



Worcester County Reserve Deputy Sheriff's Association, Inc.

*Lewis G. Evangelidis, Sheriff
PO Box 3477
Worcester, MA 01613-3477
Phone: (508) 831-9838
Fax: (508) 752-3588
www.wcdsa.com*

WORCESTER COUNTY RESERVE DEPUTY SHERIFF APPLICATION *(DO NOT SEND PAYMENT WITH THIS APPLICATION)*

PLEASE TYPE OR PRINT CLEARLY

PERSONAL

APPLICANT'S FULL NAME: _____ MALE/FEMALE
(PLEASE CIRCLE)

CURRENT RESIDENCE: _____
(PHYSICAL ADDRESS – POST OFFICE BOX NOT ACCEPTABLE)

(CITY/TOWN) (STATE) (ZIP CODE) (COUNTY)

LENGTH OF TIME AT THS ADDRESS: _____

MAILING ADDRESS (IF APPLICABLE): _____

HOME TELEPHONE: _____ CELL PHONE: _____

LAST 4 OF SOCIAL SECURITY #: xxx-xx-____ EMAIL ADDRESS: _____

DATE OF BIRTH: ____/____/____ PLACE OF BIRTH: _____
(CITY/TOWN) (STATE) (COUNTRY)

FATHER'S NAME: _____ MOTHER'S MAIDEN NAME: _____

MARITAL STATUS: _____ SPOUSE'S NAME _____
(FIRST) (MIDDLE INITIAL) (MAIDEN) (LAST)

HEIGHT: _____ WEIGHT: _____ COLOR OF EYES: _____ COLOR OF HAIR: _____

CURRENT EMPLOYMENT

EMPLOYER: _____ POSITION: _____

EMPLOYER'S ADDRESS: _____
(STREET ADDRESS)

GO TO NEXT PAGE

EMPLOYMENT cont.

(CITY/TOWN) (STATE) (ZIP CODE) (COUNTY)

NAME OF SUPERVISOR: _____ TELEPHONE #: _____

EDUCATION

PLEASE LIST SCHOOLS, COLLEGES AND/OR UNIVERSITIES THAT YOU HAVE ATTENDED SINCE AGE 18:

MILITARY SERVICE

SERVICE: _____ SERVICE NUMBER: _____

RANK: _____ DATES OF SERVICE: _____

DISCHARGE: _____

(IF OTHER THAN HONORABLE – PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER)

ANY OTHER PERTINENT DATA AND/OR AN EXPLANATION AS TO WHY YOU WOULD LIKE TO BECOME A MEMBER OF THE WORCESTER COUNTY DEPUTY SHERIFF'S ASSOCIATION:

HAVE YOU EVER BEEN **CHARGED** WITH ANY CRIMINAL VIOLATIONS? _____ NO _____ YES

IF YOU ANSWERED **YES**, PLEASE ATTACH A WRITTEN EXPLANATION.

I CERTIFY THAT THE STATEMENTS MADE HEREIN AND OTHER INFORMATION GIVEN BY ME PURSUANT TO MY BECOMING A RESERVE DEPUTY SHERIFF ARE TRUE, COMPLETE AND CORRECT AND ARE MADE IN GOOD FAITH. I ACKNOWLEDGE THAT ANY FALSE STATEMENT IN THIS APPLICATION WILL BE CAUSE FOR REVOCATION OF THIS APPOINTMENT.

APPLICANT SIGNATURE: _____

DATE: _____

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REFERENCES (NOT PREVIOUS EMPLOYERS OR RELATIVES)

The following certificate must be signed by **FOUR** persons, of whom one must be a **LAW ENFORCEMENT OFFICAL AND/OR CURRENT MEMBER OF THE WCDSA** in good standing.

We, the undersigned, certify under pains and penalties of perjury that the applicant: (1) is known to each of us; (2) is of high standing and character; and (3) is in every way fitted to be sworn-in as a Reserve Deputy Sheriff. We are willing that this certification be made public, if necessary.

1. _____ (Signature) _____ (Printed Name)

_____ (Address) _____ (Daytime Phone)

2. _____ (Signature) _____ (Printed Name)

_____ (Address) _____ (Daytime Phone)

3. _____ (Signature) _____ (Printed Name)

_____ (Address) _____ (Daytime Phone)

4. _____ (Signature) _____ (Printed Name)

_____ (Address) _____ (Daytime Phone)

Please mail this application completed in its entirety to:

The Worcester County Deputy Sheriff's Association
P.O. Box 3477
Worcester, MA 01613-3477

DO NOT send any payment with this application.

FOR OFFICIAL USE ONLY:

BOP CHECK COMPLETE: _____ APPROVED: _____ DENIED: _____

PENDING FURTHER REVIEW: _____

ADDITIONAL COMMENTS: _____



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Lewis G. Evangelidis,

**AUTHORIZATION FOR RELEASE OF SPECIAL INFORMATION IN
CONNECTION WITH APPLICATION FOR APPOINTMENT AS A RESERVE
DEPUTY SHERIFF**

The subject matter of this authorization is for the purpose of providing full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Sheriff of Worcester County, Massachusetts, to consider in determining my suitability for an appointment as a Reserve Deputy Sheriff. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be.

I, understanding that any information obtained by this investigation, subject to this authorization will be considered in determining my suitability to and in the desired position by the Sheriff of Worcester County, Massachusetts. I have had explained to me and I fully understand that the refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application.

A photocopy of the authorization and release will be valid as original hereof, even though the said photocopy does not contain a original writing of my signature.

Signature

 xxx-xx- / /
Social Security Number / Date of Birth

Date