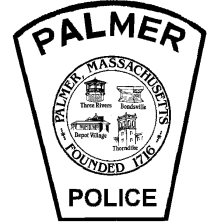




Town of Palmer, Massachusetts

POLICE DEPARTMENT



Robert P. Frydryk
Chief of Police

Telephone: (413) 283-8792
Facsimile: (413) 289-1422

APPLICATION FOR EMPLOYMENT

Please place a check mark next to the position for which you are applying:

<input type="checkbox"/> Permanent (Full-time) Police Officer	<input type="checkbox"/> Dispatcher (Full-time)
<input type="checkbox"/> Permanent Intermittent (Part-time) Police	<input type="checkbox"/> Dispatcher (Part-time)
<input type="checkbox"/> Auxiliary Police Officer (Unpaid)	<input type="checkbox"/> Monitor/Matron
<input type="checkbox"/> Other _____	

INSTRUCTIONS:

1. This application must be typewritten or printed in blue or black ink by the applicant himself/herself.
2. All questions must be answered if applicable. If not applicable, indicate "N/A."
3. Failure to answer any and all questions truthfully, accurately, or completely will 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, or if you wish to make additional comments, attach sheets, the same size as this form, and indicate to which question(s) the 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.

I have read and understand the above instructions:

Applicant's Signature: _____

Date: _____

Police Department Use Only:

Date Received: _____

Employee: _____

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

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, national origin, or disability. Federal Law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of Massachusetts also prohibit some or all of the above stated discrimination as well as some additional types, such as discrimination based upon ancestry and marital status.

Questions with an asterisk (*) immediately to the left of the question are optional. Although the information is useful for our examination of applicants, your decision not to answer any or all of the asterisk questions will not be held against you.

1. PERSONAL HISTORY

a. Name: _____
(First) (Middle) (Last)

Social Security Number: _____

Address: _____
(Number and Street)

(City/Town) (State) (Zip Code)

Telephone: _____
(Home) (Cell)

Email: _____

b. How long have you Lived at this address: _____

c. Information on neighbor who can verify above information:

Neighbor's Name: _____
(First) (Middle) (Last)

Address: _____
(Number and Street)

(City/Town) (State) (Zip Code)

Telephone: _____
(Home) (Work)

d. *Weight (without clothes): _____ Height (without shoes): _____

- e. In chronological order, starting with the most recent, please list every place you have resided within the past ten (10) years. Include addresses while attending school (if away from home) and all military addresses. (NOTE: your present address should be listed first.)

From Month/Year	To Month/Year	Number & Street	Apt #	City/Town	State	Landlord's Name & Telephone

- f. List all credit card accounts for which you are responsible:

CARD NAME	ACCOUNT NUMBER	AMOUNT OWED

- g. Do you own a home rent live with parents? If you own a home, please provide the following information:

NAME OF MORTGAGE HOLDER	ADDRESS	BALANCE DUE

h. Do you own any other real estate?

Yes No. If yes, give details:

Location: _____

NAME OF MORTGAGE HOLDER	ADDRESS	BALANCE DUE

i. Are you lawfully eligible for employment in the United States?

Yes No

j. If you are under the age of 18 or over the age of 70, please state your age:

_____ years of age. N/A

k. Have you ever used any other name(s)?

Yes No If yes, please explain.

l. Do you have a relative in our employ?

Yes No If yes, please give details.

m. Do you personally know any police officers or other employee working in this department?

Yes No If yes, name and rank (if known):

n. Public safety work often requires working different shift, hours and days, including holidays. Are you willing to work these shifts if required?

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 agency and when.

q. Have you ever worked for this municipality before?

Yes No If yes, give the name of the agency and when.

r. Have you ever been sued or had your wages garnished?

Yes No If yes, please give details.

s. Do you have any court judgements pending against you?

Yes No If yes, please give details.

t. Do you have any cases pending in civil court, either as a defendant or plaintiff?

Yes No If yes, please explain.

2. EDUCATION

- a. List the names and addresses of the schools you have attended and dates of graduation:

	SCHOOL NAME AND ADDRESS	GRADUATED YES OR NO	NUMBER OF YEARS ATTENDED	DEGREE	MAJOR
HIGH SCHOOL					
COLLEGE					
GRADUATE SCHOOL					
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, please explain.

- c. List awards, honors, citations, positions held in school organizations, athletic endeavors, and any other special recognition you received while attending school. Also list any special recognition you have received in your community since you have left school.

- d. List any training (police academy, etc) or other specialized courses you have completed that are related to the position for which you are applying.

- e. List any special abilities, interests, sports or hobbies along with your degree of proficiency.

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

- g. Are you a member of the Bar?

Yes No

- h. Do you speak, understand, read, or write any foreign languages?

Yes No If yes, please list the language and describe your ability:

3. EMPLOYMENT HISTORY

a. Have you ever been fired or forced to resign from a job because of misconduct or unsatisfactory performance?

Yes No If yes, please explain:

b. In reverse chronological order, list all employment (including summer and part-time employment while attending school). Applicants may also include verifiable work performed on a volunteer basis.

- All time must be accounted for.
- If unemployed for a period, please indicate the dates of unemployment.
- Use additional sheets, or copy the following page if additional space is required.

DATES From To Mo/Yr Mo/Yr	EMPLOYER'S NAME AND ADDRESS	Rates of Pay Start Finish		Supervisor's Name and Title
	_____			_____
Reason for Leaving: _____				

DATES From To Mo/Yr Mo/Yr	EMPLOYER'S NAME AND ADDRESS	Rates of Pay Start Finish		Supervisor's Name and Title
	_____			_____
Reason for Leaving: _____				

DATES From To Mo/Yr Mo/Yr	EMPLOYER'S NAME AND ADDRESS	Rates of Pay		Supervisor's Name and Title
		Start	Finish	
	_____			_____
Reason for Leaving: _____				

DATES From To Mo/Yr Mo/Yr	EMPLOYER'S NAME AND ADDRESS	Rates of Pay		Supervisor's Name and Title
		Start	Finish	
	_____			_____
Reason for Leaving: _____				

DATES From To Mo/Yr Mo/Yr	EMPLOYER'S NAME AND ADDRESS	Rates of Pay		Supervisor's Name and Title
		Start	Finish	
	_____			_____
Reason for Leaving: _____				

DATES From To Mo/Yr Mo/Yr	EMPLOYER'S NAME AND ADDRESS	Rates of Pay		Supervisor's Name and Title
		Start	Finish	
	_____			_____
Reason for Leaving: _____				

DATES From To Mo/Yr Mo/Yr	EMPLOYER'S NAME AND ADDRESS	Rates of Pay		Supervisor's Name and Title
		Start	Finish	
	_____			_____
Reason for Leaving: _____				

4. MILITARY SERVICE

a. Have you ever served on active duty in the Armed Forces of the United States or served in the National Guard?

Yes No If yes, please complete this section. If no, go to Section 5

Branch of Military Service: _____ Serial Number: _____ Dates of Active Duty:
From: _____
To: _____

Highest Rank Attained: _____

Type of Discharge: _____ Date(s) of Discharge: _____ Member of Reserve?
 Yes No
Branch: _____

b. Was any type of disciplinary action ever taken against you in the military service?
 Yes No If yes, please explain:

c. Are you now or were you formerly in the National Guard?
 Present Former Never

If you are presently a member of the National Guard, please give the name of your unit and a contact person (include telephone number). Also, please give meeting and drill locations.

d. Do you claim Veteran's 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

If you 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, please explain:

5. REFERENCES

- a. List three references below (not relatives, former or present employers, fellow employees, or school teachers) who are responsible adults, have reputable standing in their communities, and who have known you for at least five (5) years. All persons to whom you refer may be contacted and asked to apprise your character, ability, experience, personality, and other qualities.

1.

Reference Name: _____
(First) (Middle) (Last)

Address: _____
(Number and Street)

_____ (City/Town) (State) (Zip Code)

Telephone: _____ (Home) _____ (Work)

2.

Reference Name: _____
(First) (Middle) (Last)

Address: _____
(Number and Street)

_____ (City/Town) (State) (Zip Code)

Telephone: _____ (Home) _____ (Work)

3.

Reference Name: _____
(First) (Middle) (Last)

Address: _____
(Number and Street)

_____ (City/Town) (State) (Zip Code)

Telephone: _____ (Home) _____ (Work)

6. 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 violations (e) affray, or (f) Disturbance of the peace;
5. You have not been convicted of a criminal offense within the five (5) years before the date of this application and you have been convicted only 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 that have been sealed pursuant to Massachusetts law;
7. You have juvenile delinquency or Child In Need of Services (CHINS) complaints that were not transferred to Superior Court.

a. Have you ever been convicted of a felony?

Yes No record

b. Have you been convicted of a misdemeanor within the last five years, other than a first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace?

Yes No record

c. Were you convicted of a misdemeanor (other than a first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace) more than five (5) years ago, which resulted in a jail sentence from which you were released within the last five years?

Yes No record

- d. If your answer to any of the three preceding questions is yes, please describe the incidents below. Please include all information requested.

Full Description of Offense	Date of Offense	Court & Docket Number	Disposition, Finding, Sentence & Probation

- e. Have you ever been convicted of a sexual offense?

Yes No record

If yes, please provide information below:

Full Description of Offense	Date of Offense	Court & Docket Number	Disposition, Finding, Sentence & Probation

- f. Have you ever been convicted of the unlawful use, possession, or sale of narcotic or harmful drugs as defined in Massachusetts General Laws, Chapter 94C?

Yes No record

If yes, please provide information below:

Full Description of Offense	Date of Offense	Court & Docket Number	Disposition, Finding, Sentence & Probation

g. Have you ever been sentenced to imprisonment after conviction of a crime?

Yes No record

If yes, please provide information below:

Full Description of Offense	Date of Offense	Court & Docket Number	Sentence Imposed	Location Served

h. Do you have any criminal charges pending for which you are awaiting trial or final disposition?

Yes No record

If yes, please provide information below:

Full Description of Offense	Date of Offense	Court & Docket Number	Disposition, Finding, Sentence & Probation

i. Are you now, or have you ever been the subject of a restraining order (or other domestic violence order), or have you been involved in a domestic violence charge?

Yes No record

If yes, please provide information below:

Full Description of Incident or Offense	Date of incident/Offense	Court & Docket Number	Disposition, Finding, Sentence & Probation

- j. Have you ever been convicted for the commission of a crime punishable by imprisonment for more than two years involving a violent crime* as defined in Massachusetts General Laws, Chapter 140, Section 121?

Yes No record

If yes, please provide information below:

Full Description of Incident or Offense	Date of incident/Offense	Court & Docket Number	Disposition, Finding, Sentence & Probation

- k. Have you ever been confined to a hospital for mental illness?

Yes No record

If yes, please provide information below:

- l. Are you, or have you ever been under treatment for or confinement for drug addiction or habitual drunkenness?

Yes No record

If yes, please provide information below:

*"Violent crime", shall mean any crime punishable by imprisonment for a term exceeding one year, or any act of juvenile delinquency involving the use or possession of a deadly weapon that would be punishable by imprisonment for such term if committed by an adult, that: (i) has as an element the use, attempted use or threatened use of physical force or a deadly weapon against the person of another; (ii) is burglary, extortion, arson or kidnapping; (iii) involves the use of explosives; or (iv) otherwise involves conduct that presents a serious risk of physical injury to another.

m. Have you ever been convicted in court, or disciplined at work, for offenses or infractions that relate to the following:

1. Perjury;
2. Submitting false reports or records;
3. Lying or being untruthful in any way?

Yes No record

If yes, please provide information below:

7. Licenses

a. Do you have any experience with firearms?

Yes No If yes, please provide information below:

b. Have you ever been issued a License to Carry Firearms (LTC) or Firearm Identification (FID) card?

Yes No If yes, please provide information below:

	Permit #:	Issued by:	Date Issued:	Reason:
LTC				
FID				

c. Have you ever applied for and been denied a LTC or FID?

