



# TOWN OF FREETOWN

## LOCK-UP ATTENDANT

### PRE-EMPLOYMENT APPLICATION FOR EMPLOYMENT

Freetown Police Department  
225 Chace Road  
East Freetown, Massachusetts 02717

This is an **on-call part-time** position only:

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, 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 Police Chief in a timely manner.
7. All applicants must submit the following documents with their applications.
  - a. One copy of your High School Diploma or Equivalency Certificate

- b. One certified copy of your birth certificate.
- d. A copy of your social security card.
- 8. A Criminal Offender Record Information (CORI) check will be performed on each applicant who submits an application for employment with this department.
- 9. Applicants may include in their report of experience any verified work performed on a volunteer basis.

I have read and understand the above instructions.

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

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

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

**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 bonafide occupational qualification as allowed by the Civil Rights Act or 1966.



- f. In chronological order, please state every place you have resided within the past ten 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	Address	(Apt. #)	City/Town	State	Landlord's Name and Telephone #

g. Are you lawfully eligible for employment in the United States? Yes [ ] No [ ]

h. Do you have a relative employed by this municipality? Yes [ ] No [ ] If yes, please give name and relationship: \_\_\_\_\_

i. Do you personally know any police officers or firemen working for the Town of Freetown?  
Yes [ ] No [ ] If yes, name and rank (if known): \_\_\_\_\_

\_\_\_\_\_

j. As a public safety agency, this department operates 24 hours per day, seven days a week, including holidays. Are you willing and able to be available on an on call basis?  
Yes [ ] No [ ] If no, why not? \_\_\_\_\_

\_\_\_\_\_

k. If your application is considered favorably, on what date can you start work?

\_\_\_\_\_

l. Have you previously submitted an application for employment with this municipality? Yes [ ] No [ ]. If yes, give the name of the agency and when.

\_\_\_\_\_

- m. Have you previously submitted an application for employment with another police or fire or emergency medical department (local, county, state, federal)?  
 Yes [ ] No [ ]. If yes, give the name and address of each agency and when you applied. \_\_\_\_\_
- \_\_\_\_\_

**II. EDUCATION**

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

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

- b. Attach a certified copy of your high school transcript documenting your successful graduation.
- c. Were you ever dismissed from a school or was any disciplinary action, including scholastic probation, ever taken against you during your scholastic career?  
 Yes [ ] No [ ] If yes, give school, date and action taken:

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

Action Taken: \_\_\_\_\_

- d. \*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.)*

\_\_\_\_\_

\_\_\_\_\_

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

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- f. Indicate your proficiency in each phase of each foreign language as “none”, “good”, or “fluent”.

Language	None	Speak		Understand		Read		Write	
		Good	Fluent	Good	Fluent	Good	Fluent	Good	Fluent
Spanish									
French									
Portuguese									
Vietnamese									
Cambodian									
Other									

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

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### III. EMPLOYMENT HISTORY

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

Dates		Name and Address of Employment	Rates of Pay		Supervisor's Name and Title
From Mo./Yr.	To Mo./Yr		Start	Finish	
<b>Your Position or Title:</b>					
<b>Reason for Leaving:</b>					

Dates		Name and Address of Employment	Rates of Pay		Supervisor's Name and Title
From Mo./Yr	To Mo./Yr		Start	Finish	
<b>Your Position or Title:</b>					
<b>Reason for Leaving:</b>					

Dates		Name and Address of Employment	Rates of Pay		Supervisor's Name and Title
From Mo./Yr	To Mo./Yr		Start	Finish	
<b>Your Position or Title:</b>					
<b>Reason for Leaving:</b>					

Dates		Name and Address of Employment	Rates of Pay		Supervisor's Name and Title
From Mo./Yr	To Mo./Yr		Start	Finish	
<b>Your Position or Title:</b>					
<b>Reason for Leaving:</b>					

Dates		Name and Address of Employment	Rates of Pay		Supervisor's Name and Title
From Mo./Yr	To Mo./Yr		Start	Finish	
<b>Your Position or Title:</b>					
<b>Reason for Leaving:</b>					

Dates		Name and Address of Employment	Rates of Pay		Supervisor's Name and Title
From Mo./Yr	To Mo./Yr		Start	Finish	
<b>Your Position or Title:</b>					
<b>Reason for Leaving:</b>					

Dates		Name and Address of Employment	Rates of Pay		Supervisor's Name and Title
From Mo./Yr	To Mo./Yr		Start	Finish	
<b>Your Position or Title:</b>					
<b>Reason for Leaving:</b>					

b. Have you ever been fired or forced to resign because of misconduct or unsatisfactory employment? Yes [ ] No [ ]. If yes, give details:

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c. Are you eligible for rehire with each of your former employers? Yes [ ] No [ ]. If no, please explain:

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d. What was your attendance record, including sick leave use, at your prior places of employment?

