TOWN OF FREETOWN

Communication Center

SIGNAL OPERATOR

PRE-EMPLOYMENT
APPLICATION FOR EMPLOYMENT

Freetown Communication Center
225 Chace Road
East Freetown, Massachusetts 02717

Check Position Sought:

Part-Time ____ Full-Time _____

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 Fire or Police Chief in a timely manner.

7. All applicants must submit the following documents with their applications.

   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 and graduate study.

c. One certified copy of your birth certificate.

d. A copy of your social security card.

8. A Criminal Offender Record Information (CORI) check will be performed on each applicant who submits an application for employment with this department.

9. Applicants may include in their report of experience any verified work performed on a volunteer basis.

I have read and understand the above instructions.

Signature of Candidate: _____

This application will be held on file for a period of _____ 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:_____ _____
(Number & Street) (Apartment)
_____
(City/Town) (State)/(Country) (Zip)

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

*Optional

c. E-Mail Address: _____

d. 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:_____

e. How long have your lived at this address?_____
Phone:_____
(Home) (Business)

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

From Month/Year	To Month/Year	Address	(Apt. #)	City/Town	State	Landlord's Name and Telephone #

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

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

i. Do you personally know any police officers or firemen working for the Town of Freetown?
Yes [ ] No [ ] If yes, name and rank (if known): _____

_____

j. 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? _____

_____

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

_____

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

_____

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

_____

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

c. 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: _____

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. 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									
Portuguese									
Vietnamese									
Cambodian									
Other									

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

III. EMPLOYMENT HISTORY

a. In reverse chronological order, list all employments (including volunteer, summer 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 and Address of Employment	Start	Finish	Supervisor's Name and Title
Your Position or Title:					
Reason for Leaving:					

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

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

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

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

Dates			Rates of Pay		
From Mo./Yr	**To Mo./Yr**	**Name and Address of Employment**	**Start**	**Finish**	**Supervisor's Name and Title**
Your Position or Title:					
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:

_____

_____

d. What was your attendance record, including sick leave use, at your prior places of employment?

_____

_____

IV. MILITARY SERVICE

a. 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 of Active Duty	Serial Number	Dates
_____	_____	From:_____ To:_____

Date of Discharge
_____

Member of Reserve?
Yes [ ] No [ ]
Branch:_____

b. Please provide any further information you feel is important concerning your U.S. military history:

_____

_____

_____

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. Attach a copy of your DD-214 form.

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

VII. AVAILABILITY

Communication shifts are as follows: Midnight – 8:00 AM
8:00 AM – 4:00 PM
4:00 PM - Midnight

What days & hours are you available to work?

SUNDAY	MONDAY	TUES.	WED.	THURS.	FRI.	SAT.
e.g., 9AM-5PM						

Are you available to work on holidays? Yes_____ No_____

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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 Town of Freetown.

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

I understand also that this Department has established day and night shifts for which I must be available as required. I understand that work shifts will also include holidays and weekends and that I agree to be available. 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 Town of Freetown authorization to contact any person reasonably related to the character and fitness investigation. 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, _____, of
_____
having filed an application for employment with the Town of Freetown, 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 Town of Freetown any such lawfully entitled 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 Town of Freetown or any of its agents or representatives to inspect and make copies of such documents, records and other lawfully entitled information.

I hereby release, discharge and exonerate the Town of Freetown, 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 Town of Freetown.

I agree that any information furnished may be declared "confidential" by the Town of Freetown and need not be disclosed to me.

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

_____
Signed

_____ _____
Witness Address

_____

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

COMMUNICATION DEPARTMENT

DRUG TESTING POLICY NOTICE

The position of a professional safety signal operator is critical to public safety and is a public trust. The illegal use of drugs by members of the Communication Department is strictly prohibited.

The Massachusetts Supreme Judicial Court recognized in the case of *O'Connor v. Police Comm'r of Boston*, 408 Mass. 324 (1990) that drug use is often difficult to discern and has the obvious potential, inimical to public to impair the perception, judgment, physical fitness, and integrity of the users. Drug use impairs the perception, judgment, physical fitness, and integrity of the users. Furthermore, the unlawful obtaining, possession and use of drugs cannot be reconciled with respect for the law. The public interest requires that those charged with responsibility to enforce the law respect it. Public confidence in the police is a social necessity and is enhanced by procedures that deter drug use.

Attached for your information are copies of the Communication Department's Code of Ethics promulgated by the Association of Public Safety Communications Officials, International (APCO).

Be advised that during the period of your service as a probationary Signal Operator Trainee and prior to any appointment as a Part-Time or Full-Time Signal Operator, you will be subject to drug testing. Such testing may take the form of urinalysis, hair analysis or blood testing. Samples may be collected on an unannounced (random) basis without any need to demonstrate reasonable suspicion/probable cause to suspect illegal drug use. The detection of a controlled substance will subject you to disciplinary action, including dismissal.

Please sign below indicating that you are aware of and consent to the department's drug testing policy and procedure.

CONSENT

I agree that during the period of my service as a probationary Signal Operator Trainee and prior to any appointment as a part-time or full-time Signal Operator, I shall upon request submit urine, hair and/or blood samples for drug testing aimed at detecting the presence or residue of controlled substance. I understand that illegal drug use is strictly prohibited and that violation of this policy will result in discipline, including dismissal.

SIGNED:

_____

(Signature)

_____

(Name)

_____

(Address)

_____

(City/Town)

COMMONWEALTH OF MASSACHUSETTS

_____, SS. DATE: _____

(County)

Then personally appeared the above-named _____ who signed the foregoing and stated it was his/her free act and deed, before me.

_____

Notary Public

My Commission Expires:_____

COMMUNICATION CENTER
CODE OF ETHICS

POLICY & PROCEDURE NO. **004**	ISSUE DATE: 10/29/07
	EFFECTIVE DATE: 11/01/07
MASSACHUSETTS POLICE ACCREDITATION STANDARDS REFERENCED: **1.1.2**	REVISION DATE: 00/00/00

I. Code of Ethics *[1.1.2]*

A. The Freetown Communication Center subscribes to the Public Safety Telecommunicators Code of Ethics.[i] All signal operators are expected to be familiar with and abide by these ethics.

B. "As a Public Safety Telecommunicator, I am dedicated to serve the public; to safeguard life and property; to keep my personnel informed on all calls that may require their attention; to assist all public safety vehicles and personnel in the performance of their duties; assure that all rules and regulations which govern my position are not violated in any manner.

I will keep my private and social life free from all criticism; maintain a calm attitude during times of stress and emergencies; develop self-control and be constantly mindful of the welfare of others, regardless of race, creed or religion. I will obey the laws of the land, rules and regulations of the Federal Communications Commission and my department. Whatever information I receive of a confidential nature will be revealed only in the official performance of my duties.

I will never act in a selfish or unofficial manner or let my personal feelings, friendships, prejudices or animosity influence my decisions. I will enforce the rules and regulations of my department and the Federal Communications Commission

without fear, favor or ill will, never employing unnecessary force and never accepting gratuities.

I recognize the high responsibility of my position as a symbol of public faith and trust and will accept it to be held as long as I am faithful to the ethics of public safety service.

I will constantly strive to achieve those objectives and ideals, which govern my profession, dedicating myself to my chosen profession, public safety telecommunications."

C. Failure to comply with the Code of Ethics may result in disciplinary action.

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[i] Association of Public Safety Communications Officials, International (APCO) Code of Ethics, Author: Evert E. Carter, Chief Dispatcher, Williamson County Sheriff's Department, Marion, Illinois 1981.