



COMMONWEALTH OF MASSACHUSETTS TOWN OF FREETOWN

POLICE OFFICER PRE-EMPLOYMENT QUESTIONNAIRE

Check Position Sought:

Regular Full-Time_____ Reserve _____ Auxiliary (Unpaid)_____

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 (non-optional) 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. 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.
 - g. For those applicants who served in the military, a copy of the DD-214 from.

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. Applicants may include in their report of experience any verified work performed on a volunteer basis.
10. All applicants for the position of police officer are required to take a written examination. Please inform the Chief of Police within three days of your submission of this application if, as a result of a disability, you will need an accommodation to take this test.

I have read and understand the above instructions.

Signature of Candidate: _____

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

Date Received: _____

The Town of Freetown Is An Equal Opportunity Employer.

To The Applicant. READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS.

The Federal 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 where you reside: _____
(Number & Street) (Apartment)

(City/Town) (State)/(Country) (Zip)
Mailing Address, if different from residential: _____

- b. How long have you lived at this address? _____
Phone: _____
(Home) (Business)

(Cell) (Pager)
- c. *Date of Birth: _____ Social Security No.: _____
Place of Birth (City, State or Country): _____
- e. Your e-mail address: _____
- f. Other Names Used: List all other names you have used. If you have ever used any surnames other than your true name, during what period and under what circumstances were these names used? If you have ever legally changed your name, give date, place and court. _____

- g. Neighbor's Name, Address and Telephone Number who can verify above:
 Name: _____
 Address: _____
 Phone: _____
- h. *Weight (without clothes) _____ Height (without shoes) _____
 Eye Color _____ Hair Color _____
 Scars, Tattoos, or other distinguishing body marks _____

- i. Are you a United States Citizen? Yes [] No [].
 Naturalized? _____ Derivative? _____ Naturalization Number: _____
 Are you currently in process to naturalize? _____ Expected Date of Naturalization: _____
- j. Are you lawfully eligible for employment in the United States? Yes [] No [].
- k. If you are *under the age of 18 or over the age of 70*, please state your age. _____
 (**Note:** You will be required to provide official documents to verify your date of birth if and when a conditional offer of employment is made to you.)
- l. Do you have a relative employed by this municipality? Yes [] No []. If yes, please give name and relationship: _____
- m. Do you personally know any police officers working in this department?
 Yes [] No []. If yes, name and rank (if known): _____

- n. As a public safety agency, this department operates 24 hours per day, seven days a week, including holidays. Are you willing and able to work on any shift, including holidays and weekends, to which you may be assigned? Yes [] No [].
 If no, why not? _____

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

- p. Have you previously submitted an application for employment with this municipality?
 Yes [] No []. If yes, give the name of the department/agency and when. _____

- q. Have you previously submitted an application for employment with another police department (local, county, state, federal)? Yes [] No []. If yes, give the name and address of each agency and when you applied. _____

t. Do you own a home? [], rent [], live with parents [], other []. If other, please elaborate _____

u. Complete the following:

RELATIVES	
Complete name (first, middle last) and Address: (Complete even if parent(s) is/are deceased).	
Father's Name:	
Street Address & Town/City/State:	
Date of Birth:	Place of Birth:
Occupation:	Contact Number:
Mother's Maiden Name:	
Street Address & Town/City/State:	
Date of Birth:	Place of Birth:
Occupation:	Contact Number:
Applicant's Wife/Husband's Name (Give Maiden Name of Wife):	
Street Address & Town/City/State:	
Date of Birth:	Place of Birth:
Occupation:	Contact Number:
Applicant's Ex-Wife/Husband's Name (Give Maiden Name of Ex-Wife):	
Street Address & Town/City/State:	
Date of Birth:	Place of Birth:
Occupation:	Contact Number:

v. List all other persons with whom you have resided for an extended period of time:

Name:	
Street Address & Town/City/State:	
Date of Birth (if known):	Place of Birth (if known):
Occupation:	Contact Number:

Name:	
Street Address & Town/City/State:	
Date of Birth (if known):	Place of Birth (if known):
Occupation:	Contact Number:

Name:	
Street Address & Town/City/State:	
Date of Birth (if known):	Place of Birth (if known):
Occupation:	Contact Number:

Name:	
Street Address & Town/City/State:	
Date of Birth (if known):	Place of Birth (if known):
Occupation:	Contact Number:

Name:	
Street Address & Town/City/State:	
Date of Birth (if known):	Place of Birth (if known):
Occupation:	Contact Number:

Name:	
Street Address & Town/City/State:	
Date of Birth (if known):	Place of Birth (if known):
Occupation:	Contact Number:

II. FINANCIAL

a. If you own a home, give the name and address of mortgage holder:

Mortgage Holder: _____

Address: _____ Phone: _____

b. 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.)

c. List all credit card accounts for which you are responsible. (Give names of cards, account numbers, address, and amount owed).

Card Name & Address	Account Number	Amount Owed

d. Have you ever filed for or declared bankruptcy? Yes [] No []. If yes, explain and include when, where, and the circumstances, as well as what chapter you filed under (i.e., 11 or 13):

e. Have any of your bills been turned over to a collection agency? Yes [] No []. If yes, explain and include when, the firms involved, and the circumstances: _____

f. Have you ever had purchased good repossessed? Yes [] No []. If yes, explain and include when, the firms involved and the circumstances: _____

g. Have you ever been delinquent on income or other tax payments? Yes [] No []. If yes, explain and include when, where, and why: _____

h. Have your wages ever been garnished? Yes [] No []. If yes, explain and include when, by whom, where, and why: _____

- i. 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 []
- Are you current with all court ordered child support? Yes [] No [] N/A []

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

j. Do you now, or have you ever made a wager? Yes [] No []. If yes, answer all of the following questions:

- i. Identify type(s) of wager(s):
 - (a) Horse/Dog Track
 - (b) Lottery
 - (c) Professional or College Sports
 - (d) Casino Games
 - (e) Card Games

ii. How much do you spend on gambling per year? Amount \$_____

iii. What is the largest sum of money you have won while gambling? Amount \$_____

- iv. What is the largest sum of money you have lost while gambling? Amount \$ _____
- v. How many times do you gamble per year?
 1-5 6-10 More than 10 More than 30 More than 50
- vi. Have you ever borrowed money to cover a gambling debt? Yes [] No [].
When: _____ Amount \$ _____
- vii. Have you ever used an ATM machine withdrawal to cover a gambling debt?
Yes [] No []?
When: _____ Amount \$ _____

III. EDUCATION

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

	School	Graduated	Number of Years Attended	Degree	Major
High School	Name: Address: Phone:	<input type="checkbox"/> YES <input type="checkbox"/> NO			
College	Name: Address: Phone:	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Graduate	Name: Address: Phone:	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Other: Equivalency, etc.	Name: Address: Phone:	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Courses Now Studying:	Name: Address: Phone:				

b. Attach a certified copy of your high school transcript documenting your successful graduation.

c. Were you ever dismissed from a school or was any formal or informal 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: _____

d. *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.*) _____

e. *List any special abilities, interests, sports or hobbies along with degrees of proficiency:

f. *Are you proficiency in any phase (speaking, understanding, reading, and writing)of a foreign language? Yes [] No []. If yes, identify the language(s) and phase(s) that you are proficient in: _____

g. Are you a member of the Bar? Yes [] No []. If yes, list state(s) in which you are admitted.

h. *Please list any office machines, special equipment or computer systems with which you have experience. Also include your degree of proficiency with each.

IV. EXPERIENCE & EMPLOYMENT HISTORY

- a. In reverse chronological order, list all employments (including summer, temporary, volunteer, and part-time employment 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				Rates of Pay	
From Mo./Yr.	To Mo./Yr	Name of Employment	Employer's Address	Start	Finish
		Contact Number:	Street: Town/City & State:		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer		Your Position or Title:			
Supervisor's Name and Title					
Name, Address & Phone of Co-workers: 1. 2.					
Reason for Leaving:					

Dates				Rates of Pay	
From Mo./Yr.	To Mo./Yr	Name of Employment	Employer's Address	Start	Finish
		Contact Number:	Street: Town/City & State:		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer		Your Position or Title:			
Supervisor's Name and Title					
Name, Address & Phone of Co-workers: 1. 2.					
Reason for Leaving:					

Dates				Rates of Pay	
From Mo./Yr.	To Mo./Yr	Name of Employment	Employer's Address	Start	Finish
		Contact Number:	Street: Town/City & State:		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer		Your Position or Title:			
Supervisor's Name and Title					
Name, Address & Phone of Co-workers:					
1.					
2.					
Reason for Leaving:					

Dates				Rates of Pay	
From Mo./Yr.	To Mo./Yr	Name of Employment	Employer's Address	Start	Finish
		Contact Number:	Street: Town/City & State:		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer		Your Position or Title:			
Supervisor's Name and Title					
Name, Address & Phone of Co-workers:					
1.					
2.					
Reason for Leaving:					

Dates				Rates of Pay	
From Mo./Yr.	To Mo./Yr	Name of Employment	Employer's Address	Start	Finish
		Contact Number:	Street: Town/City & State:		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer		Your Position or Title:			
Supervisor's Name and Title					
Name, Address & Phone of Co-workers:					
1.					
2.					
Reason for Leaving:					

Dates				Rates of Pay	
From Mo./Yr.	To Mo./Yr	Name of Employment	Employer's Address	Start	Finish
		Contact Number:	Street: Town/City & State:		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer		Your Position or Title:			
Supervisor's Name and Title					
Name, Address & Phone of Co-workers:					
1.					
2.					
Reason for Leaving:					

Dates				Rates of Pay	
From Mo./Yr.	To Mo./Yr	Name of Employment	Employer's Address	Start	Finish
		Contact Number:	Street: Town/City & State:		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer		Your Position or Title:			
Supervisor's Name and Title					
Name, Address & Phone of Co-workers:					
1.					
2.					
Reason for Leaving:					

Dates				Rates of Pay	
From Mo./Yr.	To Mo./Yr	Name of Employment	Employer's Address	Start	Finish
		Contact Number:	Street: Town/City & State:		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer		Your Position or Title:			
Supervisor's Name and Title					
Name, Address & Phone of Co-workers:					
1.					
2.					
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. Have you ever quit a job or resigned in order to avoid being fired? Yes [] No []. If yes, give details: _____

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

- e. Have you ever (check appropriate responses):
1. Stolen from an employer, or been accused of stealing from an employer? YES NO
 2. Lied to an employer about the number of hours worked, or been accused of lying about the number of hours worked? YES NO
 3. Been paid for hours you did not work? YES NO
 4. Punched another employee's time card? YES NO
 5. Reported for work under the influence of alcohol or any drug? YES NO
 6. Had an accident while at work? YES NO
 7. Fought verbally or physically with other workers or a supervisor? YES NO

For each "YES" answer to a question in this section, type or write your version of the incident on a separate piece of paper. Be sure to number your response to match the number of the particular question.

- f. Have you ever been self-employed? Yes [] No []. Provide name and address of business, and license number (if applicable) : _____

- g. Have you ever been a part-time or full-time owner of a business? Yes [] No []. Provide name and address of business and license number (if applicable): _____

- h. Have you ever had a violation or complaint in regard to the business? Yes [] No []. If yes, explain where, when, and circumstances involved: _____

V. MILITARY EXPERIENCE

a. If you are a male and born before March 29, 1957 or after December 31, 1959, and are a citizen of the United States, or you were a resident of the United States on your 18th birthday, provide your Selective Service Number: _____

b. 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:

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

c. Was any type of judicial or non-judicial disciplinary action taken against you in the Military Service? Yes [] No []. If yes, explain: _____

d. 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: _____

e. If you were ever a member of the Armed Services, were you court-martialed? Yes [] No []. If yes, explain: _____

f. Attach a copy of your DD-214 form.

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 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? _____

VII. LEGAL

- a. Have you ever been reported to a law enforcement agency as a runaway or missing person? Yes [] No []. If yes, explain the circumstances and include the name of the law enforcement agency, when, where and why: _____

- c. With regard to the following 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.*
- d. Have you ever been convicted of a felony? Yes [] No [].
- e. 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 [].
- f. 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 [].

