print clearly

Name: _____
Last First Middle Initial

Previous Name/Alias: _____

Mailing Address: _____
Street City/Town State Zip

Social Security Number: _____ Date of Birth: _____
Month Day Year

Place of Birth: _____
City State

Mother's Maiden Name: _____
Last First Middle

Father's Name: _____
Last First Middle

I, _____ hereby release, discharge, and exonerate the Franklin County Sheriff's Office, its agents and representatives, and any person so furnishing information from and all liability of every nature and kind arising out the furnishing or inspection of such documents, records, and other information or the background investigation made by or in behalf of the Franklin County Sheriff's Office.

Signature

Date

I understand that typing my name in the box above constitutes a legal signature confirming that I acknowledge and agree to the above Terms. Signatories have the option to opt out and sign with a paper signature instead.



COMMONWEALTH OF MASSACHUSETTS

Franklin County Sheriff's Office

160 Elm Street
Greenfield, MA 01301
(413) 774-4014

HUMAN RESOURCES DIVISION PREA Inquiries

In accordance with National Standards to Prevent, Detect and Respond to Prison Rape, 28 CFR § 115.17, a correctional facility must make the following inquiries of any applicant for employment in a position that may have contact with inmates and all contractors who may have contact with inmates. In accordance with 28 CFR § 115.17 (g), **any material omission in answering the following questions or the provision of materially false information, shall be grounds for disqualification or for termination if discovered after hire.**

1. Have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility or other “institution” within the meaning of 42 U.S.C. 1997(1) (to include State facilities for persons who are mentally ill, disabled, or retarded, or chronically ill or handicapped; residential care or treatment facilities for juveniles; and facilities that provide skilled nursing, intermediate or long-term care, or custodial or residential care)?

Check One: Yes No

If yes, please provide full details, (attach additional sheets if necessary)

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?

Check One: Yes No

If yes, please provide full details, (attach additional sheets if necessary)

3. Have you been civilly or administratively adjudicated to have engaged in the activity described in Section (2) above?

Check One: Yes No

If yes, please provide full details, (attach additional sheets if necessary)

4. Have you ever engaged in or been accused of engaging in sexual harassment in any prior employment?

Check One: Yes No

If yes, please provide full details, (attach additional sheets if necessary)

5. Have you resigned from, been terminated from, quit or otherwise separated from any job following allegations that you engaged in sexual harassment or any other form of sexual misconduct?

Check One: Yes No

If yes, please provide full details, (attach additional sheets if necessary)

I understand that I have a continuing, affirmative duty to immediately report in writing to the Sheriff any such misconduct during the time I am employed by contract with or volunteer for the Franklin County Sheriff's Office.

I further understand that failure to do so may result in disciplinary action up to and including discharge.

I affirm and attest that all statements and answers given by me on this form are true and correct under the pains and penalty of perjury.

PRINTED NAME

SIGNATURE

DATE

I understand that typing my name in the box above constitutes a legal signature confirming that I acknowledge and agree to the above Terms. Signatories have the option to opt out and sign with a paper signature instead.



**COMMONWEALTH OF MASSACHUSETTS
HUMAN RESOURCES DIVISION
AFFIRMATIVE ACTION DATA RECORD**

**THIS IS A CONFIDENTIAL INSERT
APPLICANTS ARE ENCOURAGED BUT NOT REQUIRED TO COMPLETE**

The Franklin County Sheriff's Office is committed in spirit as well as in action, to abide by all laws dealing with equal employment opportunity. It is our policy to guarantee equal employment opportunities for all qualified persons without regard to their age, race, creed, color, national origin, ancestry, marital status, gender, military status, sexual orientation, or disability, which can be reasonably accommodated.

Further, the Franklin County Sheriff's Office will act in good faith, to affirmatively recruit and consider for promotion individuals in protected categories. Age, race, creed, color, national origin, ancestry, marital status, gender, military status, sexual orientation, or disability are not factors in employment, promotion, transfer, compensation, lay-off, disciplining and termination.

