



Salisbury Police Department

Thomas W. Fowler, *Chief of Police*

181 Beach Road, Salisbury, Massachusetts 01952 • 978-465-3121 • www.salisburypolice.com

APPLICATION FOR EMPLOYMENT

Full-Time Police Officer Reserve Police Officer Special Police Officer Meters/Traffic
Public Safety Dispatcher Administrative Assistant Custodial Other

1. These forms must be typewritten or printed in blue or black ink by the applicant himself/herself.
2. All questions must be answered, if applicable. If not applicable, indicate N/A.
3. Failure to answer any and all questions truthfully, accurately or completed shall result in the applicant's disqualification, or, if discovered after an individual is hired, termination from employment.
4. If the space provided is not sufficient for completed answers, or you wish to make additional comments, attach sheets the same size as these forms and indicate to which question those sheets pertain.
5. You are applying for a responsible public safety position. It is essential that you follow instructions specifically as directed. Make sure all dates and information are absolutely accurate.
6. If, after submitting this application, you become no longer interested in the position you are applying for, please notify the Chief of Police in a timely manner.
7. **All applicants must submit the following documents with their application:**
 - a. One copy of your high school diploma or equivalency certificate
 - b. One copy of your higher education diploma (if applicable), and all transcripts from any/all college(s) and graduate study
 - c. One copy of your birth certificate
 - d. A copy of your social security card
 - e. A copy of your driver's license
8. A Criminal Offender Record Information (CORI) check will be performed on each applicant who submits an application for employment with this police department.

I have read and understand the above instructions.

Applicant Signature: _____

This application will be held on file at the Salisbury Police Department for a period of 10 years. If you are employed by the Town of Salisbury, this application will become a permanent part of your personnel file.

Date Received: _____

To the Applicant:

READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, national origin or disability. Federal Law also prohibits discrimination on the basis of age with respect to certain individuals. The Laws of Massachusetts also prohibit some or all of the above- stated discrimination as well as some additional types, such as discrimination based upon ancestry and marital status.

Questions with an asterisk (*) immediately to the left of the questions are optional. Although the information is useful on our examination of applicants, your decision not to answer any or all of the asterisk questions will not be held against you.

I. PERSONAL HISTORY

a. Name: _____
(First) (Middle) (Last) (JR, SR, ETC.)

b. Address: _____
(Number & Street)

(City/Town) (State) (Zip)

c. Date of Birth: _____ Social Security Number: _____

d. Other Names Used: *Give any other names by which you have been legally known (if any)*

Name: _____ Date(s) When Used: _____

Name: _____ Date(s) When Used: _____

e. Phone number: _____
(Home) (Cell)

f. How long have you lived at this address? _____

g. Neighbors name, address and telephone number who can verify above:

h. In chronological order, please list every place you have resided within the past fifteen years. Include addresses while attending school, if away from home and/or all military addresses.
(Note: Your present address should be listed on the first line below.)

From (Month/Year)	To (Month/Year)	Apt #	Number & Street	City/Town	State	Landlord's Name & Telephone #

- i. Do you own a home (), rent (), or live with parents ()? If you own a home, provide name and address of mortgage holder: _____
- j. Do you own any other real estate? Yes () No () If yes, provide location and information on mortgage holder: _____

- k. Are you lawfully eligible for employment in the United States? Yes () No ()
- l. Have you ever applied to any other law enforcement agencies? Yes () No ()
 If yes, please list agency(ies)/year applied: _____

- m. Have you ever used another name? Yes () No () If yes, please explain: _____

- n. Do you have a relative in our employment? Yes () No () If yes, please list name and relationship: _____

- o. Do you personally know any police officers working in this department? Yes () No () If yes, please list name and rank (if known): _____

- p. Are you willing to work any shift, including 11:00pm to 7:00AM, or other overnight hours during the week, weekend and holidays if required? Yes () No () If not, why not? _____

- q. If your application is considered favorably, on what date can you start work? _____

- r. Do you possess a valid driver's license from the Commonwealth of Massachusetts? Yes () No ()
a. Driver's license number: _____
- s. Was your driver's license in this state, or any other state ever suspended or revoked? Yes () No ()
If yes, provide details: _____

- t. Have you previously submitted an application for employment with this municipality? Yes () No ()
If yes, give the name of the agency and when: _____

- u. If you are applying for a position as a Reserve Officer, will you be available to attend court during the day? Yes () No ()
- v. Have you ever worked for this municipality before? Yes () No () If yes, give the name of the agency and when? _____

II. EDUCATION

- a. List the name and address of the following schools you attended and the date of graduation

	School Name & Address	Graduated Yes/No	Number of Years Attended	Degree	Major
High School					
College					
Graduate					
Other					
Courses in Progress					

b. Were you ever dismissed from a school or was any disciplinary action, including scholastic probation, ever taken against you during your scholastic career? Yes () No () If yes, provide school, date and action taken:

School: _____ Date: _____

Action Taken: _____

c. List awards, honors, citations, positions held in school organizations, athletic endeavors, any other special recognition you received while attending school. Also list any special recognition you have received in your community since you left school. *(Exclude those organizations and awards which by their nature, name or character indicate the religion, race, or national origin of its members)*

d. Indicate your proficiency in each phase of each foreign language as “none”, “good” or “fluent”

Language	Speak	Understand	Read	Write
Spanish				
French				
Italian				
German				
Russian				
Greek				
Chinese				
Portuguese				
Other <i>(Please list)</i>				

e. Are you a member of the Bar? Yes () No ()

f. Please list any office machines, special equipment or computer systems on which you have experience. Also include your degree of proficiency with each on a scale of 1-10 (1 being the lowest, 10 being the highest): _____

g. Do you owe money for any traffic fines? Yes () No ()

Do you owe money for any parking tickets? Yes () No ()

Do you owe money for excise taxes? Yes () No ()

III. EMPLOYMENT HISTORY

- a. In reverse chronological order, list all employment (including summer and part-time employment while attending school). All time must be accounted for. If unemployed for a period of time, indicate the dates of unemployment. (Use additional sheets of paper if necessary). Applicants may also include verifiable work performed on a volunteer basis.

Dates		Name & Address of Employment	Supervisor's Name, Title & Phone Number
From Month/Year	To Month/Year		
Reason for Leaving:			

Dates		Name & Address of Employment	Supervisor's Name, Title & Phone Number
From Month/Year	To Month/Year		
Reason for Leaving:			

Dates			
From Month/Year	To Month/Year	Name & Address of Employment	Supervisor's Name, Title & Phone Number
Reason for Leaving:			

Dates			
From Month/Year	To Month/Year	Name & Address of Employment	Supervisor's Name, Title & Phone Number
Reason for Leaving:			

Dates			
From Month/Year	To Month/Year	Name & Address of Employment	Supervisor's Name, Title & Phone Number
Reason for Leaving:			

b. Have you ever been fired or forced to resign because of misconduct or unsatisfactory employment?

Yes () No () If Yes, provide details: _____

c. Are you eligible for rehire with your former employers? Yes () No () If no, please explain: _____

IV. MILITARY SERVICE

a. Have you ever served on active duty in the Armed Forces of the United States? Yes () No () If yes, what was the highest rank attained? _____

Branch of Military Service: _____ Serial Number: _____

Dates of Active Duty (From – To): _____ Branch: _____

Dates of Discharge: _____ Member of Reserves? Yes () No ()

b. Are you now or were you formerly in the National Guard? Present () Former () Never ()

If you are a member of the National Guard and attend drills, meetings or trainings provide the name of the unit, location and phone number: _____

Annual Field Training Attendance: From: _____ To: _____

Location: _____

If served on Active Duty, list dates: _____

c. ***Your Military Record – Past Commanding Officers or Military Acquaintances** are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.

Name	Address	Telephone #	Years Known

V. REFERENCES

- a. List **three references** (not relatives, in-laws, former or present employers, fellow employees or school teachers) on the following page who are responsible adults, have reputable standing in their community and who have known you for at least five years. All persons to whom you refer may be asked to appraise your character, ability, experience, personality and other qualities. Provide address, phone and length of time you've known each reference.

Name	Address	Telephone #	Years Known

- b. * Relatives: All applicants are requested to give complete information concerning their relatives (mother, father, siblings). If you have been married more than once, give the requested information concerning each former husband or wife. Even though a relative is deceased, give all the information requested and indicate last residence and year of death. If you have been reared by someone other than your parents, the requested information should be furnished concerning them, as well as your natural parents. If you are engaged to be married or contemplating marriage in the near future, completed information must be included for your future spouse. **Complete Name, Including Middle Name (No Initials), Complete Address.**

Name:	Relationship to you:
Birthdate:	Birthplace:
Complete Address:	Telephone #:
Occupation & Employer:	Supervisor/Co-worker: Telephone #:

Name:	Relationship to you:
Birthdate:	Birthplace:
Complete Address:	Telephone #:
Occupation & Employer:	Supervisor/Co-worker: Telephone #:

Name:	Relationship to you:
Birthdate:	Birthplace:
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Birthdate:	Birthplace:
Complete Address:	Telephone #:
Occupation & Employer:	Supervisor/Co-worker: Telephone #:

c. **Marital Status** (Mark one of the following to show current marital status)

Never Married

Married

Separated

___ Legally Separated

___ Divorced

___ Widowed

Current Spouse: Please complete the following about your current spouse

Name:		Birth Date:	
Birthplace (include Country if outside US):		Social Security #:	
Other Names Used (specify Maiden name, name by other marriage, etc. and show all dates used for each time)			
Country of Citizenship:		Date Married:	State:
If Separated, Date of Separation: (mm/dd/yy)		Where is the record location (City/State/Country)?	
Address of Current Spouse (Street, City and Country if outside US and phone number):			

