

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For Correctional Officer	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
	<input type="checkbox"/> Inquiry
	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
	Zip Code	
Telephone Number(s)	Social Security Number	

Best time to contact you at home is: _____	AM
	PM
If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with us before? If Yes, give date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed with us before? If Yes, give date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of your friends or relatives, other than spouse, work here? If Yes, state name, relationship and location _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date available for work ____/____/____	What is your desired salary range? _____
Are you available to work:	Full Time (Please indicate 1 2 3 shift)
	Part Time (Please indicate Mornings Afternoon Evenings)
	Temporary (Please indicate dates available ____/____ -- ____/____)
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel if a job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
WE ARE AN EQUAL OPPORTUNITY EMPLOYER	

EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Comments: Include explanation of any gaps in employment.

NAME: _____ POSITION: _____ DATE: ____/____/____

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

Describe any job-related training received in the United States military.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications *Summarize special job-related skills and qualifications acquired from employment or other experience.*

SPECIALIZED SKILLS (Skills/Equipment Operated)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/Mac	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____
State any additional information you feel may be helpful to us in considering your application.			

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accomodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. ___ YES ___ NO

PERSONAL/PROFESSIONAL REFERENCES *Do not include family members or past supervisors.*

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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 employers.

Signature of Applicant

Date

STRAFFORD COUNTY DEPARTMENT
OF CORRECTIONS

266 County Farm Road
Dover, New Hampshire 03820
Telephone: (603) 742-3310
Fax: (603) 742-2192



Superintendent
Chris Brackett
Assistant Superintendent of Programs
Jake Collins
Security and Operations Lieutenant
Robert Hayden

Questions: Contact
SCDOC Director of Training
SGT. Leonard Nadeau
266 County Farm Road
Dover, NH 03820
(603) 516-5158
lnadeau@co.strafford.nh.us

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize the Strafford County Department of Corrections to conduct a pre-employment personal history investigation. I further authorize the release of information contained in records, reports and statements. In addition, I authorize the Strafford County Department of Corrections to conduct such character reference interviews as may be deemed necessary by the department for the position for which I have applied. Authorization is specifically granted to investigate and obtain records and information concerning the following:

1. Previous employment history.
2. Records of any criminal convictions that have not been annulled.
3. Motor vehicle driver history in this or any other state.
4. Record of any issued protective orders relative to domestic violence.
5. Any other data or information which has a direct bearing on the suitability for employment.

I hereby release said person(s), agencies or businesses that furnished or obtained such personal history information from any and all liability which may have been incurred as the result of this personal history investigation. A photocopy of this information release authorization will constitute as a valid document.

Have you ever been convicted of a crime (Check one)

No Yes

(If Yes) Explain: _____

I understand that as part of my pre-employment or at the discretion of the Strafford County DOC Superintendent, I may be required to submit to drug testing and fingerprinting. If I refuse such testing, I may no longer be considered for employment and/or my employment may be terminated.

I understand that as part of my pre-employment, at the discretion of the Strafford County DOC Superintendent, I may be required to submit to a Polygraph Examination.

Strafford County Department of Corrections is an Equal Opportunity Employer.

Print Name

Signature

Date

Social Security Number

Date of Birth

Sex

Address

Telephone Number

**Stratford County Department of Corrections
Physical Fitness Standards**

Name: _____ Date of Birth: _____ Age: _____ Date: _____ Weight: _____

MALE INDEX TABLE

Age	Bench Press	Sit & Reach	Push-Ups	Sit-Ups	Vertical Leap	300 Meter Sprint	1.5 Mile Run
18-29	.96	16"	27	37	19"	60	12:53
30-39	.86	15"	21	33	18.5"	61	13:24
40-49	.78	14"	16	28	15"	74.8	14:11
50-59	.70	12.5"	11	22	13.5"	85	15:26
60+	.65	12"	9	18	N/A	N/A	17:11
----	X Body Weight (%)	Measured in Inches	# Until Muscle Failure	# in One Minute	Measured in Inches	Time	Time

FEMALE INDEX TABLE

Age	Bench Press	Sit & Reach	Push-Ups	Sit-Ups	Vertical Leap	300 Meter Sprint	1.5 Mile Run
18-29	.58	19"	22/14	31	13.9"	74.5	15:14
30-39	.52	17.8"	17/10	24	12"	80.5	15:58
40-49	.48	17"	11/8	19	9"	101.8	16:46
50-59	.43	16"	10 Modified	12	N/A	N/A	18:37
60+	.41	15.2"	4 Modified	5	N/A	N/A	20:52
----	% of Body Weight	Measured in Inches	# Until Muscle Failure (Modified/Full Body)	# in One Minute	Measured in Inches	Time	Time

*****Instructor Use Only*****

EVENT	P (✓)	F (✓)	Time/Amount (If Applicable)
Bench Press			
Sit & Reach			
Push-Ups			
Sit-Ups			
Vertical Leap			
300 Meter Sprint			
1.5 Mile Run			