

# **POLICE OFFICER & RESERVE POLICE OFFICER APPLICATIONS**

## **Step 1**

### **Advice to applicants.**

Before you complete and submit a Freetown police officer (full-time) or reserve police officer (part-time) application, you may want to first consider applying for a Freetown auxiliary police officer position. To learn more about the Freetown Police Department Auxiliary Program, please visit the Auxiliary Police section of the web page.

Here's why:

Most of our full-time police officers were selected from our reserve police officer ranks. Most of our reserve officers were selected from our auxiliary police officer ranks.

## **Step 2**

Make your decision. Either proceed to the auxiliary police officer application information on our website and follow the instructions, **or** choose to complete the police officer (regular full-time/reserve part-time) application that follows.



**COMMONWEALTH OF MASSACHUSETTS  
TOWN OF FREETOWN**

**POLICE OFFICER  
PRE-EMPLOYMENT QUESTIONNAIRE AND PERSONAL HISTORY STATEMENT**

**Check Position Sought:**

**Regular Full-Time**\_\_\_\_\_ **Reserve** \_\_\_\_\_ **Auxiliary (Unpaid)**\_\_\_\_\_

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 (non-optional) questions truthfully, accurately or completely 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 complete answers, or you wish to make additional comments, use continuation space or 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 appointment, please notify the Chief of Police in a timely manner.
7. All applicants must submit the following documents with their applications.
  - A. Educational Records:
    - One certified copy of your High School Diploma or Equivalency Certificate
    - One certified copy of your higher education diploma (if applicable), and all transcripts from any/all college and graduate study.
  - B. One certified copy of your birth certificate.
  - C. Writing Sample -- Please submit with your application a handwritten (or printed) 150-word essay explaining why you want to be a police officer. You may also include in this essay other topic areas such as your career goals.
  - D. A copy of your firearms license, if any.
  - E. A copy of your social security card.
  - F. A copy of your driver's license.
  - G. A copy of law enforcement academy training certificate.
  - H. Credit Reports:
    - 3 in 1 credit report (TransUnion/Equifax/Experian) or
    - Free online credit report
  - I. For those persons who served in the military, provide undeleted versions of:

- One copy of the DD-214 (Long Form)
- One copy of the NGB-22

8. A Criminal Offender Record Information (CORI) check will be performed on each applicant who submits an application for employment with this police department.
9. Applicants must include in their report of experience any verified work performed on a volunteer basis.
10. All applicants for the position of police officer are required to take a written examination. Please inform the Chief of Police within three days of your submission of this application if, as a result of a disability, you will need an accommodation to take this test.

I have read and understand the above instructions.

**Signature of Candidate:** \_\_\_\_\_

This application will be held on file for a period of three years.

**The Town of Freetown Is An Equal Opportunity Employer.**

It is the policy of the Town of Freetown to afford equal employment opportunity to qualified persons regardless of race, color, religion, national origin, age military status, sexual orientation, disability, or gender, except where age or gender is a bona fide occupational qualification as allowed by the Civil Rights Act or 1966.

Date Received: \_\_\_\_\_



# FREETOWN POLICE DEPARTMENT

225 Chace Road, East Freetown, MA 02717

(508) 763-4017

**AUTHORIZATION FOR RELEASE OF INFORMATION RELATIVE TO POLICE OFFICER  
PLEASE ACCURATELY COMPLETE THE FOLLOWING INFORMATION  
(Print clearly in ink or type)**

<b>NAME:</b> _____		
First Name	Middle Initial	Last Name
PREVIOUS NAME OR ALIAS: _____		
RESIDENTIAL ADDRESS: _____		
<b>(NOT A Post Office Box)</b>		
Number	Street	
City/Town	State	Zip Code
MAILING ADDRESS (If Different): _____		
SOCIAL SECURITY NUMBER: _____		DRIVER'S LICENSE NUMBER: _____
DATE OF BIRTH: ____/____/____		

I, \_\_\_\_\_, do hereby authorize a review of a full disclosure and/or release of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Freetown Police Department, whether the said records are public, private or confidential in nature.

The intent of the authorization is to give my consent for a full and complete disclosure and/or release of records of educational institutions, financial or credit institutions, including records of deposits, withdrawals and balances of checking and saving accounts, 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, formal or informal, pending or closed, wherever filed by me or against me, and salary records; real and personal property tax statements and records, and other financial statements and records whenever 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, wherever so 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 fully acknowledge and understand 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 pursuing a background investigation that may provide pertinent data for the Freetown Police Department. I agree that such data may be received, reported to, and reviewed by the appointing authority. It is my specific intent to provide full access to personal information, however personal or confidential it may be, and the sources of information specifically identified herein. I agree to give further information which may be required in reference to my past record.

I understand that all materials pertaining to this background investigation become the property of the Freetown Police Department and will not be returned to me.

I hereby release, discharge and exonerate the Freetown Police Department, its agents and employees and 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 and/or furnishing and/or inspecting any and all documents, records, and other information or the investigations made by or no behalf of the Freetown Police Department. I agree that with the exception of a consumer (credit) report, any information furnished may be declared "confidential" by the Freetown Police Department and need not be disclosed.

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**

On this, the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned Notary Public, personally appeared \_\_\_\_\_, proved to me through satisfactory evidence of identification, which was/were \_\_\_\_\_ to be the person whose name is signed on this document and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her knowledge and belief.

\_\_\_\_\_  
Notary Public

Signature: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

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

The Federal Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, national origin or disability, (As does the Americans with Disabilities Act). 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, sexual orientation and marital status.

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

<b>1. FULL NAME:</b> _____ (First) (Middle) (Last) (Jr., Sr., Etc.)
<b>2. *Date of Birth:</b> ____/____/____ <b>Social Security Number:</b> ____ - ____ - ____
<b>3. *PLACE OF BIRTH:</b> City: _____ State: _____ Zip Code: _____ Country: _____
<b>4. TELEPHONE NUMBERS:</b> Home: ( ) _____ Cell: ( ) _____ Work: ( ) _____ E-Mail: _____
<b>5. OTHER NAMES USED.</b> 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. <b>Name:</b> _____ _____ <b>Name:</b> _____ _____ <b>Name:</b> _____ _____ <b>Name:</b> _____ _____
<b>6. CITIZENSHIP.</b> A. Are you a United States Citizen? Yes ____ No ____ Naturalized? ____ Derivative? ____ Naturalization Number: _____ B. Are you currently in process to naturalize? ____ Expected Date of Naturalization: _____ C. Are you lawfully eligible for employment in the United States? Yes ____ No ____

USE CONTINUATION SPACE OR ADDITIONAL PAGES IF NECESSARY

**7. IDENTIFYING INFORMATION.**

Height: \_\_\_\_\_ feet \_\_\_\_\_ inches \*Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

\*Male: \_\_\_\_\_ \*Female \_\_\_\_\_

List all scars, tattoos, brands, or other distinguishing body marks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. RESIDENCE (Not a Post Office box).** Provide your address for every place you have lived, beginning with the present (#1) and working backward since your 15<sup>th</sup> birthday. If you attended school or served in the military away from your permanent residence, list the address you lived at while attending school or serving in the military. For any address *in the past three (3) years*, list a person who knew you at that address, preferably someone who still lives in the area. If you rented, provide the name and address of the person responsible for collecting rent.

**Current Address**

#1 \_\_\_\_\_ to Present \_\_\_\_\_  
Month/Year Street Address & Apt. Number City/Town State/Zip

**Mailing address, If different**

\_\_\_\_\_  
Name of person who knows you Street Address & Apt. Number City/Town State/Zip Telephone

\_\_\_\_\_  
Name of person collecting rent Street Address & Apt. Number City/Town State/Zip Telephone

If you do not rent, do you: own a home , rent , live with parents , other .

If other, please elaborate: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Addresses**

#2 \_\_\_\_\_ to Present \_\_\_\_\_  
Month/Year Street Address & Apt. Number City/Town State/Zip

\_\_\_\_\_  
Name of person who knows you Street Address & Apt. Number City/Town State/Zip Telephone

\_\_\_\_\_  
Name of person collecting rent Street Address & Apt. Number City/Town State/Zip Telephone

Continued on next page

USE CONTINUATION SPACE OR ADDITIONAL PAGES IF NECESSARY

**8. RESIDENCE CONTINUED**

**Other Addresses**

<b>#3</b>	<b>_____ to Present</b>			
	<b>Month/Year</b>	<b>Street Address &amp; Apt. Number</b>	<b>City/Town</b>	<b>State/Zip</b>
Name of person who knows you		Street Address & Apt. Number	City/Town	State/Zip Telephone
Name of person collecting rent		Street Address & Apt. Number	City/Town	State/Zip Telephone
<b>#4</b>	<b>_____ to Present</b>			
	<b>Month/Year</b>	<b>Street Address &amp; Apt. Number</b>	<b>City/Town</b>	<b>State/Zip</b>
Name of person who knows you		Street Address & Apt. Number	City/Town	State/Zip Telephone
Name of person collecting rent		Street Address & Apt. Number	City/Town	State/Zip Telephone
<b>#5</b>	<b>_____ to Present</b>			
	<b>Month/Year</b>	<b>Street Address &amp; Apt. Number</b>	<b>City/Town</b>	<b>State/Zip</b>
Name of person who knows you		Street Address & Apt. Number	City/Town	State/Zip Telephone
Name of person collecting rent		Street Address & Apt. Number	City/Town	State/Zip Telephone

**9. EDUCATION.** Provide information about schools you are attending or, have attended, beyond Junior High School, beginning with the most recent (#1) and working backward. For schools *you attended in the past three (3) years*, list a person who knows you at the school, such as an instructor or student. For correspondence schools and extension classes, list records location and address. On the line above the word "Code", use one of the following codes:

**1 = High School    2 = College/University    3 = Vocational/Trade School    4 = Correspondence/Extension**

<b>#1</b>	<b>From</b>	<b>_____ to</b>	<b>_____</b>	<b>_____</b>	<b>_____</b>
	Month/Year	Month/Year	Code	Name of School	Degree/Diploma (include date)
Street Address		City/Town	State/Zip		
Name of person who knows you		Street Address & Apt. Number	City/Town	State/Zip	Telephone
<b>#2</b>	<b>From</b>	<b>_____ to</b>	<b>_____</b>	<b>_____</b>	<b>_____</b>
	Month/Year	Month/Year	Code	Name of School	Degree/Diploma (include date)
Street Address		City/Town	State/Zip		
Name of person who knows you		Street Address & Apt. Number	City/Town	State/Zip	Telephone

Continued on next page.

USE CONTINUATION SPACE OR ADDITIONAL PAGES IF NECESSARY

**9. EDUCATION CONTINUED.**

#3 From \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year Code Name of School Degree/Diploma  
(include date)

Street Address City/Town State/Zip

Name of person who knows you Street Address & Apt. Number City/Town State/Zip Telephone

#4 From \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year Code Name of School Degree/Diploma  
(include date)

Street Address City/Town State/Zip

Name of person who knows you Street Address & Apt. Number City/Town State/Zip Telephone

**10. ACADEMIC RECORD.** Were you ever dismissed from any school or was any formal or informal disciplinary action, including scholastic probation, ever taken against you during your scholastic career? To your knowledge has anybody complained to a school official about you? If yes, please explain (include school(s), date(s), or incident(s) and circumstances. **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**11. \*AWARDS.** List awards, honors, citations, positions held in school organizations, athletic endeavors, any other special recognition you received while attending school. Also list any special recognition you have received in your community since you left school. (Exclude those organizations and awards, which by their nature, name or character indicate the religion, race or national origin of its members.)

USE CONTINUATION SPACE OR ADDITIONAL PAGES IF NECESSARY



**12. EMPLOYMENT.** Provide your employment history, beginning with the present (#1) and working backward ten (10) years. Please include all FULL TIME, PART TIME, ALL PAID WORK, ANY SELF-EMPLOYMENT, ALL PERIODS OF UNEMPLOYMENT, ACTIVE MILITARY DUTY AND VOLUNTEER WORK.

<b>#1</b>	Employer's Name _____	Start Date _____ Mo./Yr	End Date _____ Mo./Yr
	Street Address _____ City/Town _____ State/Zip _____	Your Title/Position _____	
	Telephone _____	Rates of Pay _____ Start _____ Finish _____	
	Supervisor's Name and Title _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Self Employed <input type="checkbox"/> Military <input type="checkbox"/> Volunteer	
Name, address & telephone number of coworkers _____ _____			
Reason for leaving: _____ _____ _____			
<b>#2</b>	Employer's Name _____	Start Date _____ Mo./Yr	End Date _____ Mo./Yr
	Street Address _____ City/Town _____ State/Zip _____	Your Title/Position _____	
	Telephone _____	Rates of Pay _____ Start _____ Finish _____	
	Supervisor's Name and Title _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Self Employed <input type="checkbox"/> Military <input type="checkbox"/> Volunteer	
Name, address & telephone number of coworkers _____ _____			
Reason for leaving: _____ _____ _____			
Employment history continued to next page.			

USE CONTINUATION SPACE OR ADDITIONAL PAGES IF NECESSARY

**12. EMPLOYMENT CONTINUED.**

<b>#3</b>	Employer's Name _____	Start Date _____	End Date _____
	Street Address _____ City/Town _____ State/Zip _____	Mo./Yr _____	Mo./Yr _____
	Telephone _____	Your Title/Position _____	
		Rates of Pay Start _____ Finish _____	
	Supervisor's Name and Title _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Self Employed <input type="checkbox"/> Military <input type="checkbox"/> Volunteer	
	Name, address & telephone number of coworkers _____ _____		
	Reason for leaving: _____ _____ _____		
<b>#4</b>	Employer's Name _____	Start Date _____	End Date _____
	Street Address _____ City/Town _____ State/Zip _____	Mo./Yr _____	Mo./Yr _____
	Telephone _____	Your Title/Position _____	
		Rates of Pay Start _____ Finish _____	
	Supervisor's Name and Title _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Self Employed <input type="checkbox"/> Military <input type="checkbox"/> Volunteer	
	Name, address & telephone number of coworkers _____ _____		
	Reason for leaving: _____ _____ _____		
	Employment history continued to next page.		

USE CONTINUATION SPACE OR ADDITIONAL PAGES IF NECESSARY

**12. EMPLOYMENT CONTINUED.**

<b>#5</b>	_____ Employer's Name _____ Street Address      City/Town                      State/Zip _____ Telephone	Start Date                      End Date _____                      _____ Mo./Yr                      Mo./Yr	
		Your Title/Position _____	
		Rates of Pay _____                      _____ Start                      Finish	
	Supervisor's Name and Title	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Self Employed <input type="checkbox"/> Military <input type="checkbox"/> Volunteer	
	Name, address & telephone number of coworkers _____ _____ _____		
	Reason for leaving: _____ _____ _____		
<b>#6</b>	_____ Employer's Name _____ Street Address      City/Town                      State/Zip _____ Telephone	Start Date                      End Date _____                      _____ Mo./Yr                      Mo./Yr	
		Your Title/Position _____	
		Rates of Pay _____                      _____ Start                      Finish	
	Supervisor's Name and Title	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Self Employed <input type="checkbox"/> Military <input type="checkbox"/> Volunteer	
	Name, address & telephone number of coworkers _____ _____ _____		
	Reason for leaving: _____ _____ _____		

USE CONTINUATION SPACE OR ADDITIONAL PAGES IF NECESSARY

**13. EXTENDED ABSENCES FROM EMPLOYMENT.** Have you had any extended work absences for reasons other than earned vacation times (exclude medical reasons). If yes, please explain (include when, name of employer, circumstances)

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**14. ATTENDANCE.** What was your attendance record (exclude medical reasons) at your prior places of employment?

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**15. \*COMMUNITY INVOLVEMENT.** List any activities which may reflect favorably on your reputation for leadership, responsibility, honesty, and integrity (response is optional):

#1	_____ to _____	_____	_____
	Month/Year	Activity	Location of Activity (City/State)
#2	_____ to _____	_____	_____
	Month/Year	Activity	Location of Activity (City/State)
#3	_____ to _____	_____	_____
	Month/Year	Activity	Location of Activity (City/State)

**16. EMPLOYMENT SEPARATION.** Has any of the following happened to you within the past ten (10) years?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, begin with the most recent occurrence and go backward, providing the date fired, quit, or separated, most accurate CODE, and employer's information:

1 = Fired from a job.

4 = Left a job by mutual agreement following allegations of unsatisfactory performance

2 = Quit a job after being told you would be fired.

3 = Left a job by mutual agreement under unfavorable circumstances

5 = Left a job for other reasons under unfavorable circumstances.

Month/Year	Code	Employer's Name & Address
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#1.	_____	_____	_____
		(City/State/Zip Code)	
	Specify Reason(s)	_____	_____

Continued to next page.

USE CONTINUATION SPACE OR ADDITIONAL PAGES IF NECESSARY

**16. EMPLOYMENT SEPARATION CONTINUED.**

**Month/Year                      Code                      Employer's Name & Address**

#2. \_\_\_\_\_ (City/State/Zip Code)

**Specify Reason(s)** \_\_\_\_\_

#3. \_\_\_\_\_ (City/State/Zip Code)

**Specify Reason(s)** \_\_\_\_\_

#4. \_\_\_\_\_ (City/State/Zip Code)

**Specify Reason(s)** \_\_\_\_\_

#5. \_\_\_\_\_ (City/State/Zip Code)

**Specify Reason(s)** \_\_\_\_\_

**Other than the employers listed above, are you eligible for rehire with all other former employers?**

Yes \_\_\_\_\_ No \_\_\_\_\_. If no, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

USE CONTINUATION SPACE OR ADDITIONAL PAGES IF NECESSARY

**17. EMPLOYMENT BEHAVIOR.**

**A. Self-Employment/ Owner of a Business**

1. If you were ever self-employed or the part-time or full-time owner of a business, was there ever a violation or complaint in regard to your self-employment or business? Yes \_\_\_\_\_ No \_\_\_\_\_

**B. Have you ever (check appropriate responses):**

2. Stolen from an employer, or been accused of stealing from an employer? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Stolen from a co-worker or been accused of stealing from a co-worker? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Lied to an employer about the number of hours worked, or been accused of lying about the number of hours worked? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Been paid for work you did not do or hours you did not work? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Walked off a job without notice? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Left work early or come in late without your supervisor knowing? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Punched another employee's time card? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Had a co-worker punch you in or out when you were not working? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Reported for work under the influence of alcohol or any drug? Yes \_\_\_\_\_ No \_\_\_\_\_
11. Had an accident while at work? Yes \_\_\_\_\_ No \_\_\_\_\_
12. Fought verbally or physically with other workers or a supervisor? Yes \_\_\_\_\_ No \_\_\_\_\_
13. Been suspended from work? Yes \_\_\_\_\_ No \_\_\_\_\_
14. Received a written reprimand at work? Yes \_\_\_\_\_ No \_\_\_\_\_
15. Collected unemployment while working "under the table"? Yes \_\_\_\_\_ No \_\_\_\_\_
16. Taken time off work claiming that you were sick when you were not? Yes \_\_\_\_\_ No \_\_\_\_\_
17. Made long distance phone calls at work that you were not authorized to make? Yes \_\_\_\_\_ No \_\_\_\_\_
18. Broken any company rule? Yes \_\_\_\_\_ No \_\_\_\_\_
19. To your knowledge has anybody complained to a supervisor about you? Yes \_\_\_\_\_ No \_\_\_\_\_
20. Withheld information or lied on a job application or during an employment interview? Yes \_\_\_\_\_ No \_\_\_\_\_
21. Disclosed, to an unauthorized individual, any information when you were not authorized to do so. Yes \_\_\_\_\_ No \_\_\_\_\_

For each yes answer to a question in Sections A and B, type or write your version of the incident on the continuation space or a separate piece of paper. Be sure to number your response to match the number of the particular question.

USE CONTINUATION SPACE OR ADDITIONAL PAGES IF NECESSARY

**18. MILITARY HISTORY.** If you are a male and born before March 29, 1957 or after December 31, 1959, and are a citizen of the United States, or you were a resident of the United States on your 18<sup>th</sup> birthday, provide your Selective Service Number:

**18A.** Selective Service Number: \_\_\_\_\_

**18B.** Have you served in the United States Military or in the United States Merchant Marine? Yes \_\_\_\_\_ No \_\_\_\_\_

**IF YOUR ANSWER TO QUESTION 18B IS NO, GO TO QUESTION 19  
IF YOUR ANSWER TO QUESTION 17B IS YES, COMPLETE QUESTION 18C through 18E**

**18C.** Starting with the most current (#1) and working backward, enter information for all periods of Active/Reserve Service into the table below. In the "CODE" block use one of the following:

**1 = Air Force 2 = Army 3 = Navy 4 = Marine Corps 5 = Coast Guard 6 = Merchant Marine 7 = National Guard** (for RESERVES, place an "R" after the appropriate CODE. For example Army reserve would be "2R")

**INDICATE STATUS BY MARKING "X" IN APPROPRIATE BLOCKS – USE CODE FOR NATIONAL GUARD**

Month/Year	CODE	RANK	NONE	ACTIVE DUTY	ACTIVE RESERVE	NATIONAL GUARD	INACTIVE RESERVE	RETIRED
#1 _____ to _____								
#2 _____ to _____								
#3 _____ to _____								
#4 _____ to _____								

**18D. Military Record:** PAST COMMANDING OFFICERS OR MILITARY ACQUAINTANCES are potential sources of relevant information pertaining to your background. Please list those individuals who now you well enough to provide accurate information about you.

<b>Name</b>	<b>Contact Address/City/State/Zip</b>	<b>Contact Telephone</b>	<b>Years Known</b>
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**16E. Military Disciplinary Action & Discharge:**

Was any type of judicial or non-judicial disciplinary action taken against you in the Military Service?

Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, explain:

Month/Year	Type of Action	Place (City & County & Country)
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

USE CONTINUATION SPACE OR ADDITIONAL PAGES IF NECESSARY

**19. \*MARITAL STATUS.** Mark one of the following to show your current marital status:

1. \_\_\_\_ Never Married (go to question 20)      2. \_\_\_\_ Married      3. \_\_\_\_ Separated  
 4. \_\_\_\_ Legally Separated      5. \_\_\_\_ Divorced      6. \_\_\_\_ Widowed

**Current Spouse:** Please complete the following about your current spouse.

Full Name	Date of Birth	Place of Birth	Social Security No.
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Other Names used (\*maiden name, \*names by other marriages, etc., and show all dates used for each name).

Country of Citizenship	Date Married	Place Married	State
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If Separated, Date of Separation	If legally Separated, where is the record located (City/State/Country)
----------------------------------	--

Address of Current Spouse (Street, City, State and Country if Outside U.S.)	Telephone Number
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**Former Spouse(s):** Please complete the following about your former spouse(s).

Full Name	Date of Birth	Place of Birth	Social Security No.
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Country of Citizenship	Date Married	Place Married	State
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Telephone Number

\*Check one of the below, then give date: Month/Day/Year.      If Divorced, where is the record located (City/State/Country)?

Divorced \_\_\_\_      Widowed \_\_\_\_      \_\_\_\_\_

Address of former Spouse:

Street	City/State	Country (If outside U.S.)
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**20. PERSONS RESIDING WITH YOU.** Does anyone reside with you, other than your spouse? **Yes** \_\_\_\_ **No** \_\_\_\_

If yes, complete the following:

Name of Person	Relationship
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

USE CONTINUATION SPACE OR ADDITIONAL PAGES IF NECESSARY



**21. RELATIVES.** Complete the following:

Father's Full Name:  Deceased

Street Address & Town/City/State:

Date of Birth: Place of Birth:

Occupation: Contact Number:

Mother's Maiden Name:  Deceased

Street Address & Town/City/State:

Date of Birth: Place of Birth:

Occupation: Contact Number:

Step-Father's Full Name:  Deceased

Street Address & Town/City/State:

Date of Birth: Place of Birth:

Occupation: Contact Number:

Step-Mother's Maiden Name:  Deceased

Street Address & Town/City/State:

Date of Birth: Place of Birth:

Occupation: Contact Number:

USE CONTINUATION SPACE OR ADDITIONAL PAGES IF NECESSARY

**22. MISSING PERSON.** Have you ever been reported to a law enforcement agency as a missing person or runaway?

Yes \_\_\_\_\_ No \_\_\_\_\_ If, yes, please provide the date, agency, and the details:

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**23. CRIMINAL RECORD.** An applicant on record with a sealed record, on file with the Massachusetts Commissioner of Probation, may answer NO RECORD with respect to an inquiry relative to such prior arrests, criminal court appearances or convictions. In addition any applicant for employment may answer NO RECORD with respect to an inquiry relative to such prior arrests, criminal court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the Superior Court for criminal prosecution (see M.G.L. c.276, §§100a, 100c).

- 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 that resulted in a jail sentence from which you were released within the last 5 years? Yes No
- D. Are there any pending felony or misdemeanor charges pending against you? Yes No

**If you answered Yes to any of the above questions, provide the following information:**

Month/Year	Offense	Action Taken/Disposition
Law Enforcement Agency	Court	Docket Number
Month/Year	Offense	Action Taken/Disposition
Law Enforcement Agency	Court	Docket Number
Month/Year	Offense	Action Taken/Disposition
Law Enforcement Agency	Court	Docket Number
Month/Year	Offense	Action Taken/Disposition
Law Enforcement Agency	Court	Docket Number

USE CONTINUATION SPACE OR ADDITIONAL PAGES IF NECESSARY

**23. CRIMINAL CONTINUED.**

Have you ever (check appropriate responses):

- |  |           |          |
|--|-----------|----------|
| 1. Been detained by a law enforcement officer, game warden, animal control officer or military police officer?                   | Yes _____ | No _____ |
| 2. Been given an infraction ticket or misdemeanor summons for a non-motor vehicle offense?                                       | Yes _____ | No _____ |
| 3. Hit another person in anger or been in a fight as an adult?   | Yes _____ | No _____ |
| 4. Threatened someone that you would assault them or commit some other type of crime against them?                               | Yes _____ | No _____ |
| 5. Had sexual contact with someone against his or her will?  | Yes _____ | No _____ |
| 6. Had sexual contact with someone that was drunk, mentally incapacitated or in some other way unable to give consent?           | Yes _____ | No _____ |
| 7. Had sexual contact with a minor?  | Yes _____ | No _____ |
| 8. Paid or been paid to engage in sexual contact with another person?  | Yes _____ | No _____ |
| 9. Exposed yourself in a public place?   | Yes _____ | No _____ |
| 10. Trespassed on another person's property?   | Yes _____ | No _____ |
| 11. Illegally started a fire?  | Yes _____ | No _____ |
| 12. Been involved in an act of vandalism?  | Yes _____ | No _____ |
| 13. Stolen anything?   | Yes _____ | No _____ |
| 14. Used a credit card that did not belong to you without authorization?   | Yes _____ | No _____ |
| 15. Stolen a car, boat, motorcycle or other vehicle?   | Yes _____ | No _____ |
| 16. Ridden in a stolen car?  | Yes _____ | No _____ |
| 17. Received or purchased something that you thought was stolen?   | Yes _____ | No _____ |
| 18. Pretended to be a police officer or public servant when you were not?  | Yes _____ | No _____ |
| 19. Committed a robbery?   | Yes _____ | No _____ |
| 20. Taken a bribe?   | Yes _____ | No _____ |
| 21. Filed a false police report or false insurance claim?  | Yes _____ | No _____ |
| 22. Followed someone or watched their house who was unaware that you were there or with intent to harass or spy on them?         | Yes _____ | No _____ |
| 23. Made annoying, obscene or repeated hang up phone calls, text messages or emails?   | Yes _____ | No _____ |
| 24. Carried a weapon that you did not have a permit for?   | Yes _____ | No _____ |
| 25. Made an explosive device?  | Yes _____ | No _____ |
| 26. Been with someone when they committed a crime?   | Yes _____ | No _____ |
| 27. Switched priced tags on an item in a store?  | Yes _____ | No _____ |
| 28. Has anyone ever accused you of committing a crime?   | Yes _____ | No _____ |
| 29. Is your name in a case report file with any police department or law enforcement agency that you are aware of?               | Yes _____ | No _____ |
| 30. Knowingly written a bad check?   | Yes _____ | No _____ |
| 31. Broken into another person's home or other facility?   | Yes _____ | No _____ |
| 32. Fled the scene of an accident?   | Yes _____ | No _____ |
| 33. Driven a car that was not properly registered or insured?  | Yes _____ | No _____ |
| 34. Within the last 12 months, have you driven a motor vehicle when you felt you would have been considered legally intoxicated? | Yes _____ | No _____ |
| 35. Had your car insurance revoked?  | Yes _____ | No _____ |

For each yes answer to a question in this section, type or write your version of the incident on the continuation space or a separate piece of paper. Be sure to number your response to match the number of the particular question.

USE CONTINUATION SPACE OR ADDITIONAL PAGES IF NECESSARY

**24. RESTRAINING ORDERS.** Have you ever been or are you currently the subject of any petition for restraining order requested or issued pursuant to c. 209A, harassment prevention order (HPO) issued pursuant to c. 258E, or other abuse prevention or harassment statutes, of the Massachusetts General Laws or any other domestic violence, abuse prevention, harassment, or “no contact” order in this or any other state? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**If you have answered yes, please explain when and where.** \_\_\_\_\_

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**25. GAMBLING.** Do you gamble?     Never     Seldom     Occasionally     Regularly

Identify type(s) of wager(s):     Horse/Dog Track     Lottery     Professional or College Sports  
    Card Games     Casino Games

How much do you spend on gambling per year? Amount \$\_\_\_\_\_

What is the largest sum of money you have won while gambling? Amount \$\_\_\_\_\_

What is the largest sum of money you have lost while gambling? Amount \$\_\_\_\_\_

How many times do you gamble per year?     1-5     6-10     More than 10     More than 30     More than 50

**For each of the following questions answered with a Yes, provide an explanation in the space provided below.**

Have you ever placed a wager or bet by telephone or made a hand to hand transaction With a book maker (bookie or numbers man) on the result of a professional or college sports event, other than a legal lottery or other legalized gambling?    Yes \_\_\_\_\_    No \_\_\_\_\_

Have you ever been paid off while or after playing any illegal slot machine or video games?    Yes \_\_\_\_\_    No \_\_\_\_\_

Have you ever booked or worked for a bookie?    Yes \_\_\_\_\_    No \_\_\_\_\_

Have you ever borrowed money to cover a gambling debt?    Yes \_\_\_\_\_    No \_\_\_\_\_

Have you ever used an employer’s money to gamble?    Yes \_\_\_\_\_    No \_\_\_\_\_

Have you ever stolen money to gamble?    Yes \_\_\_\_\_    No \_\_\_\_\_

**Explanation:** \_\_\_\_\_

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USE CONTINUATION SPACE OR ADDITIONAL PAGES IF NECESSARY

**26. ILLEGAL DRUGS.** Drug use and experimentation information is used to determine your level of truthfulness and will NOT be used in any criminal action against you. Do you currently use, or have you used, possessed, supplied or manufactured any illegal drug? When used without a prescription, illegal drugs include, but are not limited to, marijuana, cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), stimulants (cocaine, amphetamines, etc.), depressants (barbiturates, methaqualorte, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.).

Yes \_\_\_\_\_ No \_\_\_\_\_ **If, yes, on the continuation page or additional sheet of paper, provide the following:**

- A. Dates;
- B. Type of drug(s)
- C. Form of the drug(s) (crack, powder, pill);
- D. How drug(s) was administered (smoked, sniffed, injected, etc.);
- E. Last date that you used/possessed/supplied/ or manufactured the drug;
- F. How many times in total did you use the drug(s).

**27. AVAILABILITY.**

As a public safety agency, this department operates 24 hours per day, seven days a week, including holidays. Are you willing and able to work on any shift, including holidays and weekends, to which you may be assigned? **Yes \_\_\_\_\_ No \_\_\_\_\_**  
 If no, why not?

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If you are applying for a position as a Reserve Officer, will be you available to attend court during the day?  
**Yes \_\_\_\_\_ No \_\_\_\_\_** If there are any limitations, specify:

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**28. INVESTIGATIONS RECORD.**

**A.** To the best of your knowledge, has the Commonwealth of Massachusetts, the United States Government or any other police or law enforcement agency, ever investigated your background for purpose of employment?  
**Yes \_\_\_\_\_ No \_\_\_\_\_**

**If yes, list ALL of the departments you have applied to and the YEAR you applied. Check those steps of the hiring process that were completed.**

Department/Year	Written Exam	Physical Exam	Oral Board Review	Background Investigation	Hired
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

USE CONTINUATION SPACE OR ADDITIONAL PAGES IF NECESSARY

**28. INVESTIGATIONS RECORD CONTINUED.**

**B. Police/Public Safety/Security Experience**

Do you have experience as a sworn police/law enforcement officer? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have experience in private security? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have experience as an intern, volunteer, cadet, or explorer with any police/law enforcement/public safety agency? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have experience as a member, paid or volunteer, of any fire Department or rescue squad? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently attending or have you attended any Reserve-Intermittent or full-time police academy in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

**If you answered yes to any of the above questions, explain below and include agency, position, and length of service.**

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**C. Do you personally know any Freetown Police Officers or Dispatchers? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If yes, list their names and length of time you have known them.**

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**D. Do you have any family members/relatives who are current or past members of a law enforcement agency?**

Yes \_\_\_\_\_ No \_\_\_\_\_ **If yes, please list names, relationship, and their department/agency.**

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USE CONTINUATION SPACE OR ADDITIONAL PAGES IF NECESSARY

**28. INVESTIGATIONS RECORD CONTINUED.**

**E.** If you are a current or former police officer, answer the following questions, if not, go to Question 31.

Have you ever been the subject of an internal affairs investigation or citizen complaint? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been suspended from duty, with or without your police powers, for any reason except medical? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been subjected to department disciplinary action? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been involved in any traffic accident while operating a department or government vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever received less than satisfactory performance reports or evaluations? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been questioned/interviewed/interrogated by your department's internal affairs unit? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever discharged your service weapon either on-duty or off-duty, other than for training purposes or authorized animal destruction? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever given an untruthful statement in court or to your department's internal affairs unit? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been charged with, or investigated for, use of excessive force or police brutality? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been investigated by your current or any past agency for an allegation of domestic violence or spousal abuse? Yes \_\_\_\_\_ No \_\_\_\_\_

**If you answered yes to any of the above questions, fully explain all circumstances below:**

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**29. FINANCIAL RECORD.**

**A.** In the last seven (7) years, have you, or a company of which you own 10% or more, filed for bankruptcy, been declared bankrupt, been subject to a tax lien, or had a legal judgment rendered against you/it for a debt? **Yes \_\_\_\_\_ No \_\_\_\_\_.**

If yes, provide the date of the initial action and other information requested below:

Month/Year	Type of Action	Business Name	Name of Court of Jurisdiction (City/State/Zip)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

USE CONTINUATION SPACE OR ADDITIONAL PAGES IF NECESSARY

**30. FINANCIAL RECORD CONTINUED.**

**B.** Are you now over 180 days delinquent on any loan or financial obligation? Including loan or obligation funded or guaranteed by the Federal Government. **Yes** \_\_\_\_ **No** \_\_\_\_ . If you answer yes, provide the information requested below.

Month/Year	Type of Obligation & Account #	Original Balance	Name of Creditor or Oblige (State/Zip)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**C.** List all loans whose principal outstanding balance exceeds \$1,000.00, and on which you are individually or jointly liable either directly or as a guarantor:

Lender	Loan Number	Original Balance	Outstanding Balance	Purpose of Loan
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**D.** List all credit card accounts for which you are individually or jointly liable either directly or as a guarantor: (Give names of cards, account numbers, address, and amount owed).

Name on Card	Account Number	Address	Amount Owed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**E. Answer the following questions:**

- Have you ever had a charge or credit account cancelled? Yes \_\_\_\_ No \_\_\_\_
- Have you ever been refused credit? Yes \_\_\_\_ No \_\_\_\_
- Have you ever had property repossessed? Yes \_\_\_\_ No \_\_\_\_
- Have you ever had utilities shut off because of nonpayment? Yes \_\_\_\_ No \_\_\_\_
- Have you ever been delinquent on any credit payments or utility bills? Yes \_\_\_\_ No \_\_\_\_
- Have you ever had your bills turned over to a collection agency? Yes \_\_\_\_ No \_\_\_\_
- Have your wages ever been garnished? Yes \_\_\_\_ No \_\_\_\_

If you answered yes to any of the above questions, explain your answer(s) in the space below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**31. FINANCIAL RECORD CONTINUED.**

**F. Support Orders.**

- 1. Are there any orders/agreements entered in court against you regarding child support/alimony? Yes \_\_\_\_ No \_\_\_\_ . If "No" proceed to Question 34.
- 2. If yes to Question 1, are the orders/agreements being complied with? Yes \_\_\_\_ No \_\_\_\_
- 3. If yes to Question 1, have there been any previous compliance issues with these orders/agreements? Yes \_\_\_\_ No \_\_\_\_

If you answered yes to the above questions 1, 2, or 3 above, explain your answer(s) in the space below (include court judgment and penalties):

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**32. INCOME TAXES.**

- A. Have your Massachusetts Tax returns been filed on time for the last seven (7) years? Yes \_\_\_\_ No \_\_\_\_
- B. Have your Federal returns been filed on time for the last seven (7) years? Yes \_\_\_\_ No \_\_\_\_
- C. Are you delinquent on any Local, State, or Federal tax liabilities? Yes \_\_\_\_ No \_\_\_\_

**If you answered yes to question C or No to question B above, explain your answers:**

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**33. REAL PROPERTY.** List any real property in which you, your spouse, or your minor children have an equity of financial interest:

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

**34. BUSINESS INVOLVEMENT.**

**A.** Do you presently own, or within the last seven (7) years have you owned 10% or more of the following:

A Company	Yes _____	No _____
A Partnership (including general or limited partnership)	Yes _____	No _____
Joint Venture	Yes _____	No _____
Joint Enterprise	Yes _____	No _____

**If you answered yes, provide the following information:**

Name of Business	Location (Address/City/Zip)	Percentage Owned
1. _____	_____	_____
2. _____	_____	_____

**B.** Do you or any member of your immediate family (spouse or child) hold a 10% or greater equity interest in any business entity (include general or limited partnership, joint venture or enterprise)? Yes \_\_\_\_\_ No \_\_\_\_\_]

If you answered yes, provide the following information:

Name of Business	Location (Address/City/State/Zip)	Percentage Owned
1. _____	_____	_____
2. _____	_____	_____

Who owns the Business Interest?	Describe the Nature of the Business
1. _____	_____
2. _____	_____

**35. CIVIL LITIGATION.**

**A.** To the best of your knowledge, are there any civil actions pending against you? Yes \_\_\_\_\_ NO \_\_\_\_\_

**B.** Have there been any civil actions concluded against you within the past seven (7) years favorably or adversely? Yes \_\_\_\_\_ NO \_\_\_\_\_

**C.** Are you now suing, or have you ever brought suit against anyone in civil court? Yes \_\_\_\_\_ NO \_\_\_\_\_

For each yes answer, provide the nature of action, court, docket number, details, and outcome:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**36. PREVIOUS INTERACTIONS WITH GOVERNMENT AGENCIES.**

- A. Have you ever filed a financial disclosure form with the State Ethics Commission or a similar body in another state? If yes, submit with this application a copy of your most recent submission. Yes \_\_\_\_\_ NO \_\_\_\_\_
- B. Have any proceeding been instituted against you by the State Ethics Commission or a similar body in another state? Yes \_\_\_\_\_ NO \_\_\_\_\_
- C. To your knowledge, have any complaints or disciplinary actions been filed against you with regard to any license or registrations you possess? Yes \_\_\_\_\_ NO \_\_\_\_\_
- D. To your knowledge, have any complaints or disciplinary actions been filed against you with regard to your membership in any profession(s) or trade association(s)? Yes \_\_\_\_\_ NO \_\_\_\_\_
- E. Do you presently have any business, hearings, complaints, or claims or any other matters pending before any regulatory agency or board? Yes \_\_\_\_\_ NO \_\_\_\_\_
- F. Within the past seven (7) years, have you had any business, hearings, complaints, or claims with any regulatory agency or board? Yes \_\_\_\_\_ NO \_\_\_\_\_

**If you answered yes to Question B, C, D, E, or F above, explain your answer(s) in the space below. Include nature of allegations, agency/board/commission, date and outcome of proceeding.**

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**37. LICENSES.**

**A. Are you a licensed motor vehicle operator? Yes \_\_\_\_\_ No \_\_\_\_\_**

If yes, provide the following information:

Driver's License Number	State	Expiration Date	Restrictions (if any)	Status (active, suspended, etc.)
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**B. Please list other states where you have been a licensed motor vehicle operator:**

Driver's License Number	State	Driver's License Number	State
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**C. Other than for medical reasons, have you ever been refused a driver's license by any state? Yes \_\_\_\_\_ No \_\_\_\_\_**

If yes, provide the details (when, the state, and the circumstances):

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USE CONTINUATION SPACE OR ADDITIONAL PAGES IF NECESSARY

**37. LICENSES CONTINUED.**

**D. Other than for medical reasons, has your driver's license, in any state, ever been suspended or revoked?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide the details (when, the state, reason, length of time taken away):

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**E. Have you ever received a traffic citation (excluding parking tickets)?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list all traffic citations and other information requested below:

<b>Nature of Violation</b>	<b>Location (City/ State)</b>	<b>Approximate Date</b>	<b>Action Taken</b>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**F. Have you ever driven a vehicle while under the influence of alcohol or drugs?** Yes \_\_\_\_\_ No \_\_\_\_\_.

If you have answered yes, please type or write your version of the incident on the continuation page or a separate sheet of paper. Be sure to number your response to match the number of this particular question.

**G. Have you ever been involved, as a driver of a motor vehicle, in an accident?** Yes \_\_\_\_\_ NO \_\_\_\_\_

If yes, provide details for each accident in the spaces below:

<b>Month/Day/Year</b>	<b>Location (City/State)</b>	<b>Injuries (yes or no)</b>	<b>Investigating Police Agency, if any</b>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

USE CONTINUATION SPACE OR ADDITIONAL PAGES IF NECESSARY

**37. LICENSES CONTINUED.**

**H. List all motor vehicles currently owned, registered to, and operated by you:**

1. Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Reg No.: \_\_\_\_\_ State: \_\_\_\_\_

Owner's Name & Address: \_\_\_\_\_

2. Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Reg No.: \_\_\_\_\_ State: \_\_\_\_\_

Owner's Name & Address: \_\_\_\_\_

3. Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Reg No.: \_\_\_\_\_ State: \_\_\_\_\_

Owner's Name & Address: \_\_\_\_\_

4. Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Reg No.: \_\_\_\_\_ State: \_\_\_\_\_

Owner's Name & Address: \_\_\_\_\_

**I. Have you ever been denied or had a permit to carry a firearm and/or firearm identification card suspended or revoked for non-medical reasons?:? Yes \_\_\_\_\_ NO \_\_\_\_\_**

If yes, explain:

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USE CONTINUATION SPACE OR ADDITIONAL PAGES IF NECESSARY

**37. LICENSES CONTINUED.**

**J. Do you now possess, or have you ever possessed, any other license(s), permit(s), or registration(s) such as professional, trade, etc.?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide the following information:

Type of License	License Number	Date Issued	Date of Expiration
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Issuing State	Issuing Agency (include address)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**K. Have you ever had any of the above licenses suspended or revoked for non-medical reasons?**  
 Yes \_\_\_\_\_ NO \_\_\_\_\_

If yes, explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**38. PROFESSIONAL / TRADE ASSOCIATIONS.**

Do you hold membership in any professional or trade organization(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide the information required below:

Organization	Address	Type	Present Position Held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

USE CONTINUATION SPACE OR ADDITIONAL PAGES IF NECESSARY

**39. \*LANGUAGE PROFICIENCY.**

Are you proficiency in any phase (speaking, understanding, reading, and writing) of a foreign language?    **Yes** \_\_\_\_\_    **No** \_\_\_\_\_  
If yes, identify the language(s) and phase(s) that you are proficient in:

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**40. REFERENCES.** Provide **FIVE** references from at least four of the different categories listed below. People who are included in previous sections should not be used as references. All persons to whom you refer may be asked to appraise your character, ability, experience, personality and other qualities.

**Relatives:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

**Teachers:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

**Co-Workers:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ How long have you known this pe

USE CONTINUATION SPACE OR ADDITIONAL PAGES IF NECESSARY

**40. REFERENCES CONTINUED.**

**Friends/Associates:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

**Clergy Members:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

**Roommates (past and/or present):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

**Community Leaders:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

USE CONTINUATION SPACE OR ADDITIONAL PAGES IF NECESSARY



**40. REFERENCES CONTINUED.**

**Police / Government:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

**41. DISCLOSURE OF TATTOO, INTENTIONAL MUTILATION, BRANDING, SCARRIFICATION, ORNAMENTATION & VENEERS.**

**Definitions**

***Intentional Body Mutilation*** - Intentional body mutilation, piercing, branding, or intentional scarring. Examples of intentional mutilation include: split or forked tongues; foreign objects inserted under the skin to create a design or pattern; enlarged or stretched out holes in the ears (other than normal piercing); and intentional scarring that is visible.

