



Middlesex County Deputy Sheriff's
Association, Inc.

35 Center Street Burlington, MA. 01803

Richard R. Redican
President

Anthony Iovanna
Vice President

To: Our New Applicant

Thank you for your interest with wanting to join the Middlesex County Deputy Sheriff's Association. The attached application MUST be filled out entirely

Respectfully

Richard R. Redican

Richard R. Redican

President

Office phone 781-993-9250

MIDDLE NAME



Middlesex County Deputy Sheriffs' Association, Inc.
35 Center Street Burlington, MA 01803
Phone (781) 993-9250



RICHARD R. REDICAN
PRESIDENT

ANTHONY R. IOVANNA
VICE PRESIDENT

INSTRUCTIONS: Thank you for your interest in the Middlesex County Deputy Sheriff's Association. As you may know, MCDSA was founded over Thirty years ago and is a charitable organization that has donated thousands of dollar to hundreds of worthy charitable groups and organizations throughout Middlesex County. This in not a law enforcement position and you will not be considered employed by the Middlesex Sheriff's Office. This is a charita- ble organization which strives on volunteers for the various functions held throughout the year and throughout Middlesex County. To apply to be a member, please read each question and answer carefully to avoid making any false statements. Please also provide a color copy of a valid driver's license or picture ID with your current address on it. If your application is favorably considered, the MCDSA Executive Board will notify you. In addition to the notification of approval, you will receive specific directions concerning the appointment process. At the time of your approval you will be required to pay a \$125.00 membership fee, an official membership identification card will be issued to you and will always remain the property of the Middlesex County Deputy Sheriff's Association and may be immediately surrendered back to this office upon the request of this office. Please mail the completed application to: The Middlesex County Deputy Sheriff's Association 35 Center Street Burlington, MA 01803. Phone: (781)-993-9250 Fax (781)-993-9251. At such time that we receive your application you will coordinate a date and time to come in for an interview. This is an in person interview only. (DO NOT SEND PAYMENT WITH THIS APPLI- CATION). When filling out this application please type or print clearly. Again a copy of a VALID DRIVERS LICENSE OR OFFICAL STATE OR FEDERAL ID IS REQUIRED.

PLEASE PRINT CLEARLY BELOW

Name of Applicant: _____ CIRCLE ONE OF THE FOLLOWING MALE / FEMALE.

RESIDENCE: _____

(PHYSICAL ADDRESS ONLY NO POST OFFICE BOX IS ACCEPTED)

CITY OR TOWN: _____ STATE _____ ZIP CODE _____

MAILING ADDRESS (IF APPLICABLE): _____

CITY OR TOWN: _____ STATE _____ ZIP CODE: _____

DAY TIME TELEPHONE _____ CELL PHONE NUMBER _____

EMAIL ADDRESS (PLEASE Print Clearly) _____

SOCIAL SECURITY NUMBER XXX XX _____ DATE OF BIRTH ____/____/____

PLACE OF BIRTH: _____

CITY/TOWN/STATE (COUNTRY) _____

MARITAL STATUS: _____

SPOUSE'S NAME (FIRST) _____ MIDDLE INITIAL _____

MAIDEN/LAST NAME: _____

MIDDLE NAME

LAST NAME

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

EMPLOYER: _____ POSITION: _____

EMPLOYERS ADDRESS: _____

CITY: _____ TOWN: _____ ZIP CODE _____ COUNTRY _____

NAME OF SUPERVISOR: _____ TELEPHONE# _____

EDUCATION INFORMATION: PLEASE LIST BELOW ALL SCHOOLS ATTENDED BEFORE AND AFTER THE AGE 18

ELIMENTRY SCHOOL: _____ CITY/TOWN _____

JUINOR HIGH _____ CITY/TOWN _____

HIGH SCHOOL _____ CITY/TOWN _____

COLLEGE _____ CITY/TOWN _____

If you graduated with a degree. What degree did you obtain? _____

MILITARY INFORMATION

BRANCH OF SERVICE _____ SERVICE NUMBER _____

DATE YOU ENTERED THE MILITARY _____ DATE YOU WERE DISCHARGED _____

RANK UPON DISCHARGE: _____ TYPE OF DISCHARGE _____

IF YOU WERE DISCHARGED OTHER THAN HONORABLE—PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER ANY OTHER PERTINENT DATA AND/OR AN EXPLANATION

PLEASE EXPLAIN BELOW WHY YOU WOULD LIKE TO BECOME A MEMBER OF THE MIDDLESEX COUNTY DEPUTY SHERIFF'S ASSOCIATION:

HAVE YOU EVER BEEN CHARGE WITH ANY CRIMINAL VIOLATIONS? _____ NO _____ YES. IF YOU ANSWERD 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: _____

LIST A BENEFICIARY:

NAME _____ RELATIONSHIP _____

REFERENCES (NOT PREVIOUS EMPLOYERS OR RELATIVES) The following certificate must be signed by THREE persons, of whom one must be a LAW ENFORCEMENT OFFICIAL AND/OR CURRENT MEMBER OF THE MIDDLESEX COUNTY DEPUTY SHERIFF'S ASSOCIATION 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.

1. Reference
Name: _____ Address _____ Phone _____

2. Reference
Name: _____ Address _____ Phone _____

3. Reference
Name: _____ Address _____ Phone _____

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 data for the Sheriff of Middlesex 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, understand 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 Middlesex 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 and original writing of my signature.

Applicants signature: _____

Social Security Number Last Four XXX XX ____ ____ ____ Date of Birth Date _____

Middlesex County Deputy Sheriff's Association, Inc. Attach a copy of a valid driver's license or State or Federal id to application. Please mail this application completed in its entirety to:

Middlesex County Deputy Sheriff's Association, Inc.
35 Center Street
Burlington, MA 01803

DO NOT SEND ANY PAYMENT WITH THIS APPLICATION.

FOR OFFICIAL USE ONLY: BOP CHECK COMPLETE

APPROVED: _____ DENIED _____ PENDING FURTHER REVIEW:

ADDITIONAL COMMENTS:
