

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



**EMPLOYMENT APPLICATION  
PACKAGE**



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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: _____

6. List all other members of your immediate family who are still living (do not include children).

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: ( ) _____





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”.

<b>LANGUAGE</b>	<b>SPEAKING ABILITY</b>	<b>UNDERSTANDING</b>	<b>READING ABILITY</b>	<b>WRITING ABILITY</b>
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 \_\_\_\_\_

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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:

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**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 18<sup>th</sup> 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:

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

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

If **Yes**, Explain: \_\_\_\_\_

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**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:

a. What form of drug did you take (Crack, posser, pill, etc.)

b. How was it administered (smoked, sniffed, injected, etc.)

c. 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:

<b>Creditor</b>	<b>Address</b>	<b>Account Number</b>	<b>Amount</b>

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:

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

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

If the answer was Yes, explain fully below:

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**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:

<b>Position</b>	<b>Employer</b>	<b>Address</b>	<b>Date</b>

### **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:

<b>Date of Exam</b>	<b>Department or Agency</b>

**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:

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## 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.

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Signature of Applicant

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Name of Applicant (print or type)

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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.

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Signature of Applicant

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Name of Applicant (print or type)

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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.

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Signature of Applicant

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Name of Applicant (print or type)

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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.

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Signature of Applicant

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Name of Applicant (print or type)

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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.

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Signature of Applicant

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Name of Applicant (print or type)

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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: \_\_\_\_\_

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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.

# Marlborough Police Department

## 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 # \_\_\_\_\_