



# CUMBERLAND COUNTY SHERIFF'S OFFICE

Kevin J. Joyce  
**SHERIFF**  
Naldo S. Gagnon  
**CHIEF DEPUTY**

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36 County Way, Portland Maine 04102

Phone (207)774-1444 fax (207)828-2373

Thank you for applying at the Cumberland County Sheriff's Office! This is a checklist to help you ensure that you have collected and submitted all of the documentation that we will need to complete your hiring process. If you have any questions, please call us at (207) 775-6809 or email

[jobs@cumberlandcounty.org](mailto:jobs@cumberlandcounty.org).

## **Documentation to Submit:**

- ALERT Test Score
  - o If you have not taken or passed the MCJA ALERT test, please contact MCJA at 877-8000. There is a fee payable to Treasury, State of Maine in the amount of \$50.00.
- Birth certificate, valid Passport, or INS work permit.
- Social Security Card.
- High School diploma/transcripts, or GED.
- Valid Driver's License.
- Military records/DD-214 (if applicable). Please make sure photocopied records are legible.
- College degree or transcripts (if applicable).
- Documentation of name change (if applicable).
- Corrections/Law Enforcement Certificate (if applicable).

## **Signature Forms to Complete:**

- Notarized** Maine Criminal Justice Academy Background Certification form (in Signature forms). A notary can be found at a local bank, town/city hall, the Sheriff's Office, or the Cumberland County Courthouse.
- Motor vehicle license status verification for (in Signature forms).
- Authorization for Release of Information Agreement form (in Signature forms)
- Applicant Data Form (optional)
- Voluntary Self-Identification of Disability (optional)
- VEVRAA Pre-Offer Invitation
- Disclosure of PREA Hiring and Promotions Checklist



# Employment Application

## County of Cumberland, Maine

Human Resources Office  
142 Federal Street, Room 110  
Portland, Maine 04101  
Tel/207.775.6809  
Fax/207.871.8378 www.cumberlandcounty.org



Please **print clearly** in ink or type. **Answer every question clearly and completely.** Where a question does not apply, answer N/A. All positions require a complete application, therefore, **do not use "See Resume."** Completed applications may be mailed, faxed, or hand-delivered. Applications for positions with closing dates must be received by the Human Resources Office by 4:00 p.m. on the closing date.

## PERSONAL DATA

Applications are only accepted for jobs which are currently open. Be sure to list the title of the job for which you are applying.

Position Applied For

1. Legal Name

Last First Middle

2. Social Security Number

3. Have you ever used any other name in the past?

Yes

No

Alias/Alternative/Maiden Name:

Alias/Alternative/Maiden Name:

Alias/Alternative/Maiden Name:

4. Mailing Address

Street

City

State

Zip Code

5. Telephone (Area Code/Number) ( )

Home/Cell

( )

Work

6. Email Address

7. Are you eligible to work in the United States?

Yes

No

8. Have you ever worked for the Sheriff's Office?

Yes

No

If yes, when was your employment with us?

9. Are you related to a member of the Sheriff's Office?      Yes                              No

If yes, which department?

10. Have you ever worked for the County of Cumberland?                              Yes                              No

If yes, which department?    When?

11. If the position for which you are hired requires driving a County vehicle, you must produce an appropriate, valid driver's license. Your driving record will be reviewed if your position requires driving a County vehicle. Your driving record must be within the standards set by the County's insurance company in order for you to be permitted to operate a County vehicle.

12. When would you be available for employment?

13. Are you able to work all shifts?      Yes                              No

14. How did you learn about the position for which you are applying?

If newspaper, which one, or if County employee referral, list name of employee.

15. Have you ever served in a military organization of the United States?      Yes                              No

16. Do you possess a Maine:

A. Chauffeur's License?      Yes                              No                              If Yes, list license number/issue date

B. Operator's (Driver's) License      Yes                              No                              If Yes, list license number

Issue Date    Class    State

C. Did you ever possess a chauffeur's license or operator's license issued by any state other than Maine?

Yes                      No                      City & State    Issue Date

17. Have you used any illegal drugs or drugs not prescribed to you in the last six months?

Yes                      No

18. Please list in chronological order, each place you have lived, as completely as possible:

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19. References: NOTE: Must be complete, include all data requested. Please do not use family members as references.

_____ Name	_____ Name	_____ Name
_____ Address	_____ Address	_____ Address
_____ Telephone	_____ Telephone	_____ Telephone
_____ Email Address	_____ Email Address	_____ Email Address
_____ Relationship	_____ Relationship	_____ Relationship

## EDUCATION AND TRAINING

20. Indicate the highest educational grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 12+

Did you graduate from high school? Yes No

If no, have you passed a G.E.D./HiSet test? Yes No

Name and location of the last high school attended \_\_\_\_\_

	School Name and Location	Number of Years Attended	Did you Graduate?	Degree	Major Area of Study
College or University					
Other Education					

**SPECIAL QUALIFICATIONS AND SKILLS** (typing, computer proficiency, foreign languages, professional licenses and certifications, publications, scholastic honors, etc.)