In order to effectively monitor the success of our recruitment and employment efforts, it is requested that you provide the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Affirmative Action Data Records are kept in a confidential file and are not a part of your application for employment or your personnel file. Your cooperation is voluntary. Inclusion or exclusion of any affirmative action data will not jeopardize or adversely affect any employment decision.

The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Affirmative Action Data Records are kept in a confidential file and are not a part of your application for employment or your personnel file. Your cooperation is voluntary. Inclusion or exclusion of any affirmative action data will not jeopardize or adversely affect any employment decision.

(PLEASE PRINT)

Name (First) (Middle) (Last)

Address (Street) (City) (State) (Zip Code)

Telephone Number (s)

CHECK ONE

Male

Female

Check one of the following: **(Race)**

White

Black

Hispanic

Asian/Pacific Islander

Native American (American Indian or Alaskan Native)

(If Native American, please attach documentation of tribal affiliation)

Check if the following is applicable:

Vietnam Era Veteran*

(Ninety (90) days of active duty service, any part of which occurred between August 5, 1964 and May 7, 1975)

*In order to qualify for Affirmative Action status as a Vietnam Era Veteran, you must apply for Eligibility Certification which is issued by the Office of Diversity and Equal Opportunity. Forms are available from the Office of Diversity and Equal Opportunity (617) 727-7441.

Applicant Signature

Date

Revised 4/24/2017

14

I understand that typing my name in the box above constitutes a legal signature confirming that I acknowledge and agree to the above Terms. Signatories have the option to opt out and sign with a paper signature instead.



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HUMAN RESOURCES DIVISION
AFFIRMATIVE ACTION DATA RECORD**

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The Franklin County Sheriff’s Office is committed in spirit as well as in action, to abide by all laws dealing with equal employment opportunity. It is our policy to guarantee equal employment opportunities for all qualified persons without regard to their disability which can be reasonably accommodated.

Further, the Franklin County Sheriff’s Office will act in good faith, to affirmatively recruit and consider for promotion individuals in protected categories. Disability is not a factor in employment, promotion, transfer, compensation, lay-off, disciplining and termination.

In order to effectively monitor the success of our recruitment and employment efforts, it is requested that you provide the following information.

The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Affirmative Action Data Records are kept in a confidential file and are not a part of your application for employment or your personnel file. Your cooperation is voluntary. Inclusion or exclusion of any affirmative action data will not jeopardize or adversely affect any employment decision.

(PLEASE PRINT)

Name (First) (Middle) (Last)	
Address (Street) (City) (State) (Zip)	
Telephone Number (s)	
Check if the following is applicable: <input type="checkbox"/> Person with a disability* A disability means a physical or mental impairment with substantially limits one or more major life activities; a record of such impairment; or being regarded as having such an impairment. (“Major Life Activities” includes but is not limited to functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.	

*If you wish to obtain Affirmative Action status as a Person with a Disability after you have been employed by this agency you may need to submit self-identification and verification of such with the ADA Coordinator if your disability is not obvious. Appropriate forms are available.

Applicant Signature

Date

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OR one from List B **and** one from List C:

LIST B These establish identity:

1. State Driver's license or similar state I.D. card with photo or other approved identifying information
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3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Original or certified U.S. birth certificate bearing an official seal
5. Native American tribal document
6. U.S. Citizen ID Card (Form I-197)
7. ID Card for Use of Resident Citizen in the United States (Form I-179)
8. Employment authorization document issued by Department of Homeland Security

Completed application packets are accepted by mail at the following address.

A.D.S. Kathy Brown
Franklin County Sheriff's Office
160 Elm Street Greenfield, MA 01301

Or you could drop it by our facility at:

160 Elm Street, Greenfield MA.

If you choose to drop it off, come into the Visitor Reception area at the end of the sidewalk (next to the 3 flagpoles) and indicate it's an employment application for A.D.S Kathy Brown.

We will keep your application on file for one year and it will be reviewed as our needs change. We appreciate your interest in our organization and wish you every success in your job search.

