



Town of Palmer Massachusetts

POLICE DEPARTMENT



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 space provided is not sufficient for complete answers, or you wish to furnish additional information, use page 19, and number the answers to correspond with questions.
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: _____

THE PALMER POLICE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL HISTORY

1. Name: _____
Last First Middle

Address: _____
Number and Street

City State Zip Code

Telephone #'s: _____
Home Cell

Primary Email Address: _____

2. Social Security Number: _____ Date of Birth: _____

3. Are you a U.S. Citizen? (Circle one) Yes No 3a. Naturalized Citizen? (Circle one) Yes No

Place of Birth (City, State, Country): _____ Naturalization #: _____

4. 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.

MARITAL STATUS

5. Single []
Married []
Widowed []
Divorced []
Legally separated []

Number of Children: _____

5a. Date and Place of Marriage:

5b. Date and Place of Divorce:

Court: _____

RESIDENCES

6. 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/Day Year	To Month/Day Year	Apt.	Number & Street	City	State

EDUCATION

7. List all educational institutions that you have attended starting with high school:

Name of School & Location	Graduated?	Dates Attended From To	Courses	Degree or Diploma

Courses presently Studying:

8. Were you ever dismissed from school for any reason during your scholastic career Yes [] No []

a. Were you ever suspended or had disciplinary action of any kind taken against you during your scholastic career? Yes [] No []

b. Have you ever been compelled to withdraw from a class or course for any reason? Yes [] No []

If yes, explain in detail: School: _____ Date(s): _____

Reason: _____

9. Missing Persons: Have you ever been reported to a law enforcement agency as a missing person or runaway? Yes [] No []

If YES, explain in detail (Include City/Town) _____

FOREIGN LANGUAGE/TRAVEL

10. List any languages other than English in which you are proficient and describe the type of proficiency as “none,” “good,” or “fluent.”

Language	Speak	Understand	Read	Write

FOREIGN COUNTRIES YOU HAVE VISITED

11. List foreign countries you have visited beginning with the most recent and work backward.

Country	From Month / Year	To Month / Year	Reason for Visit

DRIVING RECORD

12. Provide your Massachusetts Driver's License number and Expiration Date:

License Number: _____ Expiration Date: _____

13. Have you ever been involved in a motor vehicle accident? If so, explain below. Yes [] No []

14. Do you own or have access to an automobile? Yes [] No []

Year, Make & Model: _____ Registration: _____ State: _____

a. Did you ever possess a Driver's License from another state? Yes [] No []

If yes, give dates, State and license number (if known): _____

b. Has your license to operate motor vehicles ever been revoked or suspended, in this state or any other? Yes [] No []

If YES, explain in detail (include dates, city/town): _____

EMPLOYMENT

15. List chronologically all employment beginning with the most recent. Include summer and part-time employment while attending school, any period of unemployment and any military service. **ALL time must be accounted for and ALL employment must be provided.**

CLEARLY STATE THE REASON FOR LEAVING

Dates From To (Month/Year)	Name and Address of Employer	Rate of Pay	Supervisor Name/Title
	_____		_____
Reason for Leaving: _____			
Dates From To (Month/Year)	Name and Address of Employer	Rate of Pay	Supervisor Name/Title
	_____		_____
Reason for Leaving: _____			
Dates From To (Month/Year)	Name and Address of Employer	Rate of Pay	Supervisor Name/Title
	_____		_____
Reason for Leaving: _____			
Dates From To (Month/Year)	Name and Address of Employer	Rate of Pay	Supervisor Name/Title
	_____		_____
Reason for Leaving: _____			

Dates From To (Month/Year)	Name and Address of Employer	Rate of Pay	Supervisor Name/Title
	_____		_____
Reason for Leaving: _____			
Dates From To (Month/Year)	Name and Address of Employer	Rate of Pay	Supervisor Name/Title
	_____		_____
Reason for Leaving: _____			
Dates From To (Month/Year)	Name and Address of Employer	Rate of Pay	Supervisor Name/Title
	_____		_____
Reason for Leaving: _____			
Dates From To (Month/Year)	Name and Address of Employer	Rate of Pay	Supervisor Name/Title
	_____		_____
Reason for Leaving: _____			
Dates From To (Month/Year)	Name and Address of Employer	Rate of Pay	Supervisor Name/Title
	_____		_____
Reason for Leaving: _____			

16. Have you ever been dismissed, terminated or asked to resign from any position or employment you have held? Yes [] No []

If YES, explain in detail. Employer's Name: _____ Date: _____
Reason: _____

17. Have you ever been counseled either verbally or in writing for poor job performance, inappropriate behavior, attendance or, any work-related issue? Yes [] No []

If YES, explain in detail. Employer's Name: _____ Date: _____
Reason: _____

18. Have you ever been reprimanded or received a written warning from an employer or supervisor for poor job performance, inappropriate behavior, attendance, or any other work-related issue?
Yes [] No []

If YES, explain in detail. Employer's Name: _____ Date: _____
Reason: _____

19. Have you ever been suspended or received disciplinary action of any kind for poor job performance, inappropriate behavior, attendance or, any other work-related issue? Yes [] No []

If YES, explain in detail. Employer's Name: _____ Date: _____
Reason: _____

20. Have you ever quit any job or position without giving notice? Yes [] No []

If YES, explain in detail. Employer's Name: _____ Date: _____
Reason: _____

21. Extended Absences from employment: Have you had any extended work absences for reasons other than earned vacation (exclude medical)? If YES, please explain include employer & reason.

If YES, explain in detail. Employer's Name: _____ Date: _____
Reason: _____

MILITARY RECORD

22. Are you registered for Selective Service? Yes [] No []

If "YES" Selective Service Number: _____

23. Have you ever served on active duty in the Armed Forces of the United States? Yes [] No []

24. If YES, what is the highest rank attained? _____

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

25. Are you or were you ever a member of the National Guard or Armed Forces Reserves?

If YES, Dates Served: _____ Present ☐ Former ☐ None ☐

26. Do you claim Veterans Preference? Yes [] No []

27. While in the Military were you ever the subject of any disciplinary proceeding? Yes [] No []

28. Was any type of disciplinary action taken against you in the service? Yes [] No []

29. Were you ever reduced in rank? Yes [] No []

30. Did you ever receive any loss of pay? Yes [] No []

31. Were you ever assigned to restricted duty? Yes [] No []

32. Were you ever transferred or reassigned for disciplinary reasons? Yes [] No []

33. Were you ever transferred or reassigned for performance reasons? Yes [] No []

If YES to question 25 thru 32 explain in detail:

LICENSES

34. Have you ever been issued any type of firearm license? Yes [] No []

If YES, Type, Date Issued & Place: _____ License Number: _____

35. Have you ever applied for and been denied a firearm's license? Yes [] No []

36. Have you ever had a firearm license revoked or suspended? Yes [] No []

If YES, please provide details, including date of denial, agency denying application and reason:

37. Have you ever been issued a Hackney License? Yes [] No []

Date Issued: _____

City or Town: _____

38. Have you ever applied for a private investigator's license? Yes [] No []

39. Have you ever applied for a bond or a job that requires a bond? Yes [] No []

CIVIL SERVICE EMPLOYMENT

40. Have you ever applied for any police position or any other civil service position in Massachusetts or another state? If yes, list ALL departments you applied to and the YEAR you applied. Yes [] No []

41. Have you ever been denied any police position or civil service position in Massachusetts or another state? Yes [] No []

42. Have you ever applied for and then withdrawn from consideration from any other police position or any other civil service position in Massachusetts or another state? Yes [] No []

43. Has any law enforcement agency ever investigated your background for purposes of employment? Yes [] No []

If YES to 39 thru 42, give details, year, and agency:

44. Are you now, or have you in the past been employed by the Town of Palmer, or any other city/town in the state or by the Commonwealth of Massachusetts? Yes [] No []

45. Do you have experience as an intern, volunteer, cadet or explorer, auxiliary police with any law-enforcement/public safety agency? Yes [] No []

46. Are you currently in a state, county or local retirement system? Yes [] No []
Have you withdrawn funds? Yes [] No []

If YES to questions 43 thru 45, give dates, agency/dept or retirement board: _____

RELATIVES

47. Complete Name (first, middle, last) and Address: (Complete even if parent(s) is deceased)

Father	Occupation	Mother (Maiden Name)	Occupation
Address		Address	
Date of Birth		Date of Birth	
Place of Birth		Place of Birth	

Spouse or Partner (give Maiden Name If Applicable)	Ex-Spouse if divorced (give Maiden Name if Applicable)
Address	Address
Date of Birth	Date of Birth
Place of Birth	Place of Birth

COURT RECORD

48. Have you ever been convicted of a criminal offense? Yes [] No []

Under Massachusetts Law, you may answer “no record” if any of the following circumstances are applicable:

- a) You have never been arrested for violation of a criminal statute.
- b) You have been arrested but never tried for a criminal offense.
- c) You have been tried for a criminal offense but were not convicted.
- d) You have a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbing the peace.
- e) You have not been convicted of a criminal offense within the 3 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 3 years before the date of this application.
- f) You have felony or misdemeanor convictions which have been sealed pursuant to Massachusetts Law.
- g) You have juvenile delinquency or child in need of services complaints, which were not transferred to Superior Court for prosecution.

If YES, complete the following:

Date of arrest:	Police Department:
Offense:	Name of Court:
Explanation of charges and final disposition:	

Date of arrest:	Police Department:
Offense:	Name of Court:
Explanation of charges and final disposition:	

Date of arrest:	Police Department:
Offense:	Name of Court:
Explanation of charges and final disposition:	

Date of arrest:	Police Department:
Offense:	Name of Court:
Explanation of charges and final disposition:	

Date of arrest:	Police Department:
Offense:	Name of Court:
Explanation of charges and final disposition:	

49. Do you have a pending matter for **ANY** Criminal offense on which you are awaiting trial or final disposition? Yes [] No []

50. Have you ever been or are you now a plaintiff or defendant in any Civil Court action or a WITNESS in any Criminal Matter in any court? Yes [] No []

51. If YES, to question 48 & 49 provide date, docket number place, court, names of parties involved, nature of action, current status and/or disposition:

PROTECTIVE/RESTRAINING ORDERS

52. Have you ever had a temporary or permanent Restraining Order issued against you under the Provisions of the following statutes:

- | | |
|--|----------------|
| 1. M.G.L. c208, s. 18, 34B, 34C (Divorce) | Yes [] No [] |
| 2. M.G.L. c209, s. 32 (Abandonment in Marriage) | Yes [] No [] |
| 3. M.G.L. c209A, s. 3, 4, 5 (Abuse Prevention) | Yes [] No [] |
| 4. Protective/Restraining Order from another State? | Yes [] No [] |
| 5. Have you been involved in a domestic situation (spouse/roommate/family member/boyfriend or girlfriend), where the police responded? | Yes [] No [] |

If the answer to any of the above is **YES**, please provide court docket #, where order was issued and circumstances, including current status of order and law enforcement agency involved:

REFERENCES

53. List three references (not relatives, former or present employers, fellow employees or school teachers) that are responsible adults or have a reputable standing in their community.

Reference #1 - Complete Name		Resident Address	Phone
No. of Years Acquainted	Occupation	Email Address	Phone

Reference #2 - Complete Name		Resident Address	Phone
No. of Years Acquainted	Occupation	Email Address	Phone

Reference #3 - Complete Name		Resident Address	Phone
No. of Years Acquainted	Occupation	Email Address	Phone

FINANCIAL RECORD

54. List all creditors to whom you currently owe \$500 or more, including all credit cards. **You are also required to submit a credit report as part of the application process.** (Experian/Equifax/Trans Union.) A lack of credit will not be held against you.

CREDITOR AND ADDRESS	AMOUNT OWED	ACCOUNT #

55. Are you now over 180 days delinquent on any loan or financial obligation?

Yes [] No []

If you answered YES, provide the information requested below:

Month/Year	Type of Loan or Obligation (Acct. #)	Name and Complete Address of Creditor or Oblige

56. Have you ever been sued or had your wages garnished? Yes [] No []

If YES, give details:

57. Are you now or have you ever received any type of Public Assistance (unemployment compensation, Transitional Assistance, AFDC, etc.) Yes [] No []

If YES: Type Received: _____

Dates: _____

Location(s): _____

SUPPORT ORDERS

57. Are there any orders/agreements entered into regarding child support/alimony?

Yes [] No []

If YES to question 57, are the order/agreements being fulfilled to their fullest?

Yes [] No []

59. If YES to question 57, have there been any previous problems in fulfilling these orders/agreements?

Yes ☐ No ☐

If you answered YES above, explain your answer(s) in the space below (include court, judgement, penalties):

INCOME TAXES

60. Have your Massachusetts Tax Returns been filed on time for the last 7 years? Yes ☐ No ☐

61. Have your Federal Tax Returns been filed on time for the last 7 years? Yes ☐ No ☐

62. Are you delinquent on any State or Federal Tax Liabilities? Yes ☐ No ☐

63. Have you ever held any job or position of employment in which you did not pay income taxes?
Yes ☐ No ☐

If you answered YES to #63, explain your answer(s) in the space below:

MISCELLANEOUS

64. Do you now owe money for traffic fines? Yes ☐ No ☐

65. Do you now owe money for parking tickets? Yes ☐ No ☐

66. Do you now owe money for excise taxes? Yes ☐ No ☐

If you answered YES to any of the above, give complete details including amount owed and to whom owed:

INVESTIGATION RECORD

67. Has the Commonwealth of Massachusetts, any Federal Agencies, Municipality, or other Police agency investigated your background? Yes [] No []

If YES, provide the information below:

Month / Year	Investigating Agency

BUSINESS INVOLVEMENT

68. Do you, your spouse or partner presently own more than 10% of the following:

- A. A Company Yes ☐ No ☐
B. A Partnership (General or Limited) Yes ☐ No ☐
C. Joint Venture Yes ☐ No ☐
D. Joint Enterprise Yes ☐ No ☐

If you answered YES to any of the above, provide the required information below:

Name of Business	Location (Address/City, Zip Code)	% Owned

PROPERTY OWNERSHIP

69. List all real property in which you, your spouse or partner, or your minor children have an equity or financial interest.

Property Address	Owner	Relationship (self, spouse, etc.)

If you rent property, provide the landlord’s name and phone number:



PRIOR EMPLOYMENT APPLICATIONS

70. Have you ever provided false information on any application for employment? Yes ☐ No ☐
71. Have you ever withheld information on any application for employment? Yes ☐ No ☐
72. Have you ever misrepresented your qualifications on any application for employment? Yes ☐ No ☐

If Yes, Explain: _____

CONTINUATION SPACE

Use the space below to continue an answer or add additional information. Identify the page number and question.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

After completing this form, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification.

Certification That My Answers Are True:

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 and are made in good faith.

Signature (sign in black ink):

Date:

Notary Public signature:

Date:

AGREEMENT

1. I swear (or affirm) that the information I have caused to be entered into the preceding pages of this application form for a police officer position in the Palmer Police Department is true and complete.
2. I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision.
3. I understand that this application is but one element of the selection process for the Police Recruit and that an acceptable background investigation does not guarantee my selection.
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 all appointments are probationary for a period of one (1) year during which I must demonstrate my fitness for continued employment by the Palmer Police Department. I also understand that in many parts of the Palmer Police Department, it has been necessary to establish regular night and midnight shifts, as well as unscheduled mandatory overtime, in view of which I must be available for such assignments as need might require. 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 Palmer Police Department. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete.
6. I certify that the answers to the foregoing questions are true and complete and I authorize the Town of Palmer to investigate all statements contained in the application as may be necessary to determine my fitness, skills and qualifications for employment. I understand that false or misleading information given here or in interview(s) may result in rejection of this application or in my dismissal if I am hired.
7. I understand that if I am untruthful, I will be automatically disqualified from further consideration.
8. I further understand that if there are any changes to my status or to the information, I have provided I will immediately notify the Palmer Police Department in writing. Failure to notify the Department in a timely manner may result in my being disqualified from further consideration, rejection of my application or in my dismissal if I am hired.

Applicant's Full Name (Print Legibly): _____

Applicant's Signature: _____

Date: _____