**OTHER TRAINING YOU RECEIVED** (for example special courses, work training programs, armed forces training)

If applying for a job requiring specific skills please complete as applicable:

How many words per minute can you type?

# EXPERIENCE HISTORY

Start with your present position and work back. Include military service/volunteer experience. **Explain fully any gaps in employment or between education and employment.** Additional experience should be listed on a separate sheet of paper. Be sure to include all requested information, especially as it relates to the job for which you are applying. **Do not use "See Resume."**

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Present/Last Employer Job Title: \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_

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Street Address Average hours per week: \_\_\_\_\_

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City, State, Zip Reason for leaving: \_\_\_\_\_

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Telephone Describe your work: \_\_\_\_\_

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Supervisor's Name \_\_\_\_\_

May we Contact?  Yes  No \_\_\_\_\_

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Past Employer Job Title: \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_

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Street Address Average hours per week: \_\_\_\_\_

---

City, State, Zip Reason for leaving: \_\_\_\_\_

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Telephone Describe your work: \_\_\_\_\_

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Supervisor's Name \_\_\_\_\_

May we Contact?  Yes  No \_\_\_\_\_

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Past Employer Job Title: \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_

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Street Address Average hours per week: \_\_\_\_\_

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City, State, Zip Reason for leaving: \_\_\_\_\_

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Telephone Describe your work: \_\_\_\_\_

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Supervisor's Name \_\_\_\_\_

May we Contact?  Yes  No \_\_\_\_\_

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Past Employer Job Title: \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_

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Street Address Average hours per week: \_\_\_\_\_

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City, State, Zip Reason for leaving: \_\_\_\_\_

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Telephone Describe your work: \_\_\_\_\_

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Supervisor's Name \_\_\_\_\_

May we Contact?  Yes  No \_\_\_\_\_

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# Experience History

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\_\_\_\_\_ Job Title: \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_  
Past Employer

\_\_\_\_\_ Average hours per week: \_\_\_\_\_  
Street Address

\_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
City, State, Zip

\_\_\_\_\_ Describe your work: \_\_\_\_\_  
Telephone

\_\_\_\_\_ Supervisor's Name

May we Contact?  Yes  No \_\_\_\_\_

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\_\_\_\_\_ Job Title: \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_  
Past Employer

\_\_\_\_\_ Average hours per week: \_\_\_\_\_  
Street Address

\_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
City, State, Zip

\_\_\_\_\_ Describe your work: \_\_\_\_\_  
Telephone

\_\_\_\_\_ Supervisor's Name

May we Contact?  Yes  No \_\_\_\_\_

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\_\_\_\_\_ Job Title: \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_  
Past Employer

\_\_\_\_\_ Average hours per week: \_\_\_\_\_  
Street Address

\_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
City, State, Zip

\_\_\_\_\_ Describe your work: \_\_\_\_\_  
Telephone

\_\_\_\_\_ Supervisor's Name

May we Contact?  Yes  No \_\_\_\_\_

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\_\_\_\_\_ Job Title: \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_  
Past Employer

\_\_\_\_\_ Average hours per week: \_\_\_\_\_  
Street Address

\_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
City, State, Zip

\_\_\_\_\_ Describe your work: \_\_\_\_\_  
Telephone

\_\_\_\_\_ Supervisor's Name

May we Contact?  Yes  No \_\_\_\_\_

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# PLEASE READ CAREFULLY

## APPLICANT'S CERTIFICATION AND AGREEMENT

ATTENTION: THIS STATEMENT MUST BE SIGNED

I certify that all of the statements made in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not employing me or dismissing me after I have begun work. I understand that all the information contained in this application may be subject to verification.

For certain job categories, I may be required to pass, after a conditional offer of employment is made, a physical examination to establish ability to perform the essential functions of the job. I authorize the County of Cumberland to conduct a criminal history check of my record. I understand that any offer of employment is conducted upon the County's concurrence, before or after such offer is made, that the results of the criminal history check are consistent with the County's employment standards or expectations of the job for which I am applying.

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Signature of Applicant

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Date

THANK YOU FOR MAKING APPLICATION FOR EMPLOYMENT WITH THE COUNTY OF CUMBERLAND

Cumberland County is an Equal Opportunity/Affirmative Action Employer.

We encourage diversity in our workforce.





