



TOWN OF GREAT BARRINGTON MASSACHUSETTS

POLICE DEPARTMENT

POLICE OFFICER

APPLICATION FOR EMPLOYMENT

1. These forms must be **typewritten or printed in blue or black ink** by the applicant himself/herself.
2. All questions must be answered, if applicable. If not applicable, indicate N/A.
3. Failure to answer any and all questions truthfully, accurately or completely shall result in the applicant's disqualification, or, if discovered after an individual is hired, termination from employment.
4. If the space provided is not sufficient for complete answers, or you wish to make additional comments, attach sheets the same size as these forms and indicate to which question those sheets pertain.
5. You are applying for a responsible public safety position. It is essential that you follow instructions specifically as directed. Make sure all dates and information are accurate.
6. All applicants must submit the following documents with their applications.
 - a. One certified copy of your High School Diploma or Equivalency Certificate
 - b. Official transcripts from any post-secondary institutions of learning you have attended
 - c. One long-form copy of your birth certificate or record of live birth abroad
 - d. A copy of your social security card.
 - e. A copy of your driver's license.
 - f. Copies of any licenses or certificates that you indicate in this application you possess (e.g., EMT certificate)
 - g. Copies of military discharge forms (DD Form 214 or NGB Form 22) if applicable
 - h. Writing Sample -- Please submit with your application a handwritten (or printed) 150 word essay explaining why you want to be a police officer. You may also include in this essay other topic areas such as your career goals.

7. A criminal Offender Record Information (CORI) check will be performed on each applicant who submits an application for employment with the Great Barrington Police Department.
8. When completed, the application must be returned in hand to the Chief of Police or his designee.

I have read and understand the above instructions.

Candidate: _____

This application will be held on file for a period of one year.

Date Received: _____

TO THE APPLICANT
READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS.

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, national origin or disability. Federal Law also prohibits discrimination on the basis of age with respect to certain individuals. The Laws of Massachusetts also prohibit some or all of the above-stated discrimination as well as some additional types, such as discrimination based upon ancestry and marital status.

Massachusetts law requires that employers include a statement advising applicants that they may include in their work history “any verified work performed on a volunteer basis.”

It is unlawful in Massachusetts to require or administer a polygraph test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

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

II. Residence

List all places you have lived in the past five years or back to the age of eighteen, whichever is closest to today's date, starting with your most recent address. Include residency in college dormitories and military stations. Be sure to account for all time during the past five years. If you need additional room, please use additional blank pages of the same size as this application and follow the template given.

1. From _____ To _____ Owned or Rented? _____

Address: _____
(Number & Street)

(City /Town) (State) (Zip)

Landlord Name: _____ Telephone: _____

Landlord Address: _____
(Number & Street)

(City /Town) (State) (Zip)

Please provide names and contact information for two neighbors who can corroborate your residency during this time.

A. Neighbor Name: _____ Telephone: _____

Neighbor Address: _____
(Number & Street)

(City /Town) (State) (Zip)

B. Neighbor Name: _____ Telephone: _____

Neighbor Address: _____
(Number & Street)

(City /Town) (State) (Zip)

II. Residence (con't)

2. From _____ To _____ Owned or Rented? _____

Address: _____
(Number & Street)

(City /Town) (State) (Zip)

Landlord Name: _____ Telephone: _____

Landlord Address: _____
(Number & Street)

(City /Town) (State) (Zip)

Please provide names and contact information for two neighbors who can corroborate your residency during this time.

A. Neighbor Name: _____ Telephone: _____

Neighbor Address: _____
(Number & Street)

(City /Town) (State) (Zip)

B. Neighbor Name: _____ Telephone: _____

Neighbor Address: _____
(Number & Street)

(City /Town) (State) (Zip)

II. Residence (Con't)

3. From _____ To _____ Owned or Rented? _____

Address: _____
(Number & Street)

(City /Town) (State) (Zip)

Landlord Name: _____ Telephone: _____

Landlord Address: _____
(Number & Street)

(City /Town) (State) (Zip)

Please provide names and contact information for two neighbors who can corroborate your residency during this time.

A. Neighbor Name: _____ Telephone: _____

Neighbor Address: _____
(Number & Street)

(City /Town) (State) (Zip)

B. Neighbor Name: _____ Telephone: _____

Neighbor Address: _____
(Number & Street)

(City /Town) (State) (Zip)

III. EMPLOYMENT HISTORY

In reverse chronological order; list all employments for the past five years or to the age of eighteen, whichever is closest to today's date. Include summer and part-time employments while attending school. All time must be accounted for. If unemployed for a period, set forth the dates of unemployment. (use additional sheets of paper if necessary). Applicants may also include verifiable work performed on a volunteer basis.

1. Dates From: _____ To: _____

Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ - _____ Email: _____

Supervisor Name: _____ Title: _____

Telephone: () _____ - _____ Email: _____

Please provide a name and contact information for a co-worker who knew you at this job.

Co-Worker Name: _____

Telephone: () _____ - _____ Email: _____

Co-Worker Address: _____
(Number & Street)

(City /Town) (State) (Zip)

Reason for leaving: _____

Did you ever receive any warnings or discipline from this employer? Yes [] No []
If so explain fully:

Are you eligible for re-hire at this employer? Yes [] No []

III. EMPLOYMENT HISTORY (con't)

2. Dates From: _____ To: _____

Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ - _____ Email: _____

Supervisor Name: _____ Title: _____

Telephone: () _____ - _____ Email: _____

Please provide a name and contact information for a co-worker who knew you at this job.

Co-Worker Name: _____

Telephone: () _____ - _____ Email: _____

Co-Worker Address: _____

(Number & Street)

(City /Town)

(State)

(Zip)

Reason for leaving: _____

Did you ever receive any warnings or discipline from this employer? Yes [] No []

If so explain fully:

Are you eligible for re-hire at this employer? Yes [] No []

III. EMPLOYMENT HISTORY (CON'T)

3. Dates From: _____ To: _____

Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ - _____ Email: _____

Supervisor Name: _____ Title: _____

Telephone: () _____ - _____ Email: _____

Please provide a name and contact information for a co-worker who knew you at this job.

Co-Worker Name: _____

Telephone: () _____ - _____ Email: _____

Co-Worker Address: _____

(Number & Street)

(City /Town)

(State)

(Zip)

Reason for leaving: _____

Did you ever receive any warnings or discipline from this employer? Yes [] No []
If so explain fully:

Are you eligible for re-hire at this employer? Yes [] No []

III. EMPLOYMENT HISTORY (con't)

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

5. Have you ever left a job after being told you would be fired or that your performance was unsatisfactory? Yes [] No []. If yes, give details:

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

7. Have you ever, intentionally or negligently or without right, released any employer's proprietary or confidential information?

8. May we contact your current employer? If no, please explain why.

IV. EDUCATION

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

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

- b. Were you ever dismissed from a school or was any disciplinary action, including scholastic probation, ever taken against you during your scholastic career?
 Yes [] No [] If yes, give school, date and action taken:

School: _____ Date _____

Action taken: _____

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

V. MILITARY SERVICE

a. Have you ever served on active duty in the Armed Forces of the United States?

Yes [] No [] If yes, what was the highest rank attained? _____

Branch of Military Service

Serial Number

Dates of Active Duty

From: _____

Type of Discharge

Date of Discharge

To: _____

Member of Reserve? Yes [] No [] Branch: _____

b. What was your specialty in the armed forces? _____

c. What was your last duty station in the armed forces? _____

d. Who was your last commanding officer? _____

e. Was any type of disciplinary action taken against you in the Military Service?

Yes [] No [] If yes, explain: _____

f. Are you now or were you formerly in the National Guard?

[] Present [] Former [] Never

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

Summer Camp Attendance: From: _____ To: _____

Location: _____

g. Do you claim Veterans Preference under the Civil Service Law?

Yes [] No [] Basis:

VI. REFERENCES

- a. List three references (not relatives, in-laws, former or present employers, fellow employees or school teachers) who are responsible adults, have reputable standing in their community and who have known you for at least five years. All persons to whom you refer may be asked to appraise your character, ability, experience, personality and other qualities. Provide address, phone and length of time you've known each reference.

Reference #1

Name: _____

Address: _____

Phone: _____ Email: _____

Relationship to applicant: _____

Reference #2

Name: _____

Address: _____

Phone: _____ Email: _____

Relationship to applicant: _____

Reference #3

Name: _____

Address: _____

Phone: _____ Email: _____

Relationship to applicant: _____

VI. CRIMINAL RECORD

Note: With regard to questions contained in this section, under Massachusetts Law, you may answer "no record" if any of the following circumstances are applicable.

- (1) *You have never been arrested for violation of a criminal statute,*
- (2) *You have been arrested but have never been tried for a criminal offense,*
- (3) *You have been tried for a criminal offense but were not convicted,*
- (4) *You have a first conviction for any of the following misdemeanors:*
 - (a) *drunkenness*
 - (b) *simple assault*
 - (c) *speeding*
 - (d) *minor traffic violation*
 - (e) *affray*
 - (f) *disturbance of the peace*
- (5) *You have not been convicted of a criminal offense within the five years before the date of this application and you have been convicted of misdemeanors where the date of conviction or the termination of incarceration, if any, occurred more than five years before the date of this application;*
- (6) *You have a felony or misdemeanor convictions which have been sealed pursuant to Massachusetts Law,*
- (7) *You have juvenile delinquency or child in need of services complaints which were not transferred to Superior Court for prosecution*

- a. Have you ever been convicted of a felony? Yes [] No []
- b. Have you been convicted of a misdemeanor within the last five years, other than the first conviction for simple assault, speeding, minor traffic violations, affray or disturbance of the peace?
Yes [] No []
- c. Were you convicted of a misdemeanor (other than first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace) more than five years ago that resulted in a jail sentence from which you were released within the last 5 years?
Yes [] No []
- d. If you answered yes to any of the three preceding questions (a., b., c.), please describe the offense involved, the date of the offense, the court in which you were convicted, and any mitigating circumstances. Please include the Docket Number:

(continued next page)

Full Description of Offense	Dates of Offence	Court & Docket No.	Disposition, Finding, Sentence & Probation

e. Have you been convicted of a sexual offense? (*Review Circumstances 1-7 above*) Yes [] No []

If you have answered yes, please state the following:

Date	Place/Department	Charge/Court/ Disposition	Docket No.

f. Have you been convicted of a narcotic drug offense? (*Review Circumstances 1-7 above*)

Yes [] No [] If you have answered yes, please state the following:

Date	Police Department	Charge/Court Disposition	Docket No.

- g. Have you been sentenced to imprisonment after conviction of a crime? (*Review Circumstances 1-7 above*) Yes [] No [] If you have answered yes, please state the following:

Date	Place/Department	Charge/Court Disposition	Docket No.	Location Served

- h. Have you ever been or are you currently the subject of any petition for restraining order requesting or issued pursuant to c. 209A (abuse prevention), of the Massachusetts General Laws? Yes [] No [] If you have answered yes, please explain when and where.

Date	Police Department	Charge/Court Disposition	Docket No.

VII. OTHER

1. Do you use tobacco products? Yes [] No []
2. Do you have a relative in our employ? Yes [] No [] If yes, please give name and relationship:

3. Do you personally know any police officers working in this department?
Yes [] No [] If yes, name and rank (if known):

4. Are you willing to work any shift, including midnight to 8:00 a.m. during the week, and holidays if required? Yes [] No [] If no, why not? _____
5. If your application is considered favorably, on what date can you start work? _____
6. Do you possess a valid Massachusetts driver's license?

Yes [] No [] Driver's License No. _____

7. Was your driver's license in this state, or any state, ever suspended or revoked?

Yes [] No [] If yes, give details:

8. Have you previously submitted an application for any employment with this or any other municipality?

Yes [] No [] If yes, give the name of the agency and when.

9. Have you ever worked for this or any other municipality before? If yes please give details.

10. Are you a member of any foreign or domestic organization, association, movement or group of persons that has adopted or expressed a policy of advocating or approving of the commission of acts of force or violence as a means to deny other persons their rights under the Constitution of the United States? Yes [] No [] If your answer is yes, identify the organization and explain fully.

11. Do you have anything in your background that might disqualify you from becoming a Police Officer in the Commonwealth of Massachusetts? Yes [] No [] If yes, please explain.

12. Is there anything in your past or present life that, if discovered, might suggest a conflict of interest with your duties as a police officer or which might cause you to be susceptible to coercion, duress or extortion?

13. Do you now or have you ever lived with a convicted felon or convicted sex offender?
Yes [] No [] If yes, please identify the individual with whom you lived and when.

14. List any special abilities, interests, sports or hobbies along with degrees of proficiency that might bear on your suitability to be a police officer:

15. List any professional licenses (give #) or certificates you possess

16. Has any regulatory board, agency or professional organization ever taken official action against you with regard to any licenses listed in #21 above? If so, explain.

17. Indicate your proficiency in each phase of each foreign language as "**none**", "**good**", or "**fluent**".

Language	Speak	Understand	Read	Write
Spanish				
French				
Italian				
German				
Russian				
Greek				
Chinese				
Portuguese				
Other				

18. Are you a member of the Massachusetts Bar Association? Yes [] No []
19. Please list any office machines, special equipment or computer systems on which you have experience. Also include your degree of proficiency with each on a scale of one to ten. (With 1 being the lowest, and 10 being the highest).

20. Do you have any court suits pending against you? Yes [] No [] If yes, give details:

21. Have you ever been sued or had your wages garnished? Yes [] No [] If yes, give details

22. Do you now owe money for traffic fines? Yes [] No []
 Do you now owe money for parking tickets? Yes [] No []
 Do you now owe money for excise taxes? Yes [] No []
 Do you now owe money for any moving violations? Yes [] No []
 Do you now owe money for income taxes? Yes [] No []

If you answered yes to any of the above, please give complete details including the amount owed and to whom it is owed.

VIII. LICENSES

1. Have you ever been issued a license to carry firearms? Yes [] No [] If yes, please specify:

Issued By	Date Issued	Reason	Firearm License Number

2. Have you ever applied for and been denied a license to carry a firearm?

Yes [] No [] If yes, please provide details, including the date of denial, person denying application and reason:

3. Have you ever been issued a Firearms Identification Card? Yes [] No [] If yes, please specify:

Issued By	Date Issued	Card Number

4. Have you ever applied for and been denied a Firearms Identification Card?
Yes [] No [] If yes, please provide details, including the date of denial, person denying application and reason:

5. If the answer to "1" or "3" above is yes, was the license to carry or Firearms Identification Card ever revoked or suspended?

Yes [] No [] If yes, give details:

IT IS UNLAWFUL IN MASSACHUSETTS TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

Thank you for completing this application and your interest in employment with the Great Barrington Police Department.

CREDIT CHECK AUTHORIZATION

I, _____ residing at _____,

Massachusetts authorize the Great Barrington Police Chief or his designee access to my Credit Report for pre-employment purposes.

Date: _____ Signed: _____

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

I understand that a physical, which includes a drug screening urinalysis, may be required after an employment offer has been made. I understand that this is not a contract of employment and the municipality or I may sever the employment relationship at any time for any reason. Any oral or written statement to the contrary, including any which are made by a City/Town representative are disavowed and may not be relied upon by any prospective or existing employee.

I understand also that this Department has established day and night tours for which I must be available as required. I further understand that any appointment tendered me will be contingent upon the results of a complete character and fitness investigation, and I am aware that willfully withholding information or making false statements on this application will be the basis for rejection of my application or dismissal from the Department. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge. I hereby give the Great Barrington Police Department authorization to contact any person reasonably related to the character and fitness investigation and to request that an independent credit report be prepared as to my financial condition. I also authorize any person contacted to share written and oral information, which is reasonably related to the public safety position for which I am applying.

Finally, I hereby release, discharge and exonerate this municipality, its agents and representatives, and any person so furnishing information, from any and all liability of every nature and kind arising out of the furnishings or inspection of such documents, records, or other information or investigations made by or on behalf of this municipality. This authority shall continue until revoked in writing by the undersigned.

Date

Signature of Applicant

COMMONWEALTH OF MASSACHUSETTS

_____, SS.

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

Signature of Applicant

Sworn before me this _____ day of _____, 20____.

Notary Public or Commissioner of Deeds
My Commission Expires: _____

GENERAL RELEASE

Date: _____

I, _____, born at _____

on _____, having filed an application for employment with the **Great Barrington 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 and other information pertaining to me, to furnish to the police department any such information, including, documents, records, files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the 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 data or records to any authorized representative of the **Great Barrington Police Department**.

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

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

Signed

Witness

Address

CORI CHECK ACKNOWLEDGMENT

I, _____ residing at _____

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

Signature

SMOKING PROHIBITION STATEMENT

“I understand that I am PROHIBITED by law from smoking tobacco products, at any time, as long as I am employed by the Town of Great Barrington as a police officer, regardless of rank, and that I MUST be terminated if I smoke.”

Signed _____

Date _____

Witness _____

Date _____

Witness _____

Date _____

To Police Officer Candidates:

Please be advised that in accordance with the provisions of *Chapter 697, Section 117 of the Acts of 19* no person who smokes any tobacco products shall be eligible for appointment as a police officer, and person appointed as a police officer shall continue in that position of office if such person thereafter smokes any tobacco products.