Former Spouse: Complete the following about your former spouse(s). (Use continuation sheet if necessary)

Name:		Birth Date:	
Birthplace (include Country if outside US):		Social Security #:	
Other Names Used (specify Maiden name, name by other marriage, etc. and show all dates used for each time)			
Country of Citizenship:		Date Married:	State:
Check one of the below:		If Divorced, where is the record location (City/State/Country)?	
Address of Former Spouse (Street, City and Country if outside US and phone number):			

d. ***Persons residing with you:** Does anyone reside with you, other than your spouse or relatives indicated in the previous question? Yes () No () If yes, provide the information below:

Name of person and phone number

Relationship

VI. CRIMINAL RECORD

NOTE: with regards to questions contained in this section, under Massachusetts Law you may answer “no record” if any of the following circumstances are applicable.

- a. Have you ever been convicted of a felony? Yes () No ()
- b. Have you ever been convicted of a misdemeanor within the last 3 years other than the first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace? Yes () No ()
- c. If your answer to any of the two preceding questions (a or b) is yes, please describe the offense involved, the date of the offense, the court in which you were convicted and any mitigating circumstances. Please include the docket number:

Full Description of Offense	Dates of Offense	Court & Docket No.	Disposition, Finding, Sentence & Probation

- d. Have you ever been convicted of a sexual offense? Yes () No () If you have answered yes, please state the following:

Date	Place/Department	Charge/Court/Disposition	Docket No.

e. Have you ever been or are you currently the subject of any petition for restraining order requesting or issued pursuant to c. 209A (abuse prevention), of the Massachusetts General Laws? Yes () No () If you answered yes, please explain when and where.

Date	Place/Department	Charge/Court/Disposition	Docket No.

VII. LICENSES

a. Do you have experience with firearms? Yes () No () If yes, please explain:

b. Have you ever been issued a license to carry firearms? Yes () No () If yes, please specify:

Issued By	Date Issued	Reason	Firearm License Number

c. Have you ever applied for an been denied a license to carry a firearm? Yes () No () If yes, please provide details including the date of denial, person denying application and reason:

d. Have you ever been issued an FID card? Yes () No () If yes, please specify:

Issued By	Date Issued	Card Number

e. If the answer to “b” or “d” above is yes, was it ever revoked or suspended? Yes () No () If yes, please provide details: _____

IT IS UNLAWFUL IN MASSACHUSETTS TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYEE WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

Thank you for completing this application and your interest in employment with the Salisbury Police Department

CORI CHECK ACKNOWLEDGEMENT

I, _____ residing at _____
_____, Massachusetts acknowledges that a Criminal Offender Record Information (CORI) check will be performed as part of the municipality's hiring process. I further acknowledge that a refusal to allow the CORI check to be performed will cause my application to no longer be considered for employment.

Signature: _____

CREDIT CHECK AUTHORIZATION

The undersigned certifies that this investigation has been duly authorized by his superior(s) that all information requested is for the exclusive, official use of the undersigned agency or department and for use only in connection with such investigation; and the consumer report requested is for a permissible purpose under Public Law 91-508 (Fair Credit Reporting Act), of which the undersigned is knowledgeable.

Public Law 91-508 provides that any person who knowingly and willfully obtains information on a consumer reporting agency under false pretenses shall be fined not more than \$5,000 or imprisoned not more than one year or both.

Agency or Department

Individual Requesting Report

Address

Title

Ident. or Code

Commonwealth of Massachusetts

County of: _____, The foregoing instrument was acknowledged before me this: _____ (date),

By: _____ (name of person acknowledged).

Notary Public

Printed Name: _____

My Commission Expires:

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date in ink.

I **authorize** any investigator, special agent, or other duly accredited representative of the **Salisbury Police Department** conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agencies, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information.

I **understand** that, for medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed and I may be contacted for such a release later. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I **authorize**, custodians of records and other sources of information pertaining to me to release such information upon request often investigator, special agent, or other duly accredited representative of the **Salisbury Police Department** authorized above regardless of any previous agreement to the contrary.

I **further**, hereby release all such persons and waive all claims, demands, or cause of action whatsoever, in connection with the request for and release of such information.

I **understand** that the information released by records custodians and sources of information is for official use by the **Salisbury Police Department** only for purposes provided in this form and that it may be re-disclosed by the **Salisbury Police Department** only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for one (1) year from the date signed or upon the termination of my affiliation with the **Salisbury Police Department**, whichever is sooner.

I HAVE READ, UNDERSTAND AND AGREE TO THE FOREGOING

_____ _____ _____
Printed Name of Applicant Signature of Applicant Date

Commonwealth of Massachusetts
County of: _____, The foregoing instrument was acknowledged before me this: _____ (date),

By: _____ (name of person acknowledged).

_____ **Notary Public**

Printed Name: _____
My Commission Expires: _____