**MAINE CRIMINAL JUSTICE ACADEMY**  
**MOTOR VEHICLE LICENSE STATUS VERIFICATION**

MRSA 25, Section 2803-A, empowers the Board of Trustees of the Maine Criminal Justice Academy to set standard for admission to board approved courses. As a result, the Board of Trustees has set Entrance Standards under the Administrative Rules, Department of Public Safety, Maine Criminal Justice Academy Board of Trustees, Chapter 3, section 1, subsection C states that **In order to be admitted to the law enforcement Pre- service/Reserve and Basic Training Courses, an applicant shall possess a valid motor vehicle operator’s license. If such license is not a Maine license at the time of admission to the Academy, the applicant shall obtain a State of Maine license within the time limits prescribed by Maine law.** In order to comply with this standard, please complete this form and forward it to the Academy as part of the required forms package.

Applicant Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

**STATEMENT OF EMPLOYING/SPONSORING AGENCY**

The above named applicant has been the subject of a motor vehicle operator’s license investigation. I certify that the applicant possesses a valid motor vehicle operator’s license.

Chief Administrative Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# MAINE CRIMINAL JUSTICE ACADEMY BOARD OF TRUSTEES

## BACKGROUND STANDARD FOR ADMISSION TO AND/OR CERTIFICATION FOR A MANDATORY ACADEMY SCHOOL, RECERTIFICATION, OR WAIVER

In order to be accepted as a participant in mandatory academy law enforcement or corrections courses, or to be certified, recertified or request a waiver, an applicant must be of good moral character as determined by the hiring or sponsoring agency through a formal background check. These requirements and standards must be satisfied before consideration of such an application or certification. An agency presenting an individual for certification, admission to a mandatory Academy course, recertification, or for a waiver from training will attest that the individual meets the standard of having no disqualifying conviction\*. In addition, the applicant shall certify under oath that he or she has no disqualifying conviction and that he or she has not engaged in disqualifying conduct #. A representative of the hiring or sponsoring agency must complete this form with the applicant, including an explanation to the applicant of #1 and #2 below.

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### *INTERVIEW & STATEMENT OF APPLICANT*

Applicant Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

1. Have you ever been convicted of any crime or attempted crime (including traffic crimes) that would constitute a disqualifying crime\* as outlined on page 2? \_\_\_\_\_

If yes, provide details on separate sheet, as well as a copy of the official Criminal History Record Information.

2. In addition, have you ever engaged in conduct that would constitute disqualifying conduct# as outlined on page 2, regardless of whether you were charged? \_\_\_\_\_

If yes, provide details on separate sheet, as well as a copy of the police report if there was police involvement.

I understand that the making of a false statement under oath is a crime punishable by law.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Personally-appeared the above-named \_\_\_\_\_ and made oath to the truth of the foregoing statement.

\_\_\_\_\_  
Notary Public (or other person authorized to take oath) Date: \_\_\_\_\_

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### *STATEMENT OF EMPLOYING OR SPONSORING AGENCY*

The above-named applicant has been the subject of a background investigation, including the processing of fingerprint cards through SBI and FBI, and a BMV record inquiry, and in the case of an applicant for the Basic Law Enforcement Training Program, a polygraph examination and a psychological examination, and such investigation has disclosed no conviction for a disqualifying conviction\* or disqualifying conduct#, except for the conviction(s) for which a waiver is being sought.

\_\_\_\_\_  
Signature of Chief / Sheriff or Agency Head Date: \_\_\_\_\_

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OFFICE LOCATED AT: 15 OAK GROVE ROAD, VASSALBORO, MAINE 04989  
(207) 871-8000 (Voice) (207) 817-8027 (Fax) 711 (TTY)

Personally-appeared the above-named \_\_\_\_\_ and made oath to the truth of the foregoing statement.

\_\_\_\_\_  
Notary Public (or other person authorized to take oath)

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

\*See page 2 for explanation of disqualifying conviction.

"See page 2 for explanation of disqualifying conduct.

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### ***DISQUALIFYING CONVICTION\****

A disqualifying conviction for which a waiver from the Board of Trustees is required includes the following:

1. Murder;
2. Any Class A, Class B, or Class C crime or attempted crime;
3. Any Class D crime or attempted crime conviction in the past ten (10) years (including OUI);
4. Any Class E crime or attempted crime conviction in the past ten (10) years for which the crime is contained in Chapter 15 (Theft), Chapter 19 (Falsification in Official Matters), Chapter 25 (Bribery and Corrupt Practices), Chapter 29 (Forgery and Related Offenses), Chapter 31 (Offenses Against Public Administration), Chapter 35 (Prostitution and Public Indecency), Chapter 41 (Criminal Use of Explosives and Related Crimes), or Chapter 45 (Drugs) of the Maine Criminal Code, Title 17-A, Maine Revised Statutes;
5. Any conviction or adjudication as a juvenile of a Murder, Class A, B or C crime or attempted crime;
6. Any other conviction of a crime or attempted crime in another state or other jurisdiction that prohibits the same unlawful conduct described above.

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### ***DISQUALIFYING CONDUCT#***

Disqualifying conduct, regardless of whether the applicant was charged or convicted, for which a waiver from the Board of Trustees is required. Disqualifying conduct for purposes of the MCJA Board Policy is only the below conduct, if committed as an adult.

1. Murder;
2. Any Class A, Class B, or Class C crime or Attempted Crime; (*formerly called felony crime*)
3. Conduct specified in 1 or 2 above in another state or other jurisdiction.

## **WAIVER REQUEST PROCEDURE**

A request of the Board of Trustees for a waiver of a disqualifying conviction or disqualifying conduct must be made by the employing or sponsoring agency, and must be made on the form provided by the Board for such purpose, and must include the additional information listed on the form. The form may be obtained by contacting the Maine Criminal Justice Academy, 15 Oak Grove Road, Vassalboro, ME 04989, and telephone 877-8000.

**Effective 10-9-2013**

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**OFFICE LOCATED AT: 15 OAK GROVE ROAD, VASSALBORO, MAINE 04989**

(207) 877-8000 (Voice)

(207) 877-8027 (Fax)

711 (TTY)

**PRE-EMPLOYMENT  
Applicant Data Form**

**DETACH FROM APPLICATION  
AND SUBMIT SEPARATELY**

**Notice to Applicants - Completion of this form is voluntary.**

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We are an Affirmative Action, Equal Opportunity Employer. Our employment decisions are made without regard to race, color, religion, gender, national origin, age, disability, marital status, veteran or military status, or any other legally protected status. The purpose of this *Applicant Data Form* is to comply with federal government record-keeping and reporting requirements. Periodic reports are made to the government on the following information. The data you provide on this form will be kept confidential and used solely for statistical purposes. This form is processed and maintained separately from your employment application and is not used in the interview or selection process. Completion of this form is optional and voluntary.

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1. Application Date: \_\_\_\_\_
2. Position Applied For: \_\_\_\_\_
3. Applicant Name: \_\_\_\_\_
4. Social Security Number: Last 4 Digits: \_\_\_\_\_
5. Race/Ethnic Code: (Please Select One)

**Ethnicity:**

**Hispanic or Latino** –A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race;

**Race:**

**White (not Hispanic or Latino)** –A person having origins in any of the original peoples of Europe, North Africa, or the Middle East;

**Black or African American (Not Hispanic or Latino)** - A person having origins in any of the Black racial groups of Africa;

**Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands;

**Asian (Not Hispanic or Latino)**- A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam;

**American Indian or Alaskan Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community recognition; and

**Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

6. Sex/Gender Code: (Please Select One)

**Male**

**Female**

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

**THANKS FOR YOUR ASSISTANCE!**

Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 05/31/2023

Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
(if applicable)

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

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

**For Employer Use Only**

*Employers may modify this section of the form as needed for recordkeeping purposes.*

*For example:*

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

## VEVRAA PRE-OFFER INVITATION TO APPLICANTS

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment:

- (1) disabled veterans;
- (2) recently separated veterans;
- (3) active duty wartime or campaign badge veterans; and
- (4) Armed Forces service medal veterans.

These classifications are defined as follows:

- A **"disabled veteran"** is one of the following:
  - A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs;
  - or
  - A person who was discharged or released from active duty because of a service-connected disability.
- A **"recently separated veteran"** means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An **"active duty wartime or campaign badge veteran"** means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An **"Armed forces service medal veteran"** means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE
- I AM NOT A PROTECTED VETERAN

## Disclosure of PREA Hiring and Promotions Checklist

In compliance with the federal Prison Rape Elimination Act (PREA) standard § 115.17 relating to hiring and promotion decisions for a jail facility, the questions on this form must be asked of CCSO applicants in written applications, for any promotions, or other in-house assignments.

<b>Applicant/Employee Name</b>	<b>Employee #</b>	<b>Date</b>
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1. Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (See below definition for institution)?      Yes      No

Definition of Institution: Any facility or institution owned, operated, 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.

2. Have you ever 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?      Yes      No
3. Have you ever been civilly or administratively adjudicated to have engaged in the activity described in question #2?      Yes      No
4. Have you ever been civilly or administratively adjudicated, disciplined or had any governmental issued license revoked or suspended for having engaged in conduct defined as sexual harassment?  
    Yes      No

**Important Notice:**

- If you answer yes to any of these questions indicating that you have violated a PREA standard, you are not eligible for hire or continued employment with CCSO.
- If you are hired or if you are a current CCSO employee, you have a continuing affirmative duty to immediately disclose to CCSO any misconduct that would result in a “yes” answer to any of the above four questions.
- Providing untruthful answers to the above questions or failing to disclose any misconduct that would result in a “yes” answer to any of the above questions will be grounds for termination through the disciplinary process.

<b>Applicant/Employee Signature</b>	<b>Date</b>
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