



TOWN OF GREAT BARRINGTON
MASSACHUSETTS

POLICE DEPARTMENT

APPLICATION FOR EMPLOYMENT

Check Position Sought:

Regular Police _____

Reserve Police _____

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 completely 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 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 absolutely accurate.
6. If, after submitting this application, you become no longer interested in appointment, please notify the Chief of Police in a timely manner.
7. All applicants must submit the following documents with their applications.
 - a. One certified copy of your High School Diploma or Equivalency Certificate
 - b. One certified copy of your higher education diploma (if applicable), and all transcripts from any/all college and graduate study.
 - c. One certified copy of your birth certificate.

- d. Writing Sample -- Please submit with your application a handwritten (or printed) 150 word essay explaining why you want to be a police officer (or dispatcher.) You may also include in this essay other topic areas such as your career goals.
 - e. A copy of your social security card.
 - f. 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.

Candidate: _____

This application will be held on file for a period of _____ years.

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, (As does the Americans with Disabilities Act). 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, sexual orientation and marital status.

Questions with an asterisk (*) immediately to the left of the questions are optional. Although the information is useful in 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)

Address: _____
(Number & Street)

(City/Town) (State)/(Country) (Zip)

b. Date of Birth _____ Social Security No.: _____

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

Name: _____ Date(s) When Used: _____

Why Used: _____

Name: _____ Date(s) When Used: _____

Why Used: _____

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

Phone: _____
(Home) (Business)

h. List all credit card accounts for which you are responsible. (Give account name, e.g., Filenes, account numbers and current balance).

Card Name	Account Number	Current Balance

i. Do you own a home [], rent [], live with parents [], other []? If other, please elaborate _____. If you own a home, give the name and address of mortgage holder:

Mortgage Holder: _____

Address: _____ Phone: _____

k. Do you own any other real estate? Yes [] No [] If yes, give details.

Address	State	Mortgage Held By	Mortgage Holder's Phone	Type of Property (Residential, Rental, Commercial, etc.)

l. Are you lawfully eligible for employment in the United States? Yes [] No []

m. Do you have a relative employed by this municipality? Yes [] No [] If yes, please give name and relationship: _____

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

o. Are you willing to work any shift, including, for example, 11p.m. - 7 a.m. or
midnight to 8:00 a.m. during the week, and holidays if required? Yes [] No [] If no,
why not? _____

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

q. Do you possess a valid driver's license from the Commonwealth of
Massachusetts? Yes [] No [] Driver's License No.: _____

r. Was your driver's license in this state, or any state, ever suspended or revoked?
Yes [] No [] If yes, give details: _____

s. Have you previously submitted an application for any employment with this
municipality? Yes [] No [] If yes, give the name of the agency, position sought and
when. _____

t. If you are applying for a position as a Reserve Officer, will be you available to
attend court during the day? Yes [] No [] If there are any limitations, specify: _____

u. Have you ever worked for this municipality before? If yes, give the name of the
agency, position and when so employed. _____

II. EDUCATION

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

	School Name, Address and Phone Number	Graduated Yes/No	Number of Years Attended	Degree	Major
High School					
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, 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. List any special abilities, interests, sports or hobbies along with degrees of proficiency:

e. Indicate your proficiency in each phase of each foreign language as "none", "good", or "fluent".

Language	None	Speak		Understand		Read		Write	
		Good	Fluent	Good	Fluent	Good	Fluent	Good	Fluent
Spanish									
French									
Italian									
German									
Russian									
Greek									
Chinese									
Portuguese									
Laotian									
Vietnamese									
Japanese									
Other									

f. Are you a member of the Bar? Yes [] No [] If yes, when admitted and in which state(s) or Federal Courts?

g. Please list any office machines, special equipment or computer systems with which you have experience.

h. Do you have any court suits pending against you? Yes [] No [] If yes, give details:

i. Have you ever been sued or had your wages garnished? Yes [] No [] If yes, give details:

- j. Do you now owe money for traffic fines? Yes [] No []
Do you now owe money for parking tickets? Yes [] No []
Do you now owe money for excise taxes? Yes [] No []
Do you now owe money for any moving violations? Yes [] No []
Do you now owe money for income taxes? Yes [] No []

If you answered yes to any of the above, please give complete details including the amount owed and to whom it is owed.

III. EMPLOYMENT HISTORY

a. In reverse chronological order, list all employments (including 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.