Yes No If yes, please provide information below:

d. Has your LTC or FID ever been suspended or revoked?

Yes No If yes, please provide information below:

Thank you for completing this application and for your interest in employment with the Palmer Police Department.

8. SIGNATURE AND AGREEMENT

CAREFULLY READ EACH STATEMENT BELOW, THEN SIGN THIS DOCUMENT IN THE PRESENCE OF A NOTARY PUBLIC, INDICATING THAT YOU UNDERSTAND AND AGREE TO THE TERMS AS STATED.

1. I swear (or affirm) that the information I have entered into the preceding pages of this Application for Employment is true and complete.
2. I have read each question asked of me and understand each question. My statements on this form, and any attachments to this form, including but not limited to a resume, are true and correct to the best of my knowledge and belief, and are made in good faith.
3. I authorize investigation of all statements contained in this Application for Employment as may be necessary in arriving at an employment decision.
4. I understand that false or misleading information given herein or during interview(s) will result in my being disqualified from further consideration and/or termination from employment with the Palmer Police Department.
5. I understand that completion of this Application for Employment is but one element of the selection process for employment with the Palmer Police Department, and that an acceptable background investigation does not guarantee my selection.
6. I hereby give the Palmer Police Department authorization to contact any person reasonably related to a 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.
7. I understand that a medical examination, which includes a drug screening urinalysis and psychological screening, may be required after an employment offer has been made. I understand that this conditional employment offer is not a contract of employment and I, or the municipality, may sever the employment relationship at any time for any reason during this process. 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.
8. Finally, I hereby release, discharge and exonerate the Town of Palmer, its agents and representatives, and any person so furnishing information, from any and all liability of every nature and kind arising out of the furnishings or inspection of such documents, records, or other information or investigations made by or on behalf of the town. This authority shall continue until revoked in writing by the undersigned.

Applicants Full Name (type or print legibly): _____

Applicants Signature: _____ Date: _____

Home Address: _____

NOTE: THIS SECTION MUST BE COMPLETED IN THE PRESENCE OF A NOTARY PUBLIC

COMMONWEALTH OF MASSACHUSETTS

_____.SS

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

Signature of Applicant: _____

Sworn before me this _____ day of _____, 20____

Notary Public or Commissioner of Deeds

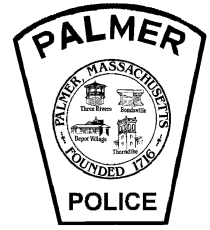
My Commission Expires: _____

"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" (MGL C149, s19B).



Town of Palmer, Massachusetts

POLICE DEPARTMENT



Robert P. Frydryk
Chief of Police

Telephone: (413) 283-8792
Facsimile: (413) 289-1422

AUTHORIZATION FOR RELEASE OF INFORMATION

PLEASE ACCURATELY COMPLETE THE FOLLOWING INFORMATION: (Print clearly in ink or type)

Name:	_____	_____	_____
	(First)	(Middle)	(Last)
Social Security Number:	_____	Date of Birth:	_____
Address:	_____		
	(Number and Street)		
	_____	_____	_____
	(City/Town)	(State)	(Zip Code)

I do hereby authorize a review and full disclosure of all records or any part thereof concerning me, by and to any duly authorized agent of the Palmer Police Department, whether said records are public, private, or confidential in nature.

The intent of this authorization is to give my consent for a full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of deposits, withdrawals and balances of checking and saving accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances wherever filed by me or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial, and/or convictions for alleged or actual violations of the law, including criminal, civil and/or traffic records; records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have an interest.

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 allowing a background investigation, which may provide pertinent data for the Palmer Police Department to consider in determining my suitability for employment by the Palmer Police Department. It is my specific intent to provide access to personal information, however personal or confidential it may be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation that is developed directly or indirectly, in whole or in part, through this release authorization will be considered in determining my suitability for employment by the Palmer Police Department. I understand that all materials pertaining to this background investigation become the property of the Palmer Police Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented, and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

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

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Signature of Applicant: _____

Sworn and subscribed before me this _____ day of _____, 20____

Notary Public or Commissioner of Deeds

My Commission Expires: _____