

**MARLBOROUGH POLICE DEPARTMENT
355 BOLTON STREET
MARLBOROUGH, MA 01752**



**EMPLOYMENT APPLICATION
PACKAGE**

Name: _____

(LAST) (FIRST) (MIDDLE)

Place of Birth: _____
(CITY) (STATE) (COUNTRY)

Present Residence: _____
(Street) (Apartment Number)

Present Employer Address: _____

Street	City	State	Zip

Email:

Candidate Vehicle:			
Make	Model	Year	Registration #

[illegible]

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NOTICE TO APPLICANTS

- . To begin processing applicants, it is necessary that you follow the instructions below.

INSTRUCTIONS

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If you are still interested in an appointment as a Police Officer, you must follow the instructions listed below to be considered for employment.

You will be notified when to appear at the Marlborough Police Department for processing. You must complete the enclosed APPLICANT BACKGROUND INFORMATION FORM and have it notarized where applicable.

When you are notified to appear at the scheduled date and time, you must bring with you the following:

1. The completed Applicant Background Information Package, **signed and notarized** where indicated. **Release form must be notarized.**
2. Copy of your Social Security Card.
3. Copy of your Massachusetts Driver's License.
4. Copy of your High School Diploma or Equivalency Certificate.
5. Copy of your Higher Education Diploma or Copy of Transcript.
6. Copy of your Birth Certificate.
7. Copy of your Automobile Registration, if any.
8. Copy of your Military Discharge and DD214 if you were in the service.
9. Signed copies of your State and Federal Tax Returns for the past five (5) years.
10. Copies of your Automobile Excise Tax for the past five (5) years, if applicable.
11. A credit report from a credit agency or bank within the last 30 days.
12. Your citizenship or naturalization papers (copies not accepted), if applicable.
13. Your Selective Service Number (Male applicants only born after 1/1/1961).
14. Bring a pen and paper for note taking.

NOTE: Failure to produce any of these documents may disqualify your application from further consideration. You should not consider this as a notice of employment. A decision on your employment with this Department will be made only after an investigation of your fitness and background.

MARLBOROUGH POLICE DEPARTMENT

Applicant Background Information Form

The City of Marlborough is an Equal Opportunity Employer.

The City of Marlborough does not discriminate in hiring or employment on the basis of race, color, religion, sex, sexual orientation, gender identity and expression, age, genetic information, national origin, ancestry, disability, veteran status or membership in the armed services, marital status or any other protected category under federal or state law. No question on this application is intended to be used for such discrimination.

INSTRUCTIONS: This form must be typewritten or clearly printed in black ink. All questions must be answered truly and correctly. If not applicable, indicate N/A. Willfully withholding information or making false statements on this form will be the basis of rejection of the application or dismissal from the Marlborough Police Department. Applications that are not complete and legible will not be considered. If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets the same size as this form, and number the answers to correspond with questions.

A. PERSONAL HISTORY

1. Name: _____
(Last) (First) (Middle)

2. Social Security Number: _____

3. Have you ever used another Social Security Number? Yes _____ No _____

If **Yes**, please provide the social security number and the dates and reasons for its use:

4. List all other names you have used. If you have ever used any surnames other than your true name, during what period and under what circumstances were these names used? If you have ever legally changed your name, give date, place, and court of record.

5. Date of Birth: _____

6. Place of Birth: _____
(City) (State) (Country)

7. Identifying Information: Height _____ Weight _____ Hair Color _____
Eyes _____

Tattoos, or other distinguishing marks: _____

8. Are you a citizen of the United States of America?

Natural Born _____ Naturalized _____ Naturalization # _____

B. FAMILY

1. Spouse/ Fiancé of Applicant (give maiden name, if applicable):

Name: _____

Address: _____

Occupation: _____ Telephone: () _____

Date of Birth: _____

2. Ex-Spouse of Applicant (give maiden name)

Name: _____

Address: _____

Occupation: _____ Telephone: () _____

Date of Birth: _____

3. If applicable, provide information relative to other ex-spouses (give maiden name)

Name: _____

Address: _____

Occupation: _____ Telephone: () _____

Date of Birth: _____

4. Father:

Name: _____

Address: _____

Occupation: _____ Telephone: () _____

Date of Birth: _____

5. Mother (Maiden Name):

Name: _____

Address: _____

Occupation: _____ Telephone: () _____

Date of Birth: _____

Name	Relationship	Address	Telephone #

7. Have any of your children been the subject of a C.H.I.N.S. petition or MGL c119, section 51A investigation? Yes _____ No _____ N/A _____

If **Yes**, please elaborate on the incident(s) on a separate sheet of paper. Be sure to be specific with regard to dates, individuals, organizations and actions taken.

8. List other relatives with whom you have resided with for an extended period and their relationship to you.

Name _____ Relationship _____
Address _____
Date of Birth _____ Telephone: () _____

Name _____ Relationship _____
Address _____
Date of Birth _____ Telephone: () _____

Name _____ Relationship _____
Address _____
Date of Birth _____ Telephone: () _____

Name _____ Relationship _____
Address _____
Date of Birth _____ Telephone: () _____

Name _____ Relationship _____
Address _____
Date of Birth _____ Telephone: () _____

(Street)	(Apartment Number)	
(City)	(State)	(Zip Code)
(From mo/yr)	(Telephone Number)	
Landlord: _____		
(Name)	(Address)	(Phone #)

2. Name of persons who know you at this address:

Name _____	Telephone # _____
Address _____	
City _____	State _____ Zip Code _____

Name _____	Telephone # _____
Address _____	
City _____	State _____ Zip Code _____

Name _____	Telephone # _____
Address _____	
City _____	State _____ Zip Code _____

3. List all persons currently residing with you.

Name	DOB

4. List chronologically all your residences in the past five years. Include addresses while attending school if away from home and all military addresses. Be as accurate as possible: willful false statements made by an applicant are subject to the penalties of perjury and removal from the hiring process.

From month and year _____ to month and year _____
Address _____
City _____ State _____ Zip Code _____
Name of person who knew you at this address _____
Address _____
City _____ State _____ Zip Code _____

From month and year _____ to month and year _____
Address _____
City _____ State _____ Zip Code _____
Name of person who knew you at this address _____
Address _____
City _____ State _____ Zip Code _____

From month and year _____ to month and year _____
Address _____
City _____ State _____ Zip Code _____
Name of person who knew you at this address _____
Address _____
City _____ State _____ Zip Code _____

From month and year _____ to month and year _____
Address _____
City _____ State _____ Zip Code _____
Name of person who knew you at this address _____
Address _____
City _____ State _____ Zip Code _____

From month and year _____ to month and year _____
Address _____
City _____ State _____ Zip Code _____
Name of person who knew you at this address _____
Address _____
City _____ State _____ Zip Code _____

From month and year _____ to month and year _____
Address _____
City _____ State _____ Zip Code _____
Name of person who knew you at this address _____
Address _____
City _____ State _____ Zip Code _____

1. Have you ever been forced to surrender a security deposit on a rental property?
Yes _____ No _____
6. Have you ever been evicted from a rental property? Yes _____ No _____
7. Have you ever been late on a rent or mortgage payment? Yes _____ No _____

If you answer **Yes** to question 5, 6, or 7 type or write your version of the incident on a separate sheet of paper. Be specific with regards to dates, locations, individuals, amounts and actions taken.

8. Have you ever resided in or visited a foreign country? Yes _____ No _____

If **Yes**, provide the following information:

COUNTRY	FROM / TO	REASON FOR VISIT / RESIDENCE

D. EDUCATION

1. Have you received a diploma of graduation from high school? Yes _____ No _____

If **Yes**, give the following information regarding the school:

Name of High School: _____

Address: _____

Dates attended: _____
(From Month / Year) (To Month / Year)

If **No**, have you successfully completed a General Equivalency Diploma Examination

(GED)? Yes _____ No _____

Location _____ Date: _____

2. If applicable, list other high schools you have attended:

Name of High School: _____

Address: _____

Dates attended: _____
(From Month / Year) (To Month / Year)

3. Are you currently enrolled in a school of any type? Yes _____ No _____

If **Yes**, give the following information regarding the institution(s):

Name of School: _____
Address: _____
Expected Degree: _____ Expected Graduation Date: _____
Certificate Obtained: _____

4. List the following information regarding all schools you have attended since high school:

Name of School: _____
Address: _____
Dates of Attendance: _____
Degree Obtained: _____
Certificate Obtained: _____

Name of School: _____
Address: _____
Dates of Attendance: _____
Degree Obtained: _____
Certificate Obtained: _____

5. For each **Yes** answer to one of the questions below, write or type you version of the incident on a separate sheet of paper. Be sure to include specifics regarding dates, institutions, individuals, and actions taken.

a. Were you ever dismissed , suspended, or expelled from a school on any type? Yes__ No__

b. Were you ever placed on scholastic probation? Yes__ No__

c. Have you ever been compelled to withdraw from a class? Yes__ No__

d. Have you ever committed plagiarism? Yes__ No__

e. Have you ever assisted another during an exam? Yes__ No__

f. Have you ever received assistance from another during and exam? Yes__ No__

g. Was any disciplinary action ever taken against you during your scholastic career?
Yes__ No__

6. List all awards, honor, citations, positions held in school organizations, athletic endeavors, and any special recognition you received while attending school:_____

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

LANGUAGE	SPEAKING ABILITY	UNDERSTANDING	READING ABILITY	WRITING ABILITY
Spanish				
Portuguese				
French				
German				
Russian				
Chinese				
Vietnamese				
Korean				
Greek				
Italian				
Other				

E. EMPLOYMENT

1. List chronologically all employment, including summer, part-time, and unpaid. Include periods of unemployment. **All time must be accounted for.** List your present employment first.

From (mo/yr)_____	To (mo/yr)_____	Title/Position:_____
Employer: _____		Name of Supervisor:_____
Address: _____		Telephone # ()_____
Nature of Work: _____		Salary: _____
Reason for Leaving: _____		

From (mo/yr)_____	To (mo/yr)_____	Title/Position:_____
Employer: _____		Name of Supervisor:_____
Address: _____		Telephone # ()_____
Nature of Work: _____		Salary: _____
Reason for Leaving: _____		

From (mo/yr)_____	To (mo/yr)_____	Title/Position:_____
Employer: _____		Name of Supervisor:_____
Address: _____		Telephone # ()_____
Nature of Work: _____		Salary: _____
Reason for Leaving: _____		

From (mo/yr)	_____	To (mo/yr)	_____	Title/Position:	_____
Employer:	_____			Name of Supervisor:	_____
Address:	_____			Telephone # ()	_____
Nature of Work:	_____			Salary:	_____
Reason for Leaving:	_____				

From (mo/yr)	_____	To (mo/yr)	_____	Title/Position:	_____
Employer:	_____			Name of Supervisor:	_____
Address:	_____			Telephone # ()	_____
Nature of Work:	_____			Salary:	_____
Reason for Leaving:	_____				

From (mo/yr)	_____	To (mo/yr)	_____	Title/Position:	_____
Employer:	_____			Name of Supervisor:	_____
Address:	_____			Telephone # ()	_____
Nature of Work:	_____			Salary:	_____
Reason for Leaving:	_____				

From (mo/yr)	_____	To (mo/yr)	_____	Title/Position:	_____
Employer:	_____			Name of Supervisor:	_____
Address:	_____			Telephone # ()	_____
Nature of Work:	_____			Salary:	_____
Reason for Leaving:	_____				

2. Have you ever collected unemployment benefits? Yes _____ No _____
If **Yes**, provide specific dates and the office you collected benefits through _____

3. Has any employer or prospective employer ever investigated your background?
Yes _____ No _____

Investigating Agency / Company / Organization	Date of Investigation

4. Have your employers always treated you fairly? Yes _____ No _____

If **No**, write or type your version of the incident on a separate sheet of paper. Be sure to include specifics regarding dates, individuals and actions taken.

5. For each **Yes** answer to any of the questions in this section, write or type your version of the incident on a separate sheet of paper. Be sure to include specifics regarding dates, individuals and actions taken.

Have you ever or have you ever been accused of committing one or more of the following acts:

- | | |
|---|--------------------|
| a. Stealing from an employer? | Yes _____ No _____ |
| b. Lied to an employer about the number of hours you worked? | Yes _____ No _____ |
| c. Been paid for hours that you did not work? | Yes _____ No _____ |
| d. Been disciplined in the work place? | Yes _____ No _____ |
| e. Reported for work under the influence of drugs or alcohol? | Yes _____ No _____ |
| f. Fought physically or verbally with other workers? | Yes _____ No _____ |
| g. Had an accident while working? | Yes _____ No _____ |
| h. Been fired for any reason? | Yes _____ No _____ |
| i. Resigned from a job to avoid being fired? | Yes _____ No _____ |

- j. Left a job upon mutual agreement under unfavorable circumstances? Yes___ No___
- k. Left a job for other reasons under unfavorable circumstances? Yes___ No___
- l. Have you ever been a party to, or involved with a lawsuit in any court with and employer / employee? Yes___ No___
- m. Have you ever been a party to, or involved with, a claim or charge before a local, State, or Federal administrative Agency? Yes___ No___
6. Have you ever called in sick when you were neither sick nor caring for a sick family member? Yes___ No___ If yes, how many sick days have you used over the past 5 years which were not due to illness? ___ Please explain on a separate sheet of paper.
7. Have you ever been self employed? Yes___ No___
8. Have you ever been a part time or full time owner of a business?

Name of Business: _____

Business Address: _____

Business Telephone: _____ License Number _____
(If applicable)

Please submit appropriate documentation

9. Have you ever had a violation or complaint in reference to your place of business?
If **Yes**, please explain:

F. MILITARY SERVICE

1. Have you ever served on active duty in the armed forces of the United States? Yes _____ No _____

Branch of Military Service: _____ Serial # _____

Dates of Active Service: From (mo/yr) _____ To (mo/yr) _____

Highest Rank Attained: _____

Type of Discharge: _____ Basis of Discharge: _____

2. Was any type of disciplinary action taken against you in the service? Yes _____ No _____

3. Were you ever court-martialed while you were in the service? Yes _____ No _____

If you answered **Yes** to question 2 or question 3, please write or type your version of the incident(s) on a separate sheet of paper. Be sure to include specifics regarding dates, individuals, organizations, and action taken.

4. Are you now or were you ever a member of any branch of the United States Military Reserve Forces? Yes _____ No _____

If **Yes**, do you or did you attend drills, meetings, or camps? Give the name of the reserve unit and location.

Summer attendance: From _____ To _____

Location: _____

5. List all awards, medals, citations, and decorations you received while in the Armed Forces.

6. Are you registered for Selective Service? Yes _____ No _____

If Yes, attach a copy of card and complete the following:

Selective Service Number: _____

7. Do you claim Veterans Preference? Yes _____ No _____

If Yes, please list the basis for your claim (include dates) _____

G. COURT RECORD

Read instructions 2a through 2f that follow before answering question 1 below

1. Have you been convicted of any criminal offense other than the exceptions listed in the instructions in section #2 below?

Yes _____ No _____ If **YES**, list below each offense for which you have been convicted.

2. **INSTRUCTIONS:** You are not required to furnish information about:

- a. Any offense committed before your 18th birthday;
- b. A first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace;
- c. A misdemeanor conviction when the date of the conviction or ending date of any period of incarceration resulting there from, whichever is later, was 5 or more years prior to the date of this application and you have not been convicted of any offense in the last five years. If you have been so convicted, you must report all offense convictions that occurred before and during the 5-year period;
- d. An arrest detention or disposition where there was no conviction;
- e. An applicant for employment with a sealed record on file with the Commissioner of Probation may answer "no record" with respect to any inquiry herein relative to prior arrests, criminal court appearances or convictions; and
- f. An applicant for employment may answer "no record" with respect to any inquiry relative to prior arrests, 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.

Date of Arrest: _____ Police Department: _____

Charge: _____ Specific Court: _____

Final Disposition: _____

Explain Details: _____

Date of Arrest: _____ Police Department: _____

Charge: _____ Specific Court: _____

Final Disposition: _____

Explain Details: _____

Date of Arrest: _____ Police Department: _____

Charge: _____ Specific Court: _____

Final Disposition: _____

Explain Details: _____

3. To the best of your knowledge are you currently, or have you ever been, under investigation by any local, state, county, federal, or foreign law enforcement agency?
You do not need to indicate that which is excluded in 2.a-2.f

Yes ____ No ____

If **Yes**, write, or type on a separate sheet of paper your version of the investigation.
Be specific regarding dates, agencies, locations, individuals, and outcome.

H. PROTECTIVE ORDERS

1. Have you ever had an emergency, temporary or permanent protective order issued against you under the provisions of the following statutes:

- a. MGL c208, s18, 34B, 34C (Divorce) Yes _____ No _____
- b. MGL c209, s32 (Abandonment in Marriage) Yes _____ No _____
- c. MGL c209A, s3, 4, 5 (Abuse Prevention) Yes _____ No _____
- d. MGL 258E (Harassment Prevention Order) Yes _____ No _____

If the answer to any of the above is **Yes**, please explain, providing court and docket number, where order was issued and circumstances, including status of order:

2. Have you ever sought any of the orders listed in question #1 for your protection?

Yes ____ No ____

If **Yes**, Explain: _____

I. DRIVER'S HISTORY

1. Do you possess a valid driver's license from the Commonwealth of Massachusetts?

Yes ___ No ___

License Number: _____ Expiration Date: _____

2. Have you ever been issued a driver's license from the Commonwealth of Massachusetts under a different name or license number other than your current license number?

Yes ___ No ___

If **Yes**, please list the name, license number, and reason _____

3. Did you ever possess a driver's license issued by any other state? Yes _____ No _____

If **Yes**, please list the State, License Number, and expiration date: _____

4. Do you have access to an automobile? Yes _____ No _____

If **Yes**, please list the following for all vehicles you own:

MAKE	MODEL	REGISTRATION	STATE

5. For each **Yes** answer to the following questions, write, or type your version of the incident on a separate sheet of paper. Be specific with regard to dates, agencies, locations, amounts paid or owed and action taken.

- a. Have you ever received a written motor vehicle citation (*or written warning*), from a police officer? Yes _____ No _____
- b. Have you ever been involved in a motor vehicle accident? Yes _____ No _____
- c. If **Yes**, how many motor vehicle accidents have you been involved in? _____
- d. Have you ever been determined to be at fault and/or been assessed a surcharge in any of the accidents? Yes _____ No _____
- e. Have you ever received a written violation for operating a vehicle while under the influence of alcohol or drugs? Yes _____ No _____
- f. Has any State or Governmental Agency or Court ever suspended or revoked your right to operate motor vehicle? Yes _____ No _____
- g. Do you now owe any money for traffic fines? Yes _____ No _____
- h. Do you now owe any money for parking tickets? Yes _____ No _____
- i. Do you now owe any money for excise taxes? Yes _____ No _____

NOTE: You will not receive further consideration for appointment until you provide proof of payment of all outside traffic fines, parking fines, and excise tax.

You should consult the Registry of Motor Vehicles to determine whether you have outstanding fines or excise tax bills.

J. DRUG /ALCOHOL USE

1. Have you ever used, possessed, supplied, or manufactured the following substances?

- | | | | |
|--------------------|--------------------|---------------------|--------------------|
| a. Marijuana | Yes _____ No _____ | g. Psilocybin | Yes _____ No _____ |
| b. Cocaine | Yes _____ No _____ | h. LSD | Yes _____ No _____ |
| c. PCP | Yes _____ No _____ | i. Heroin | Yes _____ No _____ |
| d. Hashish | Yes _____ No _____ | j. Morphine | Yes _____ No _____ |
| e. Methamphetamine | Yes _____ No _____ | k. Any illegal drug | Yes _____ No _____ |
| f. Steroids | Yes _____ No _____ | | |

2. Have you ever used, possessed, supplied, or manufactured any prescription drugs without a prescription?

Yes _____ No _____

For each Yes answer in question 1 or question 2 above, you are required to detail each experience on a separate sheet of paper. You must include the following information in your response:

- What form of drug did you take (Crack, posser, pill, etc.)
- How was it administered (smoked, sniffed, injected, etc.)
- Dates and locations where the incidents(s) occurred.

3. Have you ever been in a fight having recently consumed drugs or alcohol?

Yes _____ No _____

4. Have you ever been in an accident after recently consumed drugs or alcohol?

Yes _____ No _____

5. Have you ever been taken into protective custody?

Yes _____ No _____

For each **Yes** answer to question 3-5, write or type your version of the incident on a separate sheet of paper. Be specific about dates, locations, agencies involved and action taken. Label your response to match the particular question.

K. FINANCIAL RECORDS

- 1 Are you indebted to anyone (individually, jointly, or as a guarantor)?

Yes ____ No ____

If Yes, please provide the following information:

Creditor	Address	Account Number	Amount

2. Are you or have you ever been delinquent on any loan or financial obligation?

Yes ____ No ____

If Yes, write or type on a separate sheet of paper your version of the delinquency. Be specific with regards to dates, creditors, amounts and final action. Label your response to match the question.

3. Have you or a company in which you controlled a significant propriety interest filed for bankruptcy, been subject to tax lien, or had legal judgment rendered against you / it for a debt?

Yes ____ No ____

If Yes, write or type on a separate sheet of paper your version of the incident. Be specific with regards to dates, creditors, individuals, amounts type of action and final action. Label your response to match the question.

4. Have you ever been ordered or agreed to pay child support?

Yes ____ No ____

5. Have your wages ever been garnished?

Yes ____ No ____

If you answered Yes to question 4 or question 5, write or type on a separate sheet of paper you version of the incident. Be specific with regard to dates, creditors, individual, amounts, courts, type of action and final outcome. Label your response to match the question.

6. Have your state tax returns been filed on time for the past five (5) years?

Yes ____ No ____

7. Have your Federal tax returns been filed on time for the past five (5) years?

Yes ____ No ____

If you answered No to question 6 or question 7, write or type your version of the incident of the incident on a separate sheet of paper. Be specific with regards to dates, amounts, agencies involved, type of action and final outcome. Label your response to match the question.

8. Are you delinquent on any state or federal tax liabilities? Yes ____ No ____

If Yes to question 8, write or type your version of the liability on a separate sheet of paper. Be specific with regards to dates, amounts, agencies involved, type of action and final outcome. Label your response to match the question.

9. List all your sources of income other than the employment that you have listed in **Section F. EMPLOYMENT, Question 1.**

Source of Income	Monthly Amount

10. List any real property in which you, your spouse, or your minor children have an equity or financial interest?

Property Address	Owner	Relationship

L. GENERAL BEHAVIOR

1. Do you now, or have you ever gambled?

Yes ____ No ____

If Yes, you must answer all of the following questions:

- a. What types of gambling have you participated in?

1. Horse / Dog Track ____

2. Lottery ____

3. Professional or College sports ____

4. Casino Games ____

5. Card Games ____

6. Football Cards ____

7. Scratch Tickets ____

8. Keno ____

- b. How much do you spend on gambling in a year? ____

- c. What is the largest sum of money you have won while gambling? ____

- d. What is the largest sum of money you have lost while gambling? ____

- e. Have you ever, or do you presently have a gambling debt? Yes ____ No ____

- f. Have you ever borrowed money to cover a gambling debt? Yes ____ No ____

If Yes, when: _____ How Much: _____

- g. How many times do you gamble per year?

1-5 ____ 6-10 ____ more than 10 ____ more than 30 ____

- h. Have you ever lied about a gambling win or loss? Yes ____ No ____

2. Have you ever been to a party to, or involved with, a lawsuit in any court?

Yes ____ No ____

3. Do you have any knowledge of any forthcoming civil suits in which you will be either a defendant or a plaintiff?

Yes ____ No ____

If you answered Yes to either question 2 or question 3, please write or type a summary of the legal action and the incident that initiated it on a separate sheet of paper. Be specific with regards to dates, places, individuals, courts and case status / outcome.

4. Have you ever had sex with another person without their consent?

Yes ____ No ____

5. Have you ever had sex with a person under the age of sixteen (16)?

Yes ____ No ____

6. Have you ever used drugs or alcohol to seduce a sex partner?

Yes ____ No ____

7. Have you ever paid for sexual favors?

Yes ____ No ____

If you answered yes to questions form number 4 through 7, write or type your version of the incident on a separate sheet of paper. Be specific with regards to dates, locations, and individuals. Label your response to match the particular question.

8. Is there anything about your life that could subject you to blackmail?

Yes ____ No ____

9. Do you object to wearing a uniform? Yes ____ No ____

10. Do you object to working nights? Yes ____ No ____

11. Have you had experience with shift work? Yes ____ No ____

12. Do you foresee any conflict of interest between your personal habits and beliefs and the role of a police officer with the Marlborough Police Department. Yes ____ No ____

13. Is there anything not previously addressed that may cause a problem concerning your possible appointment as a student officer? Yes ____ No ____

If you answer yes to questions 8 through 13, explain fully on a separate sheet of paper. Label your response to match the question.

14. Are you now or have you ever been a member of a club, society, professional association or organization?

Yes ____ No ____

If Yes, please provide the following information:

Organization	Address	Positions Held	Dates

15. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which advocates or approves of, by policy or otherwise, the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of the government of the United States by unconstitutional means?

Yes ____ No ____

If the answer was Yes, explain fully below:

16. Have you ever been denied membership in any club or organization?

Yes ____ No ____

If the answer was Yes, explain fully below:

M. LICENSES

1. Have you ever been issued a firearms license, firearms identification card or firearms permit of any sort?

Yes ____ No ____

If **Yes**, provide the following information for each firearm license, card or permit you have possessed:

Type of License	License Number	Reasons for Issue	Date of Issue	Place of Issue

2. Have you ever applied for and been denied a firearms license, firearms identification card or permit of any sort?

Yes ____ No ____

If **Yes**, provide the following information for each license denial:

Type of License	License Number	Reasons for Issue	Date of Issue	Place of Issue

3. Has your firearms license, identification card or permit ever been suspended or revoked or have you been forced to surrender a firearm(s), firearms license, firearms identification card or permit of any sort due to the issuance of a protective order (i.e. MGL c209A)?

Yes ____ No ____

If **Yes**, write or type your version of the incident on a separate sheet of paper. Be specific with regard to dates, locations, individuals, courts, agencies, action taken, and protective order status. Label your responses to match the question.

4. Have you ever had a Hackney License? Yes ____ No ____

If **Yes**, Date Issued: _____ City ?Town of Issuance: _____

5. If **Yes** to question 4, was it ever suspended or revoked? Yes ____ No ____

If **Yes**, explain
fully: _____

6. Have you ever applied for a special police officer's license? Yes ____ No ____

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

If **Yes** to question 6 or 7, provide the following information:

Position	Employer	Address	Date

N. APPLICATION HISTORY

1. Have you ever taken any other local (include civil service exams), county, state, or federal law enforcement, fire/police entrance exams?

Yes ____ No ____

If **Yes**, provide the following information:

Date of Exam	Department or Agency

O. REFERENCES

1. List four (4) references below. **These persons should not be related to you, present or former employers or current fellow employees.** All persons to whom you refer may be asked to appraise your character, ability, experience, personality and other qualities.

Name	_____	Occupation	_____	Yrs. Known	_____
Residential Address	_____			Phone ()	_____
Business Address	_____			Phone ()	_____
Relationship to you	_____				

Name	_____	Occupation	_____	Yrs. Known	_____
Residential Address	_____			Phone ()	_____
Business Address	_____			Phone ()	_____
Relationship to you	_____				

Name	_____	Occupation	_____	Yrs. Known	_____
Residential Address	_____			Phone ()	_____
Business Address	_____			Phone ()	_____
Relationship to you	_____				

Name	_____	Occupation	_____	Yrs. Known	_____
Residential Address	_____			Phone ()	_____
Business Address	_____			Phone ()	_____
Relationship to you	_____				

Please list any skills you feel might be useful to the Marlborough Police Department:

EMPLOYMENT STATEMENT

I understand that I must demonstrate my fitness for employment by the Marlborough Police Department. I understand that any appointment to the Marlborough Police Department will be contingent upon the results of a complete character and fitness investigation and I am aware that knowingly withholding information or making false statements on this application will be the basis for rejection of my application; discharge from the Marlborough Police Department.

I understand that I must abide by and meet the training standards and requirements imposed by the Marlborough Police Department, the Massachusetts Police Academy and the laws of the Commonwealth of Massachusetts.

I understand that, after appointment as a police officer, I will be required to perform the duties of a police officer on a full-time basis for a period of twelve months before attaining tenured status. And that, during this probationary period, I will be subject to termination in accordance with the provisions of M.G.L. c. 31, s. 34, and M.G.L. c. 31, s.61 or in accordance with the policies , rules and regulations of the City of Marlborough.

I also understand that, following any appointment as a police officer, I must perform in a satisfactory manner and that I must maintain any condition of employment established for police officers by the City of Marlborough and the Commonwealth of Massachusetts. I also understand that, if appointed to the Marlborough Police Department, I will be required to work day and night shifts, holidays and weekends, overtime shifts and that I must be available to work any assignments ordered by the Department.

I understand and 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.

Signature of Applicant

Name of Applicant (print or type)

Date

HIRING PROCESS STATEMENT

I understand that if I am appointed to the Marlborough Police Department, I am subject to all rules and regulations of both the Marlborough Police Department and the City of Marlborough.

I also understand that a background investigation will be conducted by the City of Marlborough, including but not limited to: education, employment, friends, criminal records, driving history, relatives, military service, neighbors, credit rating, and any other information deemed necessary by the Police Chief.

I also understand that I may be required to furnish the Marlborough Police Department with additional information as required by the Police Chief.

I understand that I will be required to undergo psychological evaluation tests required by the Marlborough Police Department and be available for interviews as required by the Police Chief.

I also understand that I will be required to participate in a complete medical examination conducted by a medical doctor appointed by the City of Marlborough, including a drug screen, laboratory and other tests, to determine my physical fitness to serve as a police officer in the City of Marlborough.

I understand that I must complete the requirements listed above, as well as other requirements set forth by the Police Chief or the Human Resources Department, successfully and within a specified time. I also understand that if I fail to meet these or any other requirements successfully and within the specified time, my name will be withdrawn from consideration as a police officer in the City of Marlborough, or if already employed, my employment as a police officer, will be terminated subject to the rules and regulations of the City of Marlborough, Marlborough Police Department and the Commonwealth of Massachusetts, Division of Human Resources.

I have read the above statement and understand its provisions.

Signature of Applicant

Name of Applicant (print or type)

Date

NOTICE

PENSION REFORM COMMUNITIES

TO POLICE OFFICER AND FIRE FIGHTER CANDIDATES

Please be advised that once established you must meet Medical and Physical Fitness Standards while employed in order to maintain your employment. Every two years, you will be required to undergo a medical and physical assessment. This assessment will consist of a job related fitness test designed to simulate the physical demands of the duties that may be performed by police officers or fire fighters, and an assessment of your overall medical condition as it relates to your ability to perform the essential functions of your job. In order to assist you in meeting these standards, wellness programs will be made available to you that will provide you with information on maintaining your physical fitness and overall health and provide an assessment of key health indicators such as blood pressure and cholesterol levels. These standards are mandated by the provisions of Section 22D of Chapter 32 of the Massachusetts General Laws, as amended by Chapter 697 of the Acts of 1987

I have read the above statement and understand its provisions.

Signature of Applicant

Name of Applicant (print or type)

Date

Tobacco Use Notice

TO POLICE OFFICERS AND FIRE FIGHTER CANDIDATES

Subsequent to January first, nineteen hundred and eighty-eight, no person who smokes any tobacco product shall be eligible for appointment as a police officer or firefighter in a city or town and no person so appointed after said date shall continue in such office or position if such person thereafter smokes any tobacco products. (MGL Chapter 41 Section 101A)

I have read the above statement and understand its provisions.

Signature of Applicant

Name of Applicant (print or type)

Date

Notice of Residency Requirements

TO POLICE OFFICER AND FIRE FIGHTER CANDIDATES

GENERAL LAWS OF MASSACHUSETTS CHAPTER 41 SECTION 99A

MEMBERS OF REGULAR POLICE OR FIRE DEPARTMENT AND FIRE
ALARM DIVISION; RESIDENCE OUTSIDE CITY OR TOWN.

SECTION 99A. Any member of the regular police or fire department and fire alarm division of a city or town appointed subsequent to August first, nineteen hundred and seventy-eight shall reside within fifteen miles of the limits of said city or town. Said distance shall be measured from the closest border limits of said city or town in which said member is employed to the closest border limits of the city or town in which said member lives; provided however, if any said city or town by local ordinance or by-law to which the provisions of paragraph (d) of section seven of chapter one hundred and fifty E of the General Laws shall apply, or by collective bargaining agreement shall require the members of a regular police or fire department appointed on or after August first, nineteen hundred and seventy-eight to be residents of such city or town, the provision of such local ordinance, by-law or collective bargaining agreement shall supersede the provision of this section and provided further such local ordinance, by-law or collective bargaining agreement shall apply only to those members of a regular police or fire department appointed subsequent to the adoption of such local ordinance, by-law or collective bargaining agreement.

Signature of Applicant

Name of Applicant (print or type)

Date

CONSUMER REPORT DISCLOSURE

The undersigned applicant acknowledges that the Marlborough Police Department and City of Marlborough will be given a consumer report for employment purposes in reviewing the undersigned for employment with the Marlborough Police Department. The undersigned applicant certifies that he/she has duly authorized this credit check, and he/she acknowledges that all information is for the exclusive, official use of the Marlborough Police Department and for use 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 \$5000.00 or imprisoned for not more than one year or both.

Signature of Applicant

Name of Applicant (print or type)

Date

CERTIFICATION OF RESPONSES

I have read each question asked of me and understand each question. My statements on this form and any attachments to this form, including but not limited to a resume, are true, correct and complete to the best of my knowledge and belief and are made in good faith. I am aware that willfully withholding information or making false statements can lead to rejection or dismissal.

Signature (Sign in ink)

Date

NOTARY PUBLIC'S SEAL

COMMONWEALTH OF MASSACHUSETTS] **SS**
COUNTY OF MIDDLESEX]

I, _____ being duly sworn, depose and say I am the above named person. I signed the foregoing statement. I personally read and printed by hand (or typewritten) answers to each and every question therein I do solemnly swear that each answer is full, true and correct in every respect.

Applicant's Signature

Sworn to before me, this _____

day of _____, 20____.

Notary Public Signature

My Commission expires on: _____

DO NOT SIGN BELOW UNTIL DIRECTED BY
THE MARLBOROUGH POLICE DEPARTMENT

Applicant Sign Here

Date

Signature of Investigating Officer

Date

REQUIRED ADDITIONAL RESPONSE

Candidate Name: _____

Additional response to question number _____ on page _____

Your additional response statement: _____

[illegible]

Your Signature: _____ Date: _____

Warning: If it is determined that any of the application information is untruthful, you will automatically be disqualified from further consideration. A false or incomplete answer to any question in this application may be grounds for not employing you, or for dismissing you after you begin work and may be punishable by fine or imprisonment.

AUTHORITY FOR RELEASE OF INFORMATION

I _____, born at _____ on _____, having an application for employment with the Marlborough 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 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, files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Police Department or any of its agents or representatives to inspect and make copies of such documents, records and other information.

Specifically, I hereby authorize the release of the following data or records to the Marlborough Police Department:

I hereby release, discharge, and exonerate the Marlborough Police Department, its agents and representatives, and any person so furnishing information from any and all liability or inspection of such documents, records, and other information or the investigation made by or behalf the Marlborough Police Department. A photocopy of this release will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

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

Signature

Date

Address

Witness

Notary

Release Form # _____