- g. If your answer to any "of the three preceding questions ("d.", "e.", or "f.") 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

- h. 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

- i. 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

- j. 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

- k. 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

- l. 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 any other domestic violence, abuse prevention or "no contact" order in this or any other state? Yes [] No []. If you have answered yes, please explain when and where.

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

- m. Have you ever been sued, or are you now, a defendant in any civil court action (e.g., small claims, dissolutions, child custody, support, paternity, etc.)? Yes [] No []. If yes, give the nature of action, court, docket number and details:

Nature of Action	Court	Docket No.
Details:		

Nature of Action	Court	Docket No.
Details:		

Nature of Action	Court	Docket No.
Details:		

Nature of Action	Court	Docket No.
Details:		

- n. Are you now suing, or have you ever brought suit against anyone in civil court (e.g., small claims, dissolutions, child custody, support, paternity, etc.)? Yes [] No []. If yes, give the nature of action, court, docket number and details:

Nature of Action	Court	Docket No.
Details:		

Nature of Action	Court	Docket No.
Details:		

Nature of Action	Court	Docket No.
Details:		

Nature of Action	Court	Docket No.
Details:		

VIII. MOTOR VEHICLES

a. Current License Information

Current Driver's License Number	State of Issue	Expiration Date	Name under which Licensed was Issued

b. List other states where you have been licensed to operate a motor vehicle:

Driver's License Number	State of Issue	Type of License	Name under which License was Issued

c. Other than for medical reasons, have you ever been refused a Driver's License by any state? Yes [] No []. If yes, explain the circumstances and include where, when and why:

d. Other than for medical reasons, was your driver's license in this state, or any state, ever suspended or revoked? Yes [] No []. If yes, explain the circumstances and include, where, when and why: _____

e. Do you own or have access to a motor vehicle? Yes [] No []. If yes, provide the following:

Registration Number: _____ State of Registration: _____

Year: _____ Make: _____ Model: _____

Owner's name and address: _____

f. List all traffic citations, excluding parking tickets, you have received within the past 7 years.

1. Nature of Violation	Month	Year	City	State
Action Taken <input type="checkbox"/> None <input type="checkbox"/> Fined <input type="checkbox"/> Action taken on Driver's License				
2. Nature of Violation	Month	Year	City	State
Action Taken <input type="checkbox"/> None <input type="checkbox"/> Fined <input type="checkbox"/> Action taken on Driver's License				
3. Nature of Violation	Month	Year	City	State

Action Taken <input type="checkbox"/> None <input type="checkbox"/> Fined <input type="checkbox"/> Action taken on Driver's License			
4. Nature of Violation	Month	Year	City State
Action Taken <input type="checkbox"/> None <input type="checkbox"/> Fined <input type="checkbox"/> Action taken on Driver's License			
5. Nature of Violation	Month	Year	City State
Action Taken <input type="checkbox"/> None <input type="checkbox"/> Fined <input type="checkbox"/> Action taken on Driver's License			
6. Nature of Violation	Month	Year	City State
Action Taken <input type="checkbox"/> None <input type="checkbox"/> Fined <input type="checkbox"/> Action taken on Driver's License			
7. Nature of Violation	Month	Year	City State
Action Taken <input type="checkbox"/> None <input type="checkbox"/> Fined <input type="checkbox"/> Action taken on Driver's License			
8. Nature of Violation	Month	Year	City State
Action Taken <input type="checkbox"/> None <input type="checkbox"/> Fined <input type="checkbox"/> Action taken on Driver's License			
9. Nature of Violation	Month	Year	City State
Action Taken <input type="checkbox"/> None <input type="checkbox"/> Fined <input type="checkbox"/> Action taken on Driver's License			
10. Nature of Violation	Month	Year	City State
Action Taken <input type="checkbox"/> None <input type="checkbox"/> Fined <input type="checkbox"/> Action taken on Driver's License			

g. List all traffic accidents where you have been involved as the driver within the past 7 years:

1. Date	Location		
Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury	

2. Date	Location		
Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury	

3. Date	Location	
Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
4. Date	Location	
Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
5. Date	Location	
Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
6. Date	Location	
Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury

h. Was your motor vehicle liability bond or insurance in this state, or any state, ever suspended or revoked? Yes [] No []. If yes, explain the circumstances and include, where, when and why:

i. Have you ever driven a vehicle while under the influence of alcohol or drugs? Yes [] No []. If you have answered yes, please type or write your version of the incident on a separate sheet of paper. Be sure to number your response to match the number of this particular question.

IX. DRUG USE AND EXPERIMENTATION

Drug Use and Experimentation information is used to determine your level of truthfulness and will NOT be used in any criminal action against you.

a. Have you ever used or possessed any of the following substances?

- | | |
|---|---|
| 1. Marijuana <input type="checkbox"/> YES <input type="checkbox"/> NO | 6. Psilocybin <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Cocaine <input type="checkbox"/> YES <input type="checkbox"/> NO | 7. LSD <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. PCP <input type="checkbox"/> YES <input type="checkbox"/> NO | 8. Heroin <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Hashish <input type="checkbox"/> YES <input type="checkbox"/> NO | 9. Morphine <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. Methamphetamine <input type="checkbox"/> YES <input type="checkbox"/> NO | 10. Any illegal Drug <input type="checkbox"/> YES <input type="checkbox"/> NO |

b. Have you ever used or possessed the following prescription drugs without a prescription?

- | | |
|---|---|
| 1. Valium <input type="checkbox"/> YES <input type="checkbox"/> NO | 4. Sleeping pills <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Barbiturates <input type="checkbox"/> YES <input type="checkbox"/> NO | 5. Prescription diet pills <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Codeine/Oxycontin <input type="checkbox"/> YES <input type="checkbox"/> NO | 6. Amphetamines <input type="checkbox"/> YES <input type="checkbox"/> NO |

For each "YES" answer in sections "a" and "b" above, you are required to answer on a separate sheet of paper, the following questions:

1. What form of the drug did you take (crack, powder, pill)?
2. How was it administered (smoked, sniffed, injected, etc.)?
3. What was the last date that you used the drug?
4. How many times in total did you use the drug(s)?

X. 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
Freetown 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 psychological examination and 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 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, night, weekend and holiday 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 Freetown 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 _____, 20____.

Notary Public
My Commission Expires: _____

GENERAL RELEASE

Date: _____

I, _____, born at _____ on _____, having filed an application for employment with the Freetown 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 make full and complete disclosure and furnish to the Freetown 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 Freetown Police Department: _____

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Freetown Police Department to consider in determining my suitability for employment with that Department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be.

I hereby release, discharge and exonerate the Freetown 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 Freetown Police Department.

I agree that, with the exception of an investigative consumer (credit) report, any information furnished may be declared "confidential" by the Freetown Police Department and need not be disclosed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

This authority shall continue unless 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.

In addition, similar rights are provided under applicable Massachusetts statutes. For example, M.G.L. c.93, §53 requires that prior to requesting a consumer report, we secure your written permission. You should know that an investigative consumer report commonly includes information as to the consumer's character, general reputation, personal characteristics, and mode of living. The department will request a consumer credit report on you and you have the right to have a copy of the report on request.

Applicant

Freetown Police Department Employee
Requesting This Report

DATE: _____

Title

Freetown Police Department
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

APPLICATION CHECK-LIST

ALL of the below listed items must be completed prior to the application submission. Failure to provide this information may result in rejection of the application.

- _____ ALL pages of the Application are completed with required information or marked N/A as "Non Applicable."
- _____ Pages 2, 30, 31, 32, 33, and 34 are signed by you and filled out with your information.
- _____ Page 30 is signed by you and your signature is notarized by a Notary Public.
- _____ Writing Sample – a 150 word sample as instructed on page 1 is attached.
- _____ One certified copy of your High School Diploma or Equivalency Certificate
- _____ One certified copy of your higher education diploma (if applicable), and all transcripts from any/all college and graduate study
- _____ 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
- _____ One certified copy of your birth certificate.
- _____ A copy of your social security card.
- _____ A copy of your driver's license.