***Ornamentation*** - Ornamentation shall include body piercing jewelry, intentional body mutilation or scarring, or foreign objects inserted in/under/through nose, eyebrow, tongue, skin, or any other location of the body.

***Tattoo*** - Includes any tattoo, scar, branding, mark, or other permanent or temporary body art or modification deliberately placed on the body for purposes of decoration, ornamentation, or adornment. The term tattoo shall not apply to medical procedures, i.e. - cosmetic eyeliner, lipstick, etc.

***Veneer*** - The use of gold, platinum, or other veneers or caps for the purposes of ornamentation. Teeth, whether natural, capped, or veneer, ornamented with designs, jewels, initials, etc.

**Questions**

A. I have one or more tattoos *as defined above*:  Yes  No

For each tattoo, describe the appearance and where on your body it is located (use additional pages if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. I have ornamentation *as defined above*:  Yes  No

For each ornamentation, describe the appearance and where on your body it is located (use additional pages if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

USE CONTINUATION SPACE OR ADDITIONAL PAGES IF NECESSARY

**41. DISCLOSURE OF TATTOO, ETC. CONTINUED.**

C. I have one or more veneers *as defined above*:  Yes  No

For each ornamentation, describe the appearance and where on your body it is located (use additional pages if necessary):

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D. I have one or more intentional body mutilations *as defined above*:  Yes  No

For each intentional body mutilation, describe the appearance and where on your body it is located (use additional pages if necessary):

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USE CONTINUATION SPACE OR ADDITIONAL PAGES IF NECESSARY

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**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.**

*Thank you for completing this pre-employment application and your interest in employment with the Freetown Police Department*





**COMMONWEALTH OF MASSACHUSETTS  
TOWN OF FREETOWN**

POLICE OFFICER  
PRE-EMPLOYMENT QUESTIONNAIRE AND PERSONAL HISTORY STATEMENT

**SIGNATURE PAGE**

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 resumé, are true and correct to the best of my knowledge and belief and are made in good faith.

---

Signature (sign in ink)

---

Date

---

Printed Name



**AGREEMENT**

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

I understand that a psychological examination and a physical, which includes a drug screening, 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 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, night, weekend and holiday 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 and/or termination from employment with the Freetown Police Department. I agree to these conditions and I hereby certify that I have carefully reviewed the application and that all statements made by me on this application are true and complete to the best of my knowledge. I hereby give the Freetown 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 that 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 furnishing or receiving information, from any and all liability of every nature and kind arising out of the furnishing 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

**MUST BE SIGNED IN THE PRESENCE OF A NOTARY**

**COMMONWEALTH OF MASSACHUSETTS**

\_\_\_\_\_, SS.

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

\_\_\_\_\_  
Signature of Applicant

On this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned Notary Public, personally appeared \_\_\_\_\_, proved to me through satisfactory evidence of identification, which was/were \_\_\_\_\_ to be the person whose name is signed on this document and who swore or affirmed to me that he/she personally read and printed by hand or typewriter/printer answers to each and every application question, and the contents of the document are truthful and accurate to the best of his/her knowledge and belief.

\_\_\_\_\_  
Notary Public

## CREDIT CHECK AUTHORIZATION

The undersigned applicant certifies that he/she has duly authorized this credit check, and he/she acknowledges that all information requested is for the exclusive, official use of the undersigned police department and for use only in connection with such investigation; and the consumer report requested is for a permissible purpose under the Fair Credit Reporting Act, of which the undersigned is knowledgeable.

Pursuant to the provisions of the Fair Credit Reporting Act, any person who knowingly and willfully obtains information from a consumer reporting agency under false pretenses shall be fined not more than \$5000 or imprisoned for not more than one year, or both.

In addition, similar rights are provided under applicable Massachusetts statutes. For example, M.G.L. c.93, §53 requires that prior to requesting a consumer report, we secure your written permission. You should know that an investigative consumer report commonly includes information as to the consumer's character, general reputation, personal characteristics, and mode of living. The department will request a consumer credit report on you and you have the right to have a copy of the report on request.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Freetown Police Department Employee  
Requesting This Report

Date: \_\_\_\_\_

\_\_\_\_\_  
Title

Police Department Requesting Check:  
Freetown Police Department  
225 Chace Road  
East Freetown, MA 02717

## CORI CHECK ACKNOWLEDGMENT

I, \_\_\_\_\_ residing at \_\_\_\_\_  
\_\_\_\_\_, acknowledge that a Criminal Offender Record Information (CORI)  
check will be performed as part of the municipality's hiring process. I further acknowledge that a refusal to allow  
the CORI check to be performed will cause my application to no longer be considered for employment.

\_\_\_\_\_  
Signature

**AUTHORIZATION FOR RELEASE  
OF DRIVER'S INFORMATION AND HISTORY**

I hereby authorize and request every governmental agency or court having control of any documents, records and other information pertaining to my driving records, license status, and history, to make full and complete disclosure and furnish to the Freetown Police Department any such information, and to permit the Freetown Police Department or any of its agents or representatives to inspect and make copies of such documents, records and other information.

Please Print:

\_\_\_\_\_  
Last                                      First                                      Middle

\_\_\_\_\_  
Address                                      Zip

\_\_\_\_\_  
DOB                                      SSN

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Signature                                      Date



## APPLICATION CHECK-LIST

ALL of the below listed items must be completed prior to the application submission. Failure to provide this information may result in rejection of the application.

- ALL pages of the Application are completed with required information or marked N/A as “Non Applicable.”
- Pages 2, 35, 37, 38, and 39 are **signed by you** and filled out with your information.
- Pages 3 and 36 are **signed by you** and your signature is **notarized by a Notary Public**.
- If the space provided is not sufficient for complete answers, or you wish to make additional comments, use the continuation sheet or attach sheets the same size as these forms and **indicate to which question those sheets pertain**.
- Educational Records:
  - One certified copy of your High School Diploma or Equivalency Certificate
  - One certified copy of your higher education diploma (if applicable), and all transcripts from any/all college and graduate study.
- One certified copy of your birth certificate.
- Writing Sample -- a 150 word sample as instructed on page 1 is attached.
- A copy of your firearms license, if any.
- A copy of your social security card.
- A copy of your driver’s license.
- A copy of law enforcement academy training certificate.
- Credit Reports:
  - 3 in 1 credit report (TransUnion/Equifax/Experian) or
  - Free online credit report
- For those persons who served in the military, provide undeleted versions of:
  - One copy of the DD-214 (Long Form)
  - One copy of the NGB-22