

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



**PUBLIC SAFETY DISPATCH CANDIDATE  
INFORMATION PACKAGE**

**MARLBOROUGH POLICE DEPARTMENT**  
**355 BOLTON STREET**  
**MARLBOROUGH, MASS 01752**  
**(508) 485-1212**

**I. Instructions:** This form must be type written or clearly printed in BLACK INK. All questions must be answered, if applicable if not applicable indicate N/A. Forms which 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 8X11 white sheets of paper and number the answers to correspond with the questions.

**II. Identification**

A. LastName:\_\_\_\_\_ First Name:\_\_\_\_\_ MI:\_\_\_\_\_

B. Social Security Number:\_\_\_\_\_

C. List all other names you have used including nicknames, aliases: If female furnish your maiden name. ( If you have any surnames other than your true name, during what period and under what circumstances were these names used? If you ever legally changed your name, give date, place and court.)

\_\_\_\_\_

D. Date of Birth: \_\_\_\_\_

E. Address:\_\_\_\_\_

(Number, Street, (apt#) , City/town, State, Zip)

F. Phone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

**III. Residences:**

A. List in chronological order where you have lived in the past 15 years (Include addresses while attending school if away from home and all military addresses including any off base). List current residence first:

<u>Address</u>	<u>From Month/Year</u>	<u>To Month/Year</u>
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_____	_____	_____
_____	_____	_____

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#### IV. Education

Name of School (High Schools)	Location	Date From-Date To	Diploma/Degree
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(List any other type of schools you have attended)  
Colleges/University/Technical

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A. 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: \_\_\_\_\_  
                     (School)                                      (Dates)                                      (Type of Action)

B. List awards, honors, citations, position held in school organizations, athletic endeavors, and any other special recognition you received while attending school:

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C. List any special abilities, interests, sports or hobbies which you can perform with any degree or proficiency:

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D. Are you proficient in a foreign language? If so indicate your level of proficiency in each phase of each foreign language as "Slight", "Good", "Fluent" (Do not include English):

Name of Language      Speak      Understand      Read      Write

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- E. Were you ever dismissed from a school or was any disciplinary action including scholastic probation ever taken against you during your school career? Yes \_\_\_  
No\_\_\_

If yes please explain: \_\_\_\_\_

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## V. Driving History

- A. Are you a license Massachusetts Automobile Operator? ( ) Yes ( ) No  
If Yes License Number: \_\_\_\_\_

- B. Are you licensed in any other State? ( ) Yes ( ) No  
If Yes, What State(s): \_\_\_\_\_

- C. Have you ever been refused a drivers license? ( ) Yes ( ) No  
If Yes, Explain (When, Where, Why):

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- D. Has your driver's license ever been suspended or revoked? ( ) Yes ( ) No  
If Yes explain (When, Where, Why, Length of time) :

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- E. Have you received any traffic citations, (Excluding Parking Tickets) within the last seven (7) years? ( ) Yes ( ) No  
1. If Yes please explain:

Nature of violation	Location City/State	Date	Action Taken
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F. Have you ever been involved, as a driver of a motor vehicle, in an accident within the last seven (7) years? ( )Yes ( )No

If yes explain below:

Month/Year	Location City/State	Injuries (yes/no)	Agency

## VI. Employment:

List chronologically all employment, including summer and part-time jobs while attending school. All Time must be accounted for, including periods of unemployment (Start with present or most recent employment)

Employer	Name/address	From/To	Salary	Supervisor

A. Employment Record: Has any of the following happened to you in the last Ten (10) years? If Yes, begin with the most recent occurrence and go backward, providing the date fired, quit, disciplined, or left under conditions other than favorable and other information requested:

1. Fired form a job ( )Yes ( )No
2. Quit a job after being told you would be fired ( )Yes ( )No
3. Left under a mutual agreement under unfavorable circumstances ( )Yes ( )No
4. Left a job by mutual agreement following allegations of unsatisfactory performance ( )Yes ( )No
5. Left a job for other reasons under unfavorable circumstances ( )Yes ( )No
6. Have you ever been disciplined at any job you have held ( )Yes ( )No

Month/Year	Specify circumstance	Employer Name and Address
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## VII. Military Service

- A. Have you ever served on active duty in the Armed Forces of the United States?  
( ) Yes ( ) No

If Yes:

1. Highest Rank attained: \_\_\_\_\_ Branch of Service: \_\_\_\_\_

2. Serial Number: \_\_\_\_\_

3. Dates of Active Duty: \_\_\_\_\_  
From To

4. Type of Discharge: \_\_\_\_\_

5. Basis for Discharge: \_\_\_\_\_

6. Was any disciplinary action taken against you while serving? ( ) Yes ( ) No  
If Yes, What was the nature and reason for the discipline

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- B. Are/Were you a member of the National Guard / Reserves? ( ) Yes ( ) No

If Yes, ( ) Currently ( ) Formerly Branch of Service: \_\_\_\_\_

- C. If you attend drills, meetings or camps, give name of unit and location:

1. Summer Camp Location: \_\_\_\_\_  
(From-To) (Location)

## VIII. What is your selective service classification?

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1. If ever classified

- a. 1-Y (Registrant qualified for military status only in time of war or National Emergency) or,
- b. 4-F (Registrant not qualified for any military service),

2. State reasons for such classification:

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## IX. References:

A. List three (3)\* people who know you “Professionally”, and can attest to your qualifications and fitness for the position which you are applying:

Name	Address	Years Known
1.		
2.		
3.		

B. List three (3) \*People who know you “Personally”, and can attest to your qualifications and fitness for the position which you are applying:

Name	Address	Years Known
1.		
2.		
3.		

(\* Do not include current Marlborough Police Officers)

## X. Foreign Travel (Military, residence, visit)

A. Have you ever visited or resided in any Foreign Country? ( )Yes ( )No

Country	Dates	Reason For Travel

## **XI. Credit / Financial Record**

- A. In the last Five (5) 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 it for a debt? If Yes, provide the date of initial action and other information requested below: ( )Yes ( )No

<u>Month/Year</u>	<u>Type of Action</u>	<u>Business Name</u>	<u>Name/Address of Court</u>

- B. Are you now over 180 days delinquent on any loan or financial obligation? Include loan or obligations funded or guaranteed by the Federal Government.  
( )Yes ( )No

If Yes , provide the information requested below:

<u>Month/Year</u>	<u>Type of Loan</u>	<u>Account #</u>	<u>Name / Address of Creditor</u>

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

<u>Lender</u>	<u>Loan#</u>	<u>Original Balance</u>	<u>Outstanding Balance</u>	<u>Purpose of Loan</u>

## **XII. Support Orders:**

- A. Are there any orders agreements entered into court regarding Child Support / Alimony  
( )Yes ( )No
1. If Yes, are the orders / agreements being fulfilled? ( )Yes ( )No
  2. If Yes, have there been any previous problems fulfilling the order or agreement? ( )Yes ( )No

- B. If Yes to any of the above questions explain your answers below (Include court, judgment, and penalties):




### **XIII. Criminal History**

A. Have you ever been convicted of a criminal offense? ( )Yes ( )No

Under Massachusetts law, you may answer “No” if any of the following circumstances are applicable:

1. An arrest which did not result in a conviction:
2. A first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace:
3. Any conviction of a misdemeanor where the date of such conviction or the completion of any period of incarceration resulting there from (whichever is later) occurred five (5) years or more years prior to the date of you filling out this application, unless you have been convicted of any offense within five (5) years immediately preceding the date you fill out this application:
4. Your conviction record has been sealed pursuant to Mass. law:
5. You have juvenile delinquency or Child in need of Services complaints which were not transferred to Superior Court for prosecution.

B. List All Criminal Offenses:

<u>Date</u>	<u>Place of Court</u>	<u>Charge</u>	<u>Details and Dispositions</u>

C. To the best of your knowledge, has any member of your family or close relative (including In-laws) ever been convicted of a crime other than minor traffic violations? ( )Yes ( )No

<u>Name</u>	<u>Relationship</u>	<u>Date and Place</u>	<u>Charge</u>

D. To the best of your knowledge, are there any civil actions pending against you?

( )Yes ( )No If Yes, provide information below:

Date	Place	Court	Names of Parties involved	Action/Disposition
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E. Are you now under any charges for any Criminal Offense of which you are awaiting trial or final disposition? ( )Yes ( )No If Yes, provide below:

Charge(s)	Court
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F. To the best of your knowledge are you now or have you ever been a suspect in a criminal investigation? ( )Yes ( )No If Yes, please provide information below:

Investigating Agency	Date	Offense	Outcome
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#### **XIV. Illegal Drugs:**

A. Do you currently use, or in the last five (5) years, have you used, possessed, supplied or manufactured any illegal drugs? When used without a prescription, illegal drugs include marijuana, cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.) Depressants (barbiturates, methaqualorte, tranquilizers, etc.). Note: the information you provide in response to this question will not be provided for use in any criminal proceedings against you.

( )Yes ( )No If Yes, provide below any information relating to the types of substance(s), the nature of activity, and any other details relating to your involvement with illegal drugs:

Month / Year	Type of Substance	Explanation
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## **XV. Investigations Record:**

- A. To the best of your knowledge, has the Commonwealth of Massachusetts or the United States Government or any other Police or Law Enforcement Agency, ever investigated your background? If yes, provide the information below:

( ) Yes ( ) No

<u>Month / Year</u>	<u>Investigating Agency</u>

- B. To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from governmental employment?

( ) Yes ( ) No If yes, give date of action; and agency:

<u>Month / Year</u>	<u>Agency</u>

- C. Organizational Memberships: Are you know or have you ever been a member of any Foreign or domestic organization, association, movement group or other combination of person which is totalitarian, communists, fascist, or subversive, or which has adopted or shows a policy of advocating or approving 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 government of the United States, by violent revolution or other unconstitutional means?

( ) Yes ( ) No If your answer is yes explain fully on a separate page)

- D. Do you hold membership in any professional or trade organization(s)? ( ) Yes ( ) No

If Yes, provide information below:

<u>Organization</u>	<u>Address</u>	<u>Type</u>	<u>Present member position held</u>
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**XVI. Relatives :**

- A. All candidates must give complete information concerning members of their immediate family, including former spouses. Even though such a relative is deceased, give the requested information and indicate the deceased's last residence and year of death. Include stepparents, legal guardians or others who may have reared you instead of you true parents. Also include stepbrothers and sisters as well as half brothers and sisters.

Name	Address	DOB	Place of Birth	Occupation
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Father				
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Mother				
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Spouse				
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Children:


Siblings:


Other relatives with whom you have resided for an extended period of time (indicate relationship)


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**XVII. Property ownership:**

- A. List any real property in which you, your spouse, or your minor children have an equity or financial interest:

Property Address	Owner	Relationship (self, spouse)

**XVIII. Business Involvement:**

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

- |   |              |
|---|--------------|
| 1. A company                                  | ( )Yes ( )No |
| 2. A partnership (include general or limited) | ( )Yes ( )No |
| 3. Joint Venture                              | ( )Yes ( )No |
| 4. Joint Enterprise                           | ( )Yes ( )No |

If Yes, provide information below:

Name of Business	Location	Percentage Owned

- B. Do you or any member of your immediate family (spouse or child) presently have a greater than 10% equity interest in any business entity (include general or limited partnership, joint venture or enterprise)? ( )Yes ( )No

If Yes, Provide information below:

Name of Business	Location	Percentage Owned

Who owns the business interest? \_\_\_\_\_

Describe the nature of the business: \_\_\_\_\_

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I understand that all appointments are probationary and that I must demonstrate my fitness for continued employment during the probationary period. I also understand that I must be available for tours of duty outside normal daytime business hours as the needs of the department require. I further understand that any appointment tendered me will be contingent upon the results of a complete character and fitness investigation. I am aware that willfully withholding or making false statements on this application will be a basis for dismissal. I agree to these conditions and I hereby certify that all statements made by me herein are true and complete to the best of my knowledge.

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Signature of Applicant

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Date

Place Candidates Picture Here

**NOTARY PUBLICS SEAL**

COMMONWEALTH OF MASSACHUSETTS )  
COUNTY OF MIDDLESEX ) SS.

I, \_\_\_\_\_ being duly sworn, depose this day I am the above named person. I have signed the foregoing statement. I personally prepared the 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 Candidate

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

Notary Public



## C.O.R.I. REQUEST FORM

The Marlborough Police Department has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee/volunteer for the Marlborough Police Department, I understand that a Criminal Offender Record Information check will be conducted for convictions and pending criminal case information only and that it will not necessarily disqualify me.

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### APPLICANT/EMPLOYEE/VOLUNTEER INFORMATION

(Please print)

Name:

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

Maiden Name or Alias:

(If Applicable)

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

Present Address:

Date of Birth:

Social Security Number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
The Information above is correct to the best of my knowledge.

Applicant's/Employee's/Volunteer's Signature:

\_\_\_\_\_  
Today's Date:

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MARLBOROUGH POLICE DEPARTMENT USE ONLY

Submitted by:

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Purpose — Position, Volunteer, Etc.:

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Requested by:

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Signature of CORI Authorized Employee

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CHSB USE ONLY

Record Attached:\_\_\_\_ No Record:\_\_\_\_



*City of Marlborough*  
***POLICE DEPARTMENT***

355 Bolton St  
Marlborough, Ma. 01752  
Phone: 508-485-1212 Fax: 508-624-6949



DAVID A. GIORGI  
Chief of Police

NOTARY PUBLIC SEAL

COMMONWEALTH OF MASSACHUSETTS )

COUNTY OF MIDDLESEX

I, \_\_\_\_\_being duly sworn, depose this day I am  
the above named person. I have signed the foregoing statement. I personally prepared the  
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 Candidate

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

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