

AQUINNAH POLICE DEPARTMENT

957 STATE ROAD AQUINNAH, MA 02535 508-645-2313 508-645-2316 FAX



TRAFFIC OFFICER APPLICATION FOR EMPLOYMENT

- 1. This application 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 completely shall result in the applicant's disqualification, or, if discovered after an individual is hired, termination from employment. It is important that you understand that answers to some of the questions you will be asked may result in an automatic disqualification for a Traffic Officer position in this department. It is also important that you understand that not all questions carry such a potential disqualifier, even if they might appear that they should. Honesty and candor in answering the questions in this application is valued above all else.
- 4. If the space provided is not sufficient for complete 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 accurate. Your ability to complete this form as directed will be part of the evaluation of your suitability for employment.
- If, after submitting this application, you become no longer interested in appointment as a Traffic Officer please notify the Chief of Police in a timely manner.
- 7. Where appropriate, all applicants must submit the following documents with their applications:
 - a. One copy of your High School Diploma or Equivalency Certificate.
 - b. Official transcripts from any post-secondary institutions of learning you have attended.
 - c. One long-form copy of your birth certificate or Record of Live Birth Abroad.
 - e. A copy of your social security card.
 - f. A copy of your driver's license.
 - g. Name change documents (if applicable).

- h. Copies of any licenses or certificates that you indicate in this application you possess (e.g., EMT certificate).
- i. Copies of military discharge forms (DD Form 214 or NGB Form 22) if applicable.
- 8. A Criminal Offender Record Information (CORI) check will be performed on each applicant who submits an application for employment with this police department.
- 9. When completed, the application must be returned in hand to the Chief of Police or his designee.
- 10. After your application has been returned, you will be contacted by an investigator regarding a date and time for your personal history interview.

I have read and understand	I the above instructions.		
Applicant Signature:			
Date:			

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.

Massachusetts law requires that employers include a statement advising applicants that they may include in their work history "any verified work performed on a volunteer basis."

It is unlawful in Massachusetts to require or administer a polygraph test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

I. PERSONAL HISTORY

Name:			
(First)	(Middle)	(Last)	(Suffix)
Address:			
	(Number & Street)		
(City /Town)	(State)	(Zip)	
Phone:(Home)	(Cell)	(Business)
Email:			
Social Security No			
Driver's License No. & S	tate		
Other Names Used: Give	e any other names by which	you have been legally l	known (if any):
Name:	Date(s	s) When Used:	-
Name:	Date(s	s) When Used:	

II. Residence

List all places you have lived in the past five years starting with your most recent address. Include residency in college dormitories and military stations. Be sure to account for all time during the past five years. If you need additional room, please use additional blank pages of the same size as this application and follow the template given.

1.	From	To	Owned or Rented?	
	Address:	(Alumaha)	er & Street)	
		(Numbe	er a Street)	
	(City	y /Town)	(State)	(Zip)
	Landlord Name	e:	Telephone:	
	Landlord Addr	ess:	er & Street)	
		(Numbe	er & Street)	
		(City /Town)	(State)	(Zip
2.	From	То	Owned or Rented?	
	Address:			
		(Numbe	er & Street)	
	(Cit	y /Town)	(State)	(Zip)
	Landlord Nam	ne:	Telephone	
	Landiord Addı	ress:		
		(Number	er & Street)	
		(City /Town)	(State)	(Zip)
3.	From	To	Owned or Rented?	

Address:	(Numbe	er & Street)	
(City	/Town)	(State)	(Zip)
Landlord Name	;	Telep	phone:
Landlord Addre	ss:		
	ss:(Numbe	er & Street)	
	(City /Town)	(State)	(Zip)
III. EMPLOYMEN	T HISTORY		
employments while att the dates of unemploy verifiable work perform	ending school. All time mu	ust be accounted for. If ur eets of paper if necessar	. Include summer and part-tir nemployed for a period, set for y). Applicants may also inclu
	e:		
•	ess:		
-			Zip:
Telephone: ()	Email:	
Supervisor Na	me:		Title:
Telephone: ()	Email:	
Reason for lea	ving:		
Did you ever re	eceive any warnings or dis	scipline from this employe	er? Yes[]No[]

ħ	f so explain ful	ly:			
F	Are you eligible	e for re-hire at	this employer?	Yes[]No[]	
E	Dates From:		To:		
E	Employer Nam	e:			
E	Employer Addr	ess:			
(City:			State:	Zip:
-	Telephone: ()	-	Email:	
					_ Title:
-	Telephone: ()		Email:	
	Did you ever re If so explain fu		arnings or discip	line from this employer?	Yes[]No[]
,	Are you eligible	e for re-hire a	t this employer?	Yes[]No[]	
	Dates From: _		To:		
	Employer Nam	ne:			
	Employer Add	ress:			
	Citv:			State:	Zip:

	Telephone: ()	Email:	
	Telephone: ()	Email:	
	Reason for leaving:		
	Did you ever receive any warning if so explain fully:	ings or discipline from this employe	er? Yes[] No[]
III F	Are you eligible for re-hire at th		
III. L	WFEOTMENT INCION	(continuou)	
4.	Have you ever been fired or fore Yes [] No []. If yes, give deta	ced to resign because of miscondu ils:	ct or unsatisfactory employment?
5.	Have you ever left a job after unsatisfactory? Yes [] No []	er being told you would be fired]. If yes, provide details:	or that your performance was
6.	Have you ever, intentionally or confidential information?	r negligently or without right, releas	sed any employer's proprietary o

	School Name and Address	Graduated Yes/No	Number of Years Attended	Degree	Major
High School					
College					
College					
Graduate					
Other: Equivalency, Etc.					
Courses Now Studying:					F2
Were you	ever dismissed from a school or	was any discip	linary actio	on, includ	ling scl

	members.)					
MI	LITARY SERVICE					
	Have you ever served on active	e duty in the Armed Forces of the	United States?			
	Yes [] No [] If yes, what was the	ne highest rank attained?				
	Branch of Military Service	Serial Number	Dates of Active Duty from:			
	Type of Discharge	Date of Discharge	To:			
	Member of Reserve? Yes [] N	o [] Branch:				
	What was your specialty in the	armed forces?				
	What was your last duty station	in the armed forces?				
	Who was your last commandin	g officer?				
	Was any type of disciplinary ac	Was any type of disciplinary action taken against you in the Military Service?				
	Yes [] No [] If yes, explain: _					
	Are you now or were you forme	erly in the National Guard?				
	[] Present [] Former	[] Never				
	If you are a member of the Nat	ional Guard and attend drills, me	etings, or camps, give the name			
	the unit and location.					

VI. REFERENCES

Reference #1

a. List three references (not relatives, in-laws, former or present employers, fellow employees or school teachers) who are responsible adults, have reputable standing in their community and who have known you for at least three 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.

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Name:		
Phone:	Email:	
Reference #2		
Name:		
Address:		
Phone:	Email:	
Relationship to applicant:		
Reference #3		
Phone:	Email:	
Relationship to applicant:		

VII. OTHER

Do yo Yes [ou personally know any police officers working in this department?] No [] If yes, name and rank (if known):
Are y requi	rou willing to work any shift, including day and evening shifts during the week, and holid red? Yes [] No [] If no, why not?
lf you	ur application is considered favorably, on what date can you start work?
	ou possess a valid Massachusetts driver's license?
Yes	[] No [] Driver's License No.
Was	your driver's license in this state, or any state, ever suspended or revoked?
Yes	[] No [] If yes, give details:
mun	e you previously submitted an application for any employment with this or any icipality? [] No [] If yes, give the name of the agency and when.
Have	e you ever worked for this or any other municipality before? If yes please give details.
riavi	5 you ever worked for this or any other manierpainty believe. In yes present 5.

you have anything in your background that might disqualify you from the ficer in the Commonwealth of Massachusetts? Yes[] No[] If yes, pleas	e explain.
there anything in your past or present life that, if discovered, might suggest and the third that it is a second to be susceptible extortion?	a conflict of ir to coercion, o
the state of the s	oficiency that
ear on your suitability to be a Traffic Officer:	
st any professional licenses (give #) or certificates you possess	
s' ea	here anything in your past or present life that, if discovered, might suggest an your duties as a Traffic Officer or which might cause you to be susceptible extortion? It any special abilities, interests, sports or hobbies along with degrees of prair on your suitability to be a Traffic Officer:

14.	Has any regulatory board, agency or professional organization ever taken official action against you with regard to any licenses listed in #13 above? If so, explain.
15.	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 one to ten. (With 1 being the lowest, and 10 being the highest).

GENERAL RELEASE

Police Department, consent to for the position to which I ha appointing authority. I agree to	have an investigation ave applied and suc	ed an application for employment with the Aquinnah made as to my moral character, reputation and fitness h information as may be, received, reported to the mation, which may be required in reference to my past
record. ! also authorize and request,	every person, firm,	company, corporation, governmental agency, court,
to furnish to the Aquinnah Pol regarding charges or complain	ice Department any nts filed against me ne police department	ments, records and other information pertaining to me, such information, including, documents, records, files formal or informal, pending or closed, or any other or any of its agents or representatives to inspect and information.
Specifically, I hereby authorize Aquinnah Police Department.	e the release of the d	ata or records to any authorized representative of the
and any person so furnishing i	information from any such documents, red	nnah Police Department its agents and representatives and all liability of every nature and kind arising out of ords and other information or the investigations made
This authority shall continue fo	or one year unless so	oner revoked in writing by the undersigned.
Date:	Signature of Ap	plicant:
COMMONWEALTH OF MA	SSACHUSETTS	
, SS.		
I,the foregoing statement. I personally solemnly swear that each and every	, being duly read and printed by hand answer is full, true and co	sworn, depose and state I am the above named person. I signed or typewriter answers to each and every question therein and I do rrect in every respect.
		Signature of Applicant
	320	
Sworn before me this	day of	, 20
		Notary Public or Commissioner of Deeds