



# PALMER POLICE DEPARTMENT

4419 Main St. Palmer, Ma. 01069



## Employment Application

Please read and answer each question in this application, as completely and accurately as possible. Do not omit any answers. "See Resume" is not an acceptable response to any of the questions; however, a resume may be attached. An unsigned or incomplete application will not be processed. If you require accommodation to participate in any phase of the application process, because of a disability, please make that fact known and reasonable accommodations shall be made.

**The Town of Palmer is an Equal Opportunity Employer.** It is the policy of the Town of Palmer to afford equal opportunity to all qualified persons regardless of race, color, religious creed, national origin, ancestry, sex, age, criminal record, handicap (disability), mental illness, retaliation, sexual harassment, sexual orientation, genetics, or any other legally protected status. The Town of Palmer is committed to providing a reasonable accommodation if necessary to perform the essential functions of the job (except where age or sex is a bona fide occupational qualification as allowed by the Civil Rights Act of 1964).

POSITION FOR WHICH YOU ARE APPLYING					
<input type="checkbox"/> Full-Time Police Officer		<input type="checkbox"/> Reserve Officer		<input type="checkbox"/> Auxiliary Police	
<input type="checkbox"/> Dispatcher (Full-time)		<input type="checkbox"/> Dispatcher (Part-Time)			
<input type="checkbox"/> Monitor/Matron		<input type="checkbox"/> Other:			
APPLICANT INFORMATION					
Last Name:		First:		M.I.    Date:	
Street Address:				Apt./Unit #:	
City/Town:			State:	Zip Code:	
Date Available:	Primary Phone #:		Alternate Phone #:		
Email Address:			Driver's License/ID #:		
Are you legally authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		Have you been Employed with the Palmer Police Before <input type="checkbox"/> YES <input type="checkbox"/> NO		Do any of your relatives work for the Town? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EDUCATION					
Name of School & Location	Graduated?	Dates Attended From                      To		Courses	Degree/Diploma
Please list any other schools, programs or trainings in which you are or have been enrolled and the anticipated graduation date or the completion date:					

## EMPLOYMENT

IF YOU NEED ADDITIONAL SPACE, PLEASE ATTACH A SEPARATE SHEET

**Complete all information in full.** All applicants must complete this page even if they are also submitting a resume. Begin with your most recent employment including any present employment. Your present employer will not be contacted without your permission. You may include any verifiable work performed on a volunteer basis. Any gaps in employment must be briefly explained.

<b>Employer 1:</b>		<b>May we contact :</b> [ ] Yes [ ] No	
<b>Address:</b>		<b>Phone #:</b>	
<b>City/Town:</b>		<b>State &amp; Zip code:</b>	
<b>Job Title:</b>		<b>Supervisor Name:</b>	
<b>Dates Employed</b> <b>From:</b> <b>to:</b>	<b>Salary:</b>	<b>Reason for Leaving:</b>	
<b>Employer 2:</b>		<b>May we contact :</b> [ ] Yes [ ] No	
<b>Address:</b>		<b>Phone #:</b>	
<b>City/Town:</b>		<b>State &amp; Zip code:</b>	
<b>Job Title:</b>		<b>Supervisor Name:</b>	
<b>Dates Employed</b> <b>From:</b> <b>to:</b>	<b>Salary:</b>	<b>Reason for Leaving:</b>	
<b>Employer 3:</b>		<b>May we contact :</b> [ ] Yes [ ] No	
<b>Address:</b>		<b>Phone #:</b>	
<b>City/Town:</b>		<b>State &amp; Zip code:</b>	
<b>Job Title:</b>		<b>Supervisor Name:</b>	
<b>Dates Employed</b> <b>From:</b> <b>to:</b>	<b>Salary:</b>	<b>Reason for Leaving:</b>	
<b>Employer 4:</b>		<b>May we contact :</b> [ ] Yes [ ] No	
<b>Address:</b>		<b>Phone #:</b>	
<b>City/Town:</b>		<b>State &amp; Zip code:</b>	
<b>Job Title:</b>		<b>Supervisor Name:</b>	
<b>Dates Employed</b> <b>From:</b> <b>to:</b>	<b>Salary:</b>	<b>Reason for Leaving:</b>	
<b>Employer 5:</b>		<b>May we contact :</b> [ ] Yes [ ] No	
<b>Address:</b>		<b>Phone #:</b>	
<b>City/Town:</b>		<b>State &amp; Zip code:</b>	
<b>Job Title:</b>		<b>Supervisor Name:</b>	
<b>Dates Employed</b> <b>From:</b> <b>to:</b>	<b>Salary:</b>	<b>Reason for Leaving:</b>	

**Please explain any Gaps in Employment:**

### MILITARY SERVICE (Optional)

Branch:	Number of years of service:
Rank @ Discharge:	Type of Discharge:

### TRAINING AND SKILLS

Please list any training courses, skills or experience related to position for which you are applying:

### CERTIFICATIONS/LICENSES

Please list any current certifications/licenses which you possess:

### OTHER LAW ENFORCEMENT APPLICATIONS

Please list any other Law Enforcement agencies to whom you have submitted an application (w/dates). Please indicate the status of your application(s):

### REFERENCES

Please list three (3) people not related to you who can comment on your work performance

Name:	Phone#:	Yrs. Known:
Address:	Occupation:	
Name:	Phone#:	Yrs. Known:
Address:	Occupation:	
Name:	Phone#:	Yrs. Known:
Address:	Occupation:	

### ATTESTATION

I hereby certify that all information supplied in this application and any attached resume or other document is true and complete to the best of my knowledge and belief. I understand that any intentional false, misleading or incomplete information furnished by me regarding this application may result in the rejection of this application or if employed, be cause for dismissal.

Applicant Signature:	Date:
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## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

### Privacy act of 1974

Title 5, United States Code section 552a of the Privacy Acts generally prohibits federal government agencies from disclosing information in its possession concerning an individual's education, financial transactions, or criminal and employment history. You will be asked to initial & sign a statement appended to this application which will ask you to waive specific rights and authorize the town of Palmer as well as other individuals or organizations to release information to allow for evaluation of your suitability for the employment you seek.

**Please read this statement carefully and initial each paragraph after printing application. If you have any questions, please ask a representative before signing.**

\_\_\_\_\_ I hereby authorize the Town of Palmer, its agents and representatives to investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the Town of Palmer any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure.

\_\_\_\_\_ I hereby release the Town of Palmer, its agents and representatives, my current and former employers, educators, the references I give, and all other persons or organizations disclosed by myself from any and all claims, demands or liabilities arising out of or in any way related to investigation or disclosure related to this employment.

\_\_\_\_\_ I understand and agree that nothing contained in the application or conveyed to me during any interview which may be granted is intended to create an employment contract, implied or explicit, between me and the Town of Palmer.

\_\_\_\_\_ I understand and agree that the Town of Palmer does not discriminate on the basis of race, color, religious creed, national origin, ancestry, sex, age, criminal record, handicap (disability), mental illness, retaliation, sexual harassment, sexual orientation, genetics, or any other legally protected status.

\_\_\_\_\_ I understand and agree that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States.

\_\_\_\_\_ I understand and agree that if offered employment, the offer may be contingent on several factors, depending on the position that I am offered. These may include my passing a pre-employment physical and alcohol and drug testing, the successful completion of medical and physical abilities tests, and CORI (Criminal Offender Record Information) inquiry. I further may be required to provide proof of certifications, records and licensures and required to perform the duties of the position I am offered, or to attend and successfully complete required training.

\_\_\_\_\_ I understand and agree that if I accept employment, with the Town of Palmer the employment relationship is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time by myself or the town provided my employment is subject to just cause provisions in a contract governing my employment. No promises or representations are binding on the Town of Palmer unless authorized and signed by the Town Manager.

\_\_\_\_\_ I understand and agree that if I accept employment, I will follow The Town of Palmer's Harassment/Sexual Harassment policy, the Town of Palmer's Drug Free Workplace policy and all other policies and regulations established as a condition of employment for all town employees as they exist or as they may be modified or amended from time to time.

\_\_\_\_\_ I hereby certify that the information and answers given by me are true and complete to the best of my knowledge. I further affirm that any omission mistake, or misleading statement made on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ My signature below certifies that I have read and understand this statement and that I agree to the terms and conditions outlined in this document.

**Applicant Signature:**

**Date:**