

# Salisbury Police Department

Thomas W. Fowler, *Chief of Police*

24 Railroad Avenue, Salisbury, Massachusetts 01952 • 978-465-3121 • www.salisburypolice.com

## APPLICATION FOR EMPLOYMENT

Full-Time Police Officer 
 Reserve/Special Officer 
 Public Safety Dispatcher 
 Meters Enforcement

*(Check one or more than one)*

- 1) The forms shall be typewritten or printed in blue or black ink by the applicant.
- 2) All questions must be answered in full, if not applicable, indicate N/A.
- 3) Failure to answer any and all questions truthfully, accurately or completed 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 completed 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) If, after submitting this application, you become no longer interested in the position you are applying for, please notify the Office of the Chief of Police in a timely manner.
- 7) All applicants must submit the following documents with their application:
  - a. One copy of your high school diploma or equivalency certificate
  - b. One copy of your higher education diploma (if applicable).
  - c. All transcripts from any and all college and graduate study[s].
  - d. One copy of your birth certificate.
  - e. A copy of your social security card.
  - f. A copy of your driver's license.
- 8) A Criminal Offender Record Information (CORI) check shall be performed on each applicant who submits an application for employment with this Police Department.

**I have read and understand the above instructions.**

Applicant: \_\_\_\_\_  
*(Signature of Applicant)* *(Printed Name of Applicant)*

*Office Use Only