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<b>IV. MILITARY SERVICE</b>
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a. Have you ever served on active duty in the Armed Forces of the United States or the National Guard? Yes [ ] No [ ] If yes, what was the highest rank attained?

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If yes, please complete each of the following:

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



Date of Discharge  
\_\_\_\_\_

Member of Reserve?  
Yes [ ] No [ ]  
Branch: \_\_\_\_\_

b. Please provide any further information you feel is important concerning your U.S. military history:

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

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

If you are a member of the National Guard and attend drills, meetings, or camps, give the name of the unit and location.

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

Summer Camp or Similar Training Attendance From: \_\_\_\_\_ To: \_\_\_\_\_  
Location: \_\_\_\_\_

d. Attach a copy of your DD-214 form.

**V. REFERENCES**

a. List three references (not relatives, in-laws, former or present employers, fellow employees or school teachers) 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.

*First Reference*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
How Does This Person Know You? \_\_\_\_\_  
How Long Has This Person Known You? \_\_\_\_\_

*Second Reference*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
How Does This Person Know You? \_\_\_\_\_  
How Long Has This Person Known You? \_\_\_\_\_

*Third Reference*

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

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

Phone: \_\_\_\_\_

How Does This Person Know You? \_\_\_\_\_

How Long Has This Person Known You? \_\_\_\_\_

**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 ; or*
- (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 any "of the three preceding questions (a., b., or 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) and any mitigating circumstances

**VII. AVAILABILITY**

Communication shifts are as follows: Midnight – 8:00 AM  
8:00 AM – 4:00 PM  
4:00 PM - Midnight

**What days & hours are you available to work?**

SUNDAY	MONDAY	TUES.	WED.	THURS.	FRI.	SAT.
e.g., 9AM-5PM						

**Are you available to work on holidays? Yes\_\_\_\_\_ No\_\_\_\_\_**

**2008**

2009

**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 application and your interest in employment with the Town of Freetown.*

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

I understand also that this Department has established day and night shifts for which I must be available as required. I understand that work shifts will also include holidays and weekends and that I agree to be available. 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 Town of Freetown authorization to contact any person reasonably related to the character and fitness investigation. 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 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

**COMMONWEALTH OF MASSACHUSETTS**

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

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

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

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

**GENERAL RELEASE**

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

I, \_\_\_\_\_, of

\_\_\_\_\_ having filed an application for employment with the Town of Freetown, consent to have an investigation made as to my moral character, reputation and fitness for the position to which I have applied. I also agree that such information as may be received, reported to and reviewed by the appointing authority. I agree to give any further information which may be required in reference to my past record.

I also authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records and other information pertaining to me, to furnish to the Town of Freetown any such lawfully entitled information, including, documents, records, files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Town of Freetown or any of its agents or representatives to inspect and make copies of such documents, records and other lawfully entitled information.

I hereby release, discharge and exonerate the Town of Freetown, its agents and representatives and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of the Town of Freetown.

I agree that any information furnished may be declared "confidential" by the Town of Freetown and need not be disclosed to me.

This authority shall continue for one year unless sooner revoked in writing by the undersigned.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Address

## **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

**DRUG TESTING POLICY NOTICE**

The position of a public safety lock-up attendant is critical to maintaining the security and safety of juvenile and adult detainees in addition to the safeguarding of personal property and valuables. The illegal use of drugs by members of police department is strictly prohibited.

Be advised that during the period of your service as a probationary lock-up attendant trainee and prior to any appointment as a part-time lock-up attendant, you will be subject to drug testing. Such testing may take the form of urinalysis, hair analysis or blood testing. Samples may be collected on an unannounced (random) basis without any need to demonstrate reasonable suspicion/probable cause to suspect illegal drug use. The detection of a controlled substance will subject you to disciplinary action, including dismissal.

Please sign below indicating that you are aware of and consent to the department's drug testing policy and procedure.

**CONSENT**

I agree that during the period of my service as a probationary lock-up attendant and prior to any appointment as a part-time lock-up attendant, I shall upon request submit urine, hair and/or blood samples for drug testing aimed at detecting the presence or residue of controlled substance. I understand that illegal drug use is strictly prohibited and that violation of this policy will result in discipline, including dismissal.

SIGNED: \_\_\_\_\_

(Signature)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/Town)

**COMMONWEALTH OF MASSACHUSETTS**

\_\_\_\_\_, SS.  
(County)

DATE: \_\_\_\_\_

Then personally appeared the above-named \_\_\_\_\_ who signed the foregoing and stated it was his/her free act and deed, before me.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_