

William A. Scholtz Chief of Police

Lt. Craig J. Bailey Executive Officer

Permanent

Amesbury

Police Department 19 School St., Amesbury, MA 01913

Tel: 978~388~1217 Fax: 978~388~1220

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APPLICATION FOR EMPLOYMENT Amesbury Police Department

Reserve Permanent

Public Safety

Fu	II-Time Police Intermittent Police Clerk Other
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 questions truthfully, accurately or completed 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 completed 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 the position you are applying for, please notify the Chief of Police in a timely manner.
7.	All applicants must submit the following documents with their application:
	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 copy of your birth certificate

8.	A Criminal Offender Record Information (CORI) check will be performed on each applicant who submits an application for employment with this police department.
I have	e read and understand the above instructions.
Cand	idate Signature:
are e	application will be held on file at the Amesbury Police Department for a period of 10 years. If you application will become a permanent part of your nnel file.
Date	Received:

A copy of your social security card.

A copy of your driver's license.

d.

e.

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 questions are optional. Although the information is useful on our examination of applicants, your decision not to answer any or all of the asterisk questions will not be held against you.

		I	. PERSO	NAL HISTORY		
a.	Name:(Firs	t)	(Middle)	(Last)		(JR,SR,ETC.)
b.	Address:	(Number & Stre	eet)			
		(City/Town)		(State)	(Zip)	
C.	Date of Birth		So	cial Security No.:		
				ate(s) When Used: ate(s) When Used:		
e.	How long ha	ve your lived at	this address?			
	Phone:	(Home)		(Business)		
f.	Neighbors N	ame, Address a	nd Telephone I	Number who can verif	y above:	
g.	* Weight (wit	thout clothes)		Height (without sh	noes)	

In chronological order, please state every place you have resided within the past fifteen 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	Apt #	Number and Street	City/Town	State	Landlord's Name and Telephone #

i. ac	List all credit card accounts for which you are responsible. (Give account name, e.g., Iss count numbers and amount owed).
_	
j.	Do you own a home [], rent [], live with parents []? If you own a home, give more details. Name and address of mortgage holder:

Loc	ation: Mortgage Held By:
I.	Are you lawfully eligible for employment in the United States? Yes [] No []
m.	Have you ever applied to any other law enforcement agency(ies)? Yes No If Yes, please list agency(ies)/year applied.
n.	Have you ever used another name? Yes [] No [] If yes, please explain:
0.	Do you have a relative in our employ? Yes [] No [] If yes, please give name and relationship:
p.	Do you personally know any police officers working in this department? Yes [] No [] If yes, name and rank (if known):
q.	Are you willing to work any shift, including midnight to 8:00 AM or other overnight hours during the week, weekend, and holidays if required? Yes [] No [] If no, why not?
r.	If your application is considered favorably, on what date can you start work?

S.	Do you possess a valid driver's license from the Commonwealth of Massachusetts?
	Yes [] No [] Driver's License No.:
t.	Was your driver's license in this state, or any state, ever suspended or revoked?
_	Yes [] No [] If yes, give details:
_	
u.	Have you previously submitted an application for any employment with this municipality?
	Yes [] No [] If yes, give the name of the agency and when.
_	
_	
_	
V.	If you are applying for a position as a Reserve Officer, will be you available to attend court
	during the day? Yes [] No []
W.	Have you ever worked for this municipality before? Yes No If yes, give the name
	of the agency and when?
_	
_	
_	

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a. List the name and address of the following schools you attended and date of graduation.

	School Name and Address	Graduated Yes/No	Number of Years Attended	Degree	Major
High School					
College					
Graduate					
Other: Equivalency, etc.					
Courses Now Studying:					

Studying	J .																
b.	schola	astic	prob	ation,	ever	taker	n aga	ainst y	you d	uring		schola		n, incluareer?	•	l	
Schoo	ol:								-	Da	te:					_	
Action	Taker	n:	_		_											_	
C.	other	spe ave ds w	cial re recei	cognived in	ition y your	you re	eceive munit	ed wh ty sin	hile a	ttenc ou let	ling sc ft scho	hool. ol. (<i>E</i>	Also I xclude	ist any e <i>those</i>	spec orga	cial red anizati	rs, any cognition cons and origin of
																	<u> </u>

	igaage as none,	phase of each foreign lar	our proficiency in each	Indicate yo
Write	Read	Understand	Speak	Language
	Nead	Onderstand	Opean	panish
				lian
				erman
				ench Ilian erman ussian reek ninese ortuguese ers - Please List
				eek
				ninese
				_
				ers - Please List
		pecial equipment or com		Please list
		pecial equipment or com	any office machines, s e. Also include your de	Please list

Do	you now owe money for traffic fines? Yes [] No []
Do	you now owe money for parking tickets? Yes [] No []
Do	you now owe money for excise taxes? Yes [] No []
Do	you now owe money for any moving violations? Yes [] No []
lf y	ou answered yes to any of the above, please give complete details including the an
OW	ed and to whom it is owned.

III. EMPLOYMENT HISTORY

a. In reverse chronological order, list all employment (including summer and part-time employment while attending school). All time must be accounted for. If unemployed for a period of time, indicate the dates of unemployment. (Use additional sheets of paper if necessary.) Applicants may also include verifiable work performed on a volunteer basis.

Dates			Rate	s of Pay	
From Mo./Yr.	To Mo./Yr	Name and Address of Employment	Start	Finish	Supervisor's Name, Title, Phone #
Reason for Leaving:		,	l .		

Dates			Rates	s of Pay	
From Mo./Yr	To Mo./Yr	Name and Address of Employment	Start	Finish	Supervisor's Name, Title, Phone #
Reason for Leaving:	II.	1			1

Dates			Rate	s of Pay	
From Mo./Yr	To Mo./Yr	Name and Address of Employment	Start	Finish	Supervisor's Name, Title, Phone #
Reason for Leaving:		•	•		•

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

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_	To lo./Yr	Name and Address of Employment	Start	Finish	Supervisor's Name, Title, Phone #
Reason for Leaving:				<u>L</u>	

Dates			Rate	s of Pay	
From Mo./Yr	To Mo./Yr	Name and Address of Employment	Start	Finish	Supervisor's Name, Title, Phone #
Reason for Leaving:					

Dates			Rate	s of Pay	
From Mo./Yr	To Mo./Yr	Name and Address of Employment	Start	Finish	Supervisor's Name, Title, Phone #

Reason for Leaving:

Are you el	igible for rehire	e with your forme	er employers.	Yes[]	No []	If no, plea	ase e

IV. MILITARY SERVICE

Branch c	of Military Service	Serial Number		Dates of Active Duty
				From: To:
Type of I	Discharge	Dates of Dischar	ge	Member of the Reserves Yes [] No [] Branch:
	/as any type of disci es [] No [] If yes,	. ,	ainst you	u in the Military Service?
	re you now or were	you formerly in the Nater	ional Gu	ard?
[If] Present [] Form you are a member of	er [] Never	and atten	ard? d drills, meetings or training, give
[If th Annual F	Present [] Form you are a member of the unit,	er [] Never of the National Guard a location and phone nul	and atten	d drills, meetings or training, give
[If th Annual F	Present [] Form you are a member of the unit,	er [] Never of the National Guard a	and atten	d drills, meetings or training, give
[If th Annual F Location	Present [] Form you are a member of the unit, Field Training Attendary o you claim Veteran	er [] Never of the National Guard a location and phone nul	and atten	d drills, meetings or training, give
[If th Annual F Location d. Do	Present [] Form you are a member of the unit, see name of the unit, see like the content of the unit, see like the unit	er [] Never of the National Guard a location and phone null lance From:	and atten mber.	d drills, meetings or training, give
[If th Annual F Location	Present [] Form you are a member of the unit, ename of the unit, field Training Attended: o you claim Veterances [] No [] [] Active Du	er [] Never of the National Guard a location and phone nul	and atten	d drills, meetings or training, give

-	ere ever a member of the Arm	ed Services, were you court-m	nartialed?
f. * Your Milita	ıry Record- Past Commandir	ng Officers or Military Acqua	intances are potential
	ary Record- Past Commandir		-
sources of rele	_	your background. Please list t	-
sources of rele	vant information pertaining to	your background. Please list t	-
sources of rele	vant information pertaining to you	your background. Please list to ion about you.	those individuals who know
sources of rele	vant information pertaining to you	your background. Please list to ion about you.	those individuals who know
sources of rele	vant information pertaining to you	your background. Please list to ion about you.	those individuals who know
sources of rele	vant information pertaining to you	your background. Please list to ion about you.	those individuals who know
sources of rele	vant information pertaining to you	your background. Please list to ion about you.	those individuals who know

V. REFERENCES

a. List three references (not relatives, in-laws, former or present employers, fellow employees or school teachers) on the following page 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.
Provide address, phone and length of time you've known each reference.

Name	Address	Telephone Number	Years Known

b. * Relatives: All applicants are requested to give complete information concerning their relatives (mother, father, siblings). If you have been married more than once, give the requested information concerning each former husband or wife. Even though a relative is deceased, give all the information requested and indicate last residence and year of death. If you have been reared by someone other than your parents, the requested information should be furnished concerning them, as well as your natural parents. If you are engaged to be married or contemplating marriage in the near future, completed information must be included for your future spouse. Complete Name, Including Middle Name (No Initials), Complete Address

Name:	Relationship to you:
Birth Date:	Birthplace:
Complete Address:	Telephone:
Occupation & Employer:	Supervisor/Co-Worker:
	Telephone:

Name:	Relationship to you:
Birth Date:	Birthplace:
Complete Address:	Telephone:
Occupation & Employer:	Supervisor/Co-Worker:
	Telephone:

Name:	Relationship to you:
Birth Date:	Birthplace:
Complete Address:	Telephone:
Occupation & Employer:	Supervisor/Co-Worker:
	Telephone:
Name:	Relationship to you:
Birth Date:	Birthplace:
Complete Address:	Telephone:
Occupation & Employer:	Supervisor/Co-Worker:
	Telephone:
Name:	Relationship to you:
Birth Date:	Birthplace:
Complete Address:	Telephone:
Occupation & Employer:	Supervisor/Co-Worker:
	Telephone:
Name:	Relationship to you:
Birth Date:	Birthplace:
Complete Address:	Telephone:
Occupation & Employer:	Supervisor/Co-Worker:
	Telephone:
Name:	Relationship to you:
Birth Date:	Birthplace:
Complete Address:	Telephone:
Occupation & Employer:	Supervisor/Co-Worker:
	Telephone:

Marital Status: Mark one of the following	ng to show y	our current	marital s	status:	
1-Never Married;2-Married; _	3-Separ	ated;4	l-Legally	y Separated;	5-Divorced
6-Widowed					
Current Spouse: Please complete the	following abo	out your cur	rent spo	ouse:	
Name:	Birth D	ate:			
Birthplace (include Country if outside US):	Social	Security #:			
Other Names Used (specify Maiden name, name	ne by other mar	riage, etc. and	d show al	I dates used for each	ch time)
Country of Citizenship:	Date Married:			State:	
			(0); (0)		
If Separated, Date of Separation: (mm/dd/yy)	Where is the r	ecord location	i (City/Sa	te/Country)?	
Address of Current Spouse (Street, City and Co	ountry if outside	US and phor	ne numbe	er):	
Former Spouse: Complete the following	ng about you	former spo	ouse(s).	(Use continuation	on sheet if
necessary)					
Name:	Birth D	ate:			
Birthplace (include Country if outside US):	Social	al Security #:			
Other Names Used (specify Maiden name, name by other marriage, etc. and show all dates used for each time)					
Country of Citizenship:		Date Marrie	ed:	State:	
Check one of the below:		If Divorced,	where is	the record location	(City/Sate/Country)?
Divorced;Widowed; Date:					
Address of Former Spouse (Street, City and Country if outside US and phone number):					

c. * Persons Residing with You: Does anyone re	eside with you, other than your spouse or relatives
indicated in the previous question? If "YES", provio	de the information below: Yes [] No []
Name of person and phone number	Relationship

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,
(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 an "of the three preceding questions (a., b., 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

e. Have you ever been convicted of a sexual offense? Yes [] No [] If you have answered yes, please state the following:

Place/Department	Charge/Court/Disposition	Docket No.

Date	Date Place/Department		Charge/C	Charge/Court/Disposition		
. Ha	ave you ever been s	sentenced to	o imprisonment after	conviction of a cri	me?	
′es[]N	No [] If you have a	ınswered ye	es, please state the fo	ollowing:		
Date	Place/Department	Charge	e/Court/Disposition	Docket No.	Locati	on Served
ı. Are	you now under cha	arge for any	criminal offense on v	which you are awa	aiting trial	
r final di	sposition? Yes []	No[]If yo	u have answered ye	s, please state the	efollowing	j :
Date	Place/Depa	rtmont	Characic	ourt/Dianosition		Docket No.
Date	- гасе/ D ера	runent	Charge/Court/Disposition			Docket No.

Have you ever been convicted of a narcotic drug offense? Yes [] No [] If you have

f.

i.	Have you ever been or are you currently the subject of any petition for restraining order
reque	sting or issued pursuant to c. 209A (abuse prevention), of the Massachusetts General Laws?
Yes [] No [] If you have answered yes, please explain when and where.

Place/Department	Charge/Court/Disposition	Docket No.
	Place/Department	Place/Department Charge/Court/Disposition

j.	Have you ever been, or are you now, a defendant in any civil court action?
Yes [] No [] If yes, give the nature of action and court.

Nature of Action	Court	Docket No.

a. Do you have experien	ce with firearms? Yes [] No [] If yo	es, please explain:
	ued a license to carry firearms? Yes Issued Reason	No [] If yes, please specify: Firearm License Number
	for and been denied a license to car including the date of denial, person	
d. Have you ever been is	sued an FID card? Yes [] No [] If	voc. please specify:
Issued By	Date Issued	Card Number

VII. LICENSES

e.	If the answer to 'b" or "d" above is yes, was it ever revoked or suspended?	
	Yes [] No [] If yes, give details:	
AS A	ILAWFUL IN MASSACHUSETTS TO REQUIRE OR ADMINISTER A LIE DETECTO ONDITION OF EMPLOYMENT OR CO NTINUED EMPLOYMENT. AN EMPLOYE ES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIAB	E WHO
		_

CREDIT CHECK AUTHORIZATION

Ι,	residing at	
	, Massachusetts authorizes the	
	Police Chief access to my Credit Report for pre-employment purposes	
Date:		
	Signed	

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

I understand that a physical, which includes a drug screening urinalysis, may be required after an employment offer has been made. I understand that this is not a contract of employment and I or the municipality may sever the employment relationship at any time for any reason. Any oral or written statement to the contrary, including any which are made by a City/Town representative are disavowed and may not be relied upon by any prospective or existing employee.

I understand also that this Department has established day and night tours for which I must be available as required. 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 Amesbury Police Department authorization to contact any person reasonably related to the 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.

Finally, I hereby release, discharge and exonerate this municipality, its agents and representatives, and any person so furnished 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 this municipality. This authority shall continue until revoked in writing by the undersigned.

Date	_	Signature of Applicant
		WEALTH OF MASSACHUSETTS
, SS		
l,	, being du	uly 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 a	nd I do solemnly swe	ar that each and every answer is full, true and correct in every respe
		Signature of Applicant
Sworn before me this	day of	, 20
Notary Public or Commission	er of Deeds	
My Commission Expires:		

respect.

GENERAL RELEASE

Date:	
I,, born at, having filed an application for employment with the Amesbury Police Department, consent to have an investigation made as to my moral character, reputation and fitness for the position to which I have applied and such information as may be, received, reported to the appointing authority. I agree to give any further information which may required in reference to my past record.	be
I also authorize and request, every person, firm, company, corporation, (governmental agency, coassociation or institution having control of any documents, records and other information pertaining, to furnish to the police department any such information, including, documents, records, files regarding charges or complaints filed against me, formal or informal, pending or closed, or any of pertinent data, and to permit the police department or any of its agents or representatives to inspand make copies of such documents, records and other information.	ng to
Specifically, I hereby authorize the release of the following data or records to the Police Departm	ent.
I hereby release, discharge and exonerate the Amesbury Police Department. its agents and representatives and any person so furnishing information from any and all liability of every nature kind arising out of the furnishing or inspection of such documents, records and other information the investigations made by or on behalf of the AmesburyPolice Department.	
This authority shall continue for one year unless sooner revoked in writing by the undersigned.	
Signed	
Printed Name	
Witness Signature	

Witness Printed Name and Address

CREDIT CHECK AUTHORIZATION

The undersigned certifies that this Investigation has been duly authorized by his superior(s) that all information requested is for the exclusive, official use of the undersigned agency or department and for use only in connection with such investigation; and the consumer report requested is for a permissible purpose under Public Law 91-508 (Fair Credit Reporting Act), of which the undersigned is knowledgeable.

Public Law 91-508 provides that any person who knowingly and willfully obtains information on a

consumer reporting agency under false prete not more than one year or both.	o,	
Agency or Department	Individual Requesting Report	_
Address	Title	_
Ident. or Code		
FOR BUREAU USE: Person Giving Report:		
Price and Type of Repo	ort:	

CORI CHECK ACKNOWLEDGMENT

l,	residing at
	, Massachusetts, acknowledges that a Criminal Offender
Record Information (CORI) c	heck will be performed as part of the municipality's hiring process. I
further acknowledge that a re	fusal to allow the CORI check to be performed will cause my application
to no longer be considered for	or employment.
Signature	