Dates		Name and Address of Employment	Rates of Pay		Supervisor's Name and Title
From Mo./Yr.	To Mo./Yr		Start	Finish	
Reason for Leaving:					

Dates		Name and Address of Employment	Rates of Pay		Supervisor's Name and Title
From Mo./Yr	To Mo./Yr		Start	Finish	
Reason for Leaving:					

Dates		Name and Address of Employment	Rates of Pay		Supervisor's Name and Title
From Mo./Yr	To Mo./Yr		Start	Finish	
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From Mo./Yr	To Mo./Yr		Start	Finish	
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Dates		Name and Address of Employment	Rates of Pay		Supervisor's Name and Title
From Mo./Yr	To Mo./Yr		Start	Finish	
Reason for Leaving:					

Dates		Name and Address of Employment	Rates of Pay		Supervisor's Name and Title
From Mo./Yr	To Mo./Yr		Start	Finish	
Reason for Leaving:					

Dates		Name and Address of Employment	Rates of Pay		Supervisor's Name and Title
From Mo./Yr	To Mo./Yr		Start	Finish	
Reason for Leaving:					

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

c. Are you eligible for rehire with each of your former employers? Yes [] No [] If no, please explain:

IV. MILITARY SERVICE

Have you ever served on active duty in the Armed Forces of the United States or the National Guard? Yes [] No [] If yes, what was the highest rank attained? _____

If yes, please complete each of the following:

a. General Information

Branch of Military Service	Serial Number	Dates of Active Duty
_____	_____	From: _____
		To: _____
Type of Discharge	Date of Discharge	Member of Reserve?
_____	_____	Yes [] No []
		Branch: _____

b. Was any type of disciplinary action taken against you in the Military Service?
Yes [] No [] If yes, explain:

c. 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 or Similar Training Attendance From: _____ To: _____

Location: _____

d. Do you claim Veterans Preference under the Civil Service Law?

Yes [] No []

- Basis: [] Active Duty prior to June 6, 1976 [] Active Duty in Grenada
 [] Active Duty in Lebanon [] Active Duty in Persian Gulf
 [] Active Duty in Panamanian Intervention Force
 [] Other (Explain: _____)

If served on Active Duty, list dates:

e. If you were ever a member of the Armed Services, were you court-martialed?

Yes [] No [] If yes, explain:

V. 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 five years. All persons to whom you refer may be asked to appraise your character, ability, experience, personality and other qualities.

First Reference

Name: _____

Address: _____

Phone: _____

How Does This Person Know You? _____

How Long Has This Person Known You? _____

Second Reference

Name: _____

Address: _____

Phone: _____

How Does This Person Know You? _____

How Long Has This Person Known You? _____

Third Reference

Name: _____

Address: _____

Phone: _____

How Does This Person Know You? _____

How Long Has This Person Known You? _____

VI. CRIMINAL RECORD

Note: With regard to questions contained in this section, under Massachusetts Law, you may answer "no record" if any of the following circumstances are applicable:

- (1) *You have never been arrested for violation of a criminal statute;*
- (2) *You have been arrested but have never been tried for a criminal offense;*
- (3) *You have been tried for a criminal offense but were not convicted;*
- (4) *You have a first conviction for any of the following misdemeanors:*
 - (a) *drunkenness*
 - (b) *simple assault*
 - (c) *speeding*
 - (d) *minor traffic violation*
 - (e) *affray or*
 - (f) *disturbance of the peace;*
- (5) *You have not been convicted of a criminal offense within the five years before the date of this application and you have been convicted of misdemeanors where the date of conviction or the termination of incarceration, if any, occurred more than five years before the date of this application;*
- (6) *You have felony or misdemeanor convictions which have been sealed pursuant to Massachusetts Law ; or*
- (7) *You have juvenile delinquency or child in need of services complaints which were not transferred to Superior Court for prosecution.*

a. Have you ever been convicted of a felony? Yes [] No []

b. Have you been convicted of a misdemeanor within the last 5 years other than the first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace? Yes [] No []

c. Were you convicted of a misdemeanor (other than first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace) more than 5 years ago which resulted in a jail sentence from which you were released within the last 5 years? Yes [] No []

d. If your answer to any "of the three preceding questions (a., b., or c.) 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) and any mitigating circumstances

e. Have you ever been convicted of a sexual offense? Yes [] No [] If you have answered yes, please state the following:

Full Description of Offense	Dates of Offense	Court & Docket No.	Disposition, (Finding, Sentence & Probation) and any mitigating circumstances

f. Have you ever been convicted of a narcotic drug offense? Yes [] No [] If you have answered yes, please state the following:

Full Description of Offense	Dates of Offense	Court & Docket No.	Disposition, (Finding, Sentence & Probation) and any mitigating circumstances

g. Have you ever been sentenced to imprisonment after conviction of a crime? Yes [] No [] If you have answered yes, please state the following:

Full Description of Offense	Dates of Offense	Court & Docket No.	Disposition, (Finding, Sentence & Probation) and any mitigating circumstances

h. Are you now under charge for any criminal offense on which you are awaiting trial or final disposition? Yes [] No [] If you have answered yes, please state the following:

Full Description of Offense	Dates of Offense	Court & Docket No.	Disposition, (Finding, Sentence & Probation) and any mitigating circumstances

i. Have you ever been or are you currently the subject of any petition for restraining order requested or issued pursuant to c. 209A or other abuse prevention statutes, of the Massachusetts General Laws or similar laws of other states? Yes [] No [] If you have answered yes, please explain when and where.

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

j. Have you ever been, or are you now, a defendant in any civil court action?

Yes [] No [] If yes, give the nature of action and court.

Nature of Action	Court	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 and 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 a Firearms Identification Card? Yes [] No [] If yes, please specify:

Issued By	Date Issued	Card Number

e. Have you ever applied for and been denied a Firearms Identification Card?

Yes [] No [] If yes, please provide details, including the date of denial, person denying application and reason:

f. If the answer to 'b' or 'd' above is yes, was the license to carry or Firearms Identification Card ever revoked or suspended?

Yes [] No [] If yes, give details:

IT IS UNLAWFUL IN MASSACHUSETTS TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER 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 Great Barrington Police Department

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW INDICATING THAT YOU UNDERSTAND AND AGREE TO THE TERMS AS STATED.

I understand that a physical, which includes a drug screening urinalysis, may be required after an employment offer has been made. I understand that this is not a contract of employment and I or the municipality may sever the employment relationship at any time for any reason. Any oral or written statement to the contrary, including any which are made by a City/Town representative, are disavowed and may not be relied upon by any prospective or existing employee.

I understand also that this Department has established day and night tours for which I must be available as required. I further understand that any appointment tendered me will be contingent upon the results of a complete character and fitness investigation, and I am aware that willfully withholding information or making false statements on this application will be the basis for rejection of my application or dismissal from the Department. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge. I hereby give the this Police Department authorization to contact any person reasonably related to the character and fitness investigation and to request that an independent credit report be prepared as to my financial condition. I also authorize any person contacted to share written and oral information which is reasonably related to the public safety position for which I am applying.

Finally, I hereby release, discharge and exonerate this municipality, its agents and representatives, and any person furnishing or receiving information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, or other information or investigations made by or on behalf of this municipality. This authority shall continue until 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/printer 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 _____, 199__.

Notary Public

My Commission Expires: _____

GENERAL RELEASE

Date: _____

I, _____, born at _____
on _____, having filed an application for employment
with the Police Department, consent to have an investigation made as to my moral
character, reputation and fitness for the position to which I have applied. I also agree
that such information as may be received, reported to and reviewed by 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 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, in addition, I hereby authorize the release of the following data or records
to the Police Department: _____

I hereby release, discharge and exonerate the 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 Police
Department.

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

Signed

Witness

Address

CREDIT CHECK AUTHORIZATION

The undersigned applicant certifies that he/she has duly authorized this credit check, and he/she acknowledges that all information requested is for the exclusive, official use of the undersigned police department and for use only in connection with such investigation; and the consumer report requested is for a permissible purpose under the Fair Credit Reporting Act, of which the undersigned is knowledgeable.

Pursuant to the provisions of the Fair Credit Reporting Act, any person who knowingly and willfully obtains information from a consumer reporting agency under false pretenses shall be fined not more than \$5000 or imprisoned for not more than one year, or both.

Applicant

Police Department Employee
Requesting This Report

Title

Police Department Requesting Check

CORI CHECK ACKNOWLEDGMENT

I, _____ residing at _____
_____, acknowledge 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

SMOKING PROHIBITION STATEMENT

" I understand that I am **PROHIBITED** by law from smoking tobacco products, **at any time, as long as**

I am employed by the Town of Great Barrington as a police officer, regardless of rank, **and that I**

MUST be terminated if I smoke".

Signed

Date

Witness

Date

Witness

Date

To Police Officer Candidates:

Please be advised that in accordance with the provisions of *Chapter 697, Section 117 of the Acts of 19* no person who smokes any tobacco products shall be eligible for appointment as a police officer, and person appointed as a police officer shall continue in that position or office if such person thereafter smokes any tobacco products.