

**BELMONT POLICE DEPARTMENT
POLICE OFFICER APPLICATION**

*Shane C. Smith
Police Chief*



**Belmont Police Department
460 Concord Ave
Belmont, MA 02478**

Belmont Police Department

Information for police employment background investigation

BELMONT POLICE DEPARTMENT POLICE OFFICER APPLICATION

*Shane C. Smith
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The Town of Belmont does not discriminate on the basis of race, color, national or ethnic origin, ancestry, age, religion or religious creed, disability or handicap, sex or gender (including pregnancy), gender identity and or expression (including a transgender identity), sexual orientation, military or veteran status, genetic information, or any other characteristic protected under applicable federal, state or local laws. Retaliation is also prohibited. The town of Belmont will comply with state and federal laws such as MGL c. 151B, Title IX, Title VI and Title VII of the Civil Rights Act, the Americans with Disabilities Act, Section 503 and 504 of the Rehabilitation Act of 1973, the Age Discrimination in Employment Act, the Civil Service Act of 1964, the Vietnam Era Veterans Readjustment Act and Rights Act, Executive Order 11246 and other similar laws that prohibit discrimination, all as amended. The Town of Belmont is an equal opportunity/affirmative action employer.

1. These forms will be completed by the applicant in legible handwriting.
2. Failure to answer any and all questions truthfully, accurately, or completely may result in the applicant's disqualification or, if discovered after hire, termination from employment.
3. You are applying for a responsible public safety position. A police officer is required to act independently and competently in gathering information and documents, completing forms, and accurately transmitting information. Your ability to completely and accurately provide the information required in the process of applying for hire as a police officer will be viewed as a reflection on your ability to perform police duties.
4. If you become no longer interested in appointment as a police officer, please notify the Police Chief in a timely manner.

THE BELMONT POLICE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER

(Revised 04-10-2018)

Instructions: This form must be clearly printed in ink. All questions must be answered completely. If not applicable, indicate N/A, **NO QUESTION SHOULD BE LEFT BLANK.** If space provided is not sufficient for complete answers or you wish to furnish additional information, use pages 20, 21 and 22, and number the answers to correspond with questions.

Applicant Signature: _____

Date of Application: _____

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PERSONAL HISTORY

1. Last Name:			First Name:			Middle Name:		
2. Social Security Number:			3. Birth Date (Month, Day, Year):					
4. Place of Birth (City, State, or Country)			5. Are you a U.S. citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>					
			5a. Naturalized citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>					
			Naturalization Number:					
6. 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.								
7. Current Residential Address (Street, Apartment #, City, State, Zip Code):								
8. Residence Phone Number:			9. Business Phone Number:			10. Cellular Phone Number:		
11. E-mail Address(es) (If you have multiple addresses, please list them all and indicate your preferred address):								
12. Name, address and telephone number of two neighbors who know you at your current address:								

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13. Do you receive regular mail (including utilities, cell phone bill, regular payment demands, etc.) at your current address? Yes No

13a. If you responded “No,” please indicate below where your mail is delivered:

14. Mailing Address (if different from residential address):

15. List in **reverse** chronological order **all** past residences. Be as accurate as possible. (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 Mo./Year	To Mo. /Year	Number and Street	Apt	City, State	Landlord's Contact Information

16: List all visible scars, piercings, distinguishing body marks, and tattoos:

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EDUCATION

17. Have you received a diploma from high school? Yes No

17a. If you answered "No", have you successfully received a General Equivalency Diploma? Yes No

If "Yes", list date issued:

18. Are you currently enrolled in a college or university? Yes No

College or University:	Address:	Course of Study:	Number of credits earned:

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

Name of School	Address	Dates Attended		Degree and date received (or to be received)
		From Mo./Yr.	To Mo./Yr.	

20. Were you ever dismissed from school for any reason during your scholastic career? Yes No

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

21a. Have you ever had to withdraw from a class or course for any reason? Yes No

21b. Have you ever had any problems related to attendance or tardiness? Yes No

21c. Have you ever been involved in a fight or physical altercation while attending school? Yes No

If you answered "Yes" to questions 20 or 21, explain in detail.

