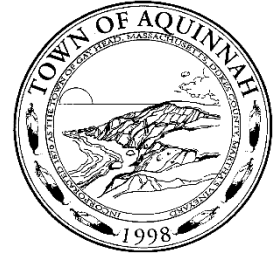




AQUINNAH POLICE DEPARTMENT

957 State Road
Aquinnah, MA 02535
508-645-2313
508-645-2316 FAX



Randhi P. Belain
CHIEF OF POLICE

PATROL 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 Police 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.
6. Applicants will be subject to a physical fitness test, and an extensive background investigation. Successful applicants will be required to pass a medical and psychological examination.
7. If, after submitting this application, you become no longer interested in appointment as a Police Officer please notify the Chief of Police in a timely manner.

8. 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.
9. A Criminal Offender Record Information (CORI) check will be performed on each applicant who submits an application for employment with this police department.
10. When completed, the application must be returned in hand to the Chief of Police or his designee.
11. 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 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

1. Name: _____
(First) (Middle) (Last) (Suffix)

Address: _____
(Number & Street)

(City /Town) (State) (Zip)

Phone: _____
(Home) (Cell) (Business)

Email: _____

2. Social Security No. _____

3. Driver's License No. & State _____

4. 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: _____

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: _____
(Number & Street)

(City /Town) (State) (Zip)

Landlord Name: _____ Telephone: _____

Landlord Address: _____
(Number & Street)

(City /Town) (State) (Zip)

2. From _____ To _____ Owned or Rented? _____

Address: _____
(Number & Street)

(City /Town) (State) (Zip)

Landlord Name: _____ Telephone: _____

Landlord Address: _____
(Number & Street)

(City /Town) (State) (Zip)

3. From _____ To _____ Owned or Rented? _____

Address: _____
(Number & Street)

(City /Town) (State) (Zip)

Landlord Name: _____ Telephone: _____

Landlord Address: _____
(Number & Street)

(City /Town) (State) (Zip)

III. EMPLOYMENT HISTORY

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

1. Dates From: _____ To: _____

Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ - _____ Email: _____

Supervisor Name: _____ Title: _____

Telephone: () _____ - _____ Email: _____

Reason for leaving:

Did you ever receive any warnings or discipline from this employer? Yes [] No []

If so explain fully:

Are you eligible for re-hire at this employer? Yes [] No []

2. Dates From: _____ To: _____

Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ - _____ Email: _____

Supervisor Name: _____ Title: _____

Telephone: () _____ - _____ Email: _____

Reason for leaving:

Did you ever receive any warnings or discipline from this employer? Yes [] No []

If so explain fully:

Are you eligible for re-hire at this employer? Yes [] No []

3. Dates From: _____ To: _____

Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ - _____ Email: _____

Supervisor Name: _____ Title: _____

Telephone: () _____ - _____ Email: _____

Reason for leaving:

Did you ever receive any warnings or discipline from this employer? Yes [] No []
If so explain fully:

Are you eligible for re-hire at this employer? Yes [] No []

III. EMPLOYMENT HISTORY (continued)

4. Have you ever been fired or forced to resign because of misconduct or unsatisfactory employment?
Yes [] No []. If yes, give details:

5. Have you ever left a job after being told you would be fired or that your performance was unsatisfactory? Yes [] No []. If yes, provide details:

6. Have you ever, intentionally or negligently or without right, released any employer's proprietary or confidential information?

7. May we contact your current employer? If no, please explain why.

IV. EDUCATION

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

	School Name and Address	Graduated Yes/No	Number of Years Attended	Degree	Major
High School					
College					
College					
Graduate					
Other: Equivalency, Etc.					
Courses Now Studying:					

- 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, give school, date and action taken:

School: _____ Date _____

Action taken: _____

- c. List awards, honors, and citations, positions held in school organizations, athletic endeavors, and 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.)*

V. 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
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_____	_____	from: _____
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Type of Discharge	Date of Discharge	To: _____
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_____	_____	
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Member of Reserve? Yes ☐ No ☐ Branch: _____

- b. What was your specialty in the armed forces? _____

- c. What was your last duty station in the armed forces? _____

- d. Who was your last commanding officer? _____

- e. Was any type of disciplinary action taken against you in the Military Service?

Yes ☐ No ☐ If yes, explain: _____

- f. 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 camps, give the name of the unit and location.

Summer Camp Attendance: From: _____ To: _____

Location: _____

VI. REFERENCES

- 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.

Reference #1

Name: _____

Address: _____

Phone: _____ Email: _____

Relationship to applicant: _____

Reference #2

Name: _____

Address: _____

Phone: _____ Email: _____

Relationship to applicant: _____

Reference #3

Name: _____

Address: _____

Phone: _____ Email: _____

Relationship to applicant: _____

VII. OTHER

1. Do you have a relative in our employ? Yes ☐ No ☐ If yes, please give name and relationship:

2. Do you personally know any police officers working in this department?
Yes ☐ No ☐ If yes, name and rank (if known):

3. Are you willing to work any shift, including day and evening shifts during the week, and holidays if required? Yes ☐ No ☐ If no, why not? _____
4. If your application is considered favorably, on what date can you start work? _____
5. Do you possess a valid Massachusetts driver's license?
Yes ☐ No ☐ Driver's License No. _____
6. Was your driver's license in this state, or any state, ever suspended or revoked?
Yes ☐ No ☐ If yes, give details:

7. Have you previously submitted an application for any employment with this or any other municipality?
Yes ☐ No ☐ If yes, give the name of the agency and when.

8. Have you ever worked for this or any other municipality before? If yes please give details.

9. Are you a member of any foreign or domestic organization, association, movement or group of persons that has adopted or expressed a policy of advocating or approving of the commission of acts of force or violence as a means to deny other persons their rights under the Constitution of the United States? Yes [] No [] If your answer is yes, identify the organization and explain fully.

10. Do you have anything in your background that might disqualify you from becoming a Traffic Officer in the Commonwealth of Massachusetts? Yes [] No [] If yes, please explain.

11. Is there anything in your past or present life that, if discovered, might suggest a conflict of interest with your duties as a Police Officer or which might cause you to be susceptible to coercion, duress or extortion?

12. List any special abilities, interests, sports or hobbies along with degrees of proficiency that might bear on your suitability to be a Police Officer:

13. List any professional licenses (give #) or certificates you possess

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). _____

16. Do you have any experience with firearms? Yes No If yes, please explain:

17. Have you ever been issued a License to Carry Firearms? Yes No If yes, please specify:

Issued by: _____

Date issued: _____

Reason: _____

Firearm License Number: _____

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

19. Have you ever been issued a Firearms Identification Card? Yes No If yes, please specify:

Issued by: _____

Date Issued: _____

Firearms Identification Card Number: _____

20. Have you ever applied for and been denied a Firearms Identification Card? Yes No If yes, please provide details including date of denial, person denying application, and reason:

21. If you have been granted a License to Carry Firearms or a Firearms Identification Card, was the License to Carry Firearms or Firearms Identification Card ever revoked or suspended?

Yes No If yes, please provide details: _____

GENERAL RELEASE

I, _____, having filed an application for employment with the Aquinnah Police Department, consent to have an investigation made as to my moral character, reputation and fitness for the position to which I have applied and such information as may be, received, reported to the appointing authority. I agree to give any further information, which may be required in reference to my past record.

I also authorize and request, every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records and other information pertaining to me, to furnish to the Aquinnah Police Department any such information, including, documents, records, files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the police department or any of its agents or representatives to inspect and make copies of such documents, records and other information.

Specifically, I hereby authorize the release of the data or records to any authorized representative of the Aquinnah Police Department.

I hereby release, discharge and exonerate the Aquinnah Police Department its agents and representatives and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of the Aquinnah **Police** Department.

This authority shall continue for one year unless sooner revoked in writing by the undersigned.

Date: _____ Signature of Applicant: _____

COMMONWEALTH OF MASSACHUSETTS

_____, SS.

I, _____, being duly sworn, depose and state I am the above named person. I signed the foregoing statement. I personally read and printed by hand or typewriter answers to each and every question therein and I do solemnly swear that each and every answer is full, true and correct in every respect.

Signature of Applicant

Sworn before me this _____ day of _____, 20____.

Notary Public or Commissioner of Deeds
My Commission Expires: _____