School: _____ Date: _____

Reason:

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22. List awards, honors, positions held organizations and in athletic endeavors, and any other recognition you received while attending high school or college. Also, list any special recognition you have received in the community since you have left school (Note: exclude those organizations and awards which by their nature, name or character indicate the religion, race, or national origin of its member):

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

24. Are you a member of the Bar?

Yes No

24a. If "Yes", list the state(s) in which you are admitted: _____

Note: If you answered "Yes", please provide a copy of your license when submitting this application.

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FOREIGN LANGUAGE/TRAVEL

25. List any languages other than English in which you are able to communicate and describe the level of proficiency you believe you have in each category (“some”, “good”, or “fluent”).				
Language/ Dialect	Speak	Understand	Read	Write

26. List any foreign countries you have visited beginning with the most recent and work backward.			
Country	From Month / Year	To Month / Year	Reason for Visit

LICENSES

27. Are you a licensed motor vehicle operator? Yes <input type="checkbox"/> No <input type="checkbox"/>				
28a. Driver’s License Number:	28b. State:	28c. Expiration Date:	28d. Restrictions (if any):	28e. Status (active, revoked, etc.):

29. Please list any other states where you have been a licensed motor vehicle operator:	
License Number	State

30. Have you ever been refused a driver’s license for non-medical reasons? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Month/Year	State	Circumstances

31. Has your license to operate motor vehicles ever been revoked or suspended in this state or any other? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If “Yes”, provide details below, including when, why and the length of time it was revoked or suspended.	

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32. Have you ever been involved in a motor vehicle accident? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", provide details below. (if a police agency was involved, please indicate the responding authority, regardless of their action taken)			
<hr/> <hr/> <hr/> <hr/>			
33. Have you received any traffic citations (excluding parking tickets), in this state or any other, within the last seven (7) years? If "Yes", list all traffic citations/other information requested below. Yes <input type="checkbox"/> No <input type="checkbox"/>			
Nature of violation	Location (City, State)	Date (Month/Year)	Action Taken
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
34. List all the vehicles you own or have access to: N/A <input type="checkbox"/>			
Year, Make & Model: _____ Registration: _____ State: _____			
Year, Make & Model: _____ Registration: _____ State: _____			
Year, Make & Model: _____ Registration: _____ State: _____			
35. Have you ever been issued any type of firearm permit or license? Yes <input type="checkbox"/> No <input type="checkbox"/>			
36. Type:	36a. Date Issued:	36b. Place Issued:	36c. License Number:
_____	_____	_____	_____
37. Have you ever applied for and been denied a firearm license? Yes <input type="checkbox"/> No <input type="checkbox"/>			
38. Have you ever had a firearm license revoked or suspended? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If you answered "Yes" to question(s) 37 or 38, provide details below, including date of denial, person denying application, reason or court:			
<hr/> <hr/> <hr/> <hr/>			

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39. Have you ever been issued a Hackney License? Yes No

Date Issued: _____ City or Town: _____

40. Have you applied for a position as a special police officer/constable/private investigator's license? Yes No

41. Have you ever applied for a bond or a job that requires a bond? Yes No

ADDITIONAL LICENSES

42. List all certifications and licenses you have earned as a result of education or training (EMT, Paralegal, Nursing, Private Investigator, etc.)

EMPLOYMENT

43. 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		Name and Address of Employment	Rates of Pay		Supervisor's Contact Information
From Mo./Yr.	To Mo./Yr.		Start	Finish	

Your Position or Title: _____

Reason for Leaving: _____

Full-time Part-time Days Nights Tel. # _____ Hours per week: _____

Comments: _____

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Dates		Name and Address of Employment	Rates of Pay		Supervisor's Contact Information
From Mo./Yr.	To Mo./Yr.		Start	Finish	

Your Position or Title:

Reason for Leaving:

Full-time Part-time Days Nights Tel. # _____ Hours per week: _____

Comments:

Dates		Name and Address of Employment	Rates of Pay		Supervisor's Contact Information
From Mo./Yr.	To Mo./Yr.		Start	Finish	

Your Position or Title:

Reason for Leaving:

Full-time Part-time Days Nights Tel. # _____ Hours per week: _____

Comments:

Dates		Name and Address of Employment	Rates of Pay		Supervisor's Contact Information
From Mo./Yr.	To Mo./Yr.		Start	Finish	

Your Position or Title:

Reason for Leaving:

Full-time Part-time Days Nights Tel. # _____ Hours per week: _____

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Dates		Name and Address of Employment	Rates of Pay		Supervisor's Contact Information
From Mo./Yr.	To Mo./Yr.		Start	Finish	

Your Position or Title:

Reason for Leaving:

Full-time Part-time Days Nights Tel. # _____ Hours per week: _____

Comments:

Dates		Name and Address of Employment	Rates of Pay		Supervisor's Contact Information
From Mo./Yr.	To Mo./Yr.		Start	Finish	

Your Position or Title:

Reason for Leaving:

Full-time Part-time Days Nights Tel. # _____ Hours per week: _____

Comments:

Dates		Name and Address of Employment	Rates of Pay		Supervisor's Contact Information
From Mo./Yr.	To Mo./Yr.		Start	Finish	

Your Position or Title:

Reason for Leaving:

Full-time Part-time Days Nights Tel. # _____ Hours per week: _____

Comments:

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Dates		Name and Address of Employment	Rates of Pay		Supervisor's Contact Information
From Mo./Yr.	To Mo./Yr.		Start	Finish	

Your Position or Title:

Reason for Leaving:

Full-time Part-time Days Nights Tel. # _____ Hours per week: _____

Comments:

Dates		Name and Address of Employment	Rates of Pay		Supervisor's Contact Information
From Mo./Yr.	To Mo./Yr.		Start	Finish	

Your Position or Title:

Reason for Leaving:

Full-time Part-time Days Nights Tel. # _____ Hours per week: _____

Comments:

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

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46. Have you provided a complete and accurate account of your entire employment history?

Yes No

47. Community Involvement: List any activities which may reflect favorably on your reputation for leadership, responsibility, honesty and integrity.

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MILITARY RECORD

48. Are you registered for Selective Service? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", provide your Selective Service Number:		
49. Have you ever served on active duty in the Armed Forces of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Branch of Military Service	Enlistment Period	Dates of Active Duty From: To:
Type of Discharge	Basis of Discharge	Member of Reserve? Yes <input type="checkbox"/> No <input type="checkbox"/>
Primary Specialty	Highest Rank Attained	Branch: Last Duty Assignment
50. Are you, or were you ever a member of the National Guard or Reserves? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", dates served: _____ Present <input type="checkbox"/> Former <input type="checkbox"/> None <input type="checkbox"/>		
51. Do you claim Veterans Preference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
52. While in the Military were you ever the subject of any disciplinary proceeding? Yes <input type="checkbox"/> No <input type="checkbox"/>		
52a. Was any type of disciplinary action taken against you in the service? Yes <input type="checkbox"/> No <input type="checkbox"/>		
52b. Were you ever reduced in rank? Yes <input type="checkbox"/> No <input type="checkbox"/>		
52c. Did you ever receive any loss of pay? Yes <input type="checkbox"/> No <input type="checkbox"/>		
52d. Were you ever assigned to restricted duty? Yes <input type="checkbox"/> No <input type="checkbox"/>		
52e. Were you ever transferred or reassigned for disciplinary reasons? Yes <input type="checkbox"/> No <input type="checkbox"/>		
52f. Were you ever transferred or reassigned for performance reasons? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If you answered "Yes" to any part of question 52, provide details below. _____ _____		
53. Have you provided a complete and accurate account of your military history? Yes <input type="checkbox"/> No <input type="checkbox"/>		

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PUBLIC EMPLOYMENT and EMPLOYMENT APPLICATIONS

54. Have you ever applied for any other police position or any public employee position in Massachusetts or any other state? Yes No

54a. Have you ever been rejected or been bypassed for any other police position or public employee position in Massachusetts or any other state? Yes No

54b. Have you ever applied for and then withdrawn from consideration from any other police position or any other public employee position in Massachusetts or any other state? Yes No

54c. Has the Commonwealth of Massachusetts, the United States Government, any state, municipality, or other police agency investigated your background? Yes No

If you answered "Yes" to any part of question 54, provide details below:

55. Are you now, or have you been employed by the Town of Belmont or any other public employer in Massachusetts or elsewhere? Yes No

56. Do you receive retirement benefits from any public employer in Massachusetts? Yes No

56a. If "Yes", have you withdrawn them? Yes No

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RELATIVES

57. 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	
Phone Number:		Phone Number:	
Spouse, Partner or ex-Spouse if divorced (inc. Maiden Name)		Spouse, Partner or ex-Spouse if divorced (inc. Maiden Name)	
Address		Address	
Date of Birth		Date of Birth	
Place of Birth		Place of Birth	
Phone Number:		Phone Number:	

List all children, spouses or partners, family members, friends or roommates with whom you have resided.					
Name	Relation	Name	Relation		
Address			Address		
Date of Birth	Dates of Residency		Date of Birth	Dates of Residency	
	From Mo./Yr.	To Mo./Yr.		From Mo./Yr.	To Mo./Yr.
Place of Birth		Place of Birth			
Phone Number:			Phone Number:		
Name	Relation	Name	Relation		
Address			Address		
Date of Birth	Dates of Residency		Date of Birth	Dates of Residency	
	From Mo./Yr.	To Mo./Yr.		From Mo./Yr.	To Mo./Yr.
Place of Birth		Place of Birth			
Phone Number:			Phone Number:		

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Date of Arraignment	Prosecuting Agency (Police Department)	Charge
Docket Number	Specific Court	Final Disposition
Explain Details:		
Date of Arraignment	Prosecuting Agency (Police Department)	Charge
Docket Number	Specific Court	Final Disposition
Explain Details:		

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REFERENCES

59. 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 _____	Address _____	Phone Number _____
How long have you known this person? _____	How do you know this person? _____	Reference's occupation _____
Reference #2 – Complete Name _____	Address _____	Phone Number _____
How long have you known this person? _____	How do you know this person? _____	Reference's occupation _____
Reference #3 – Complete Name _____	Address _____	Phone Number _____
How long have you known this person? _____	How do you know this person? _____	Reference's occupation _____

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FINANCIAL RECORD

60. 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.** A lack of credit will not be held against you.

CREDITOR AND ADDRESS	AMOUNT OWED	ACCOUNT #

61. 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

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62. Have you ever been sued or had your wages garnished? Yes No

If you answered "Yes" to question 62, provide details below:

63. Are you now or have you ever received any type of Public Assistance (unemployment compensation, Transitional Assistance, AFDC, EBT, SNAP, Food Stamps, Etc.) Yes No

If you answered "Yes" to question 63, provide what type of assistance below:

Dates: _____

Location(s): _____

SUPPORT ORDERS

64. Have you entered into any orders/agreements regarding child support and/or alimony? Yes No

65. If "Yes" to question 64, are the orders / agreements being complied with to their fullest? Yes No

66. If "Yes" to question 64, have there been any previous problems in fulfilling these orders / agreements? Yes No

If you answered "Yes" to any of the above questions, provide details below (Include court, judgment, penalties):

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INCOME TAXES

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

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

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

If you answered "No" to any of the above questions, provide details below:

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

If you answered "Yes", provide details below:

MISCELLANEOUS

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

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

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

BUSINESS INVOLVEMENT

74. 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 questions, provide the required information below:

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

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PROPERTY OWNERSHIP

75. 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.)

76. List all real property in which you or your spouse have purchased or sold in the past ten years.

Property Address	Owner	Type of Transaction and Date

PRIOR EMPLOYMENT APPLICATIONS (All employment)

77. Have you ever provided false information on any application for employment? Yes No

78. Have you ever withheld information on any application for employment? Yes No

79. Have you ever misrepresented your qualifications on any application for employment? Yes No

If you answered "Yes" to any of the above questions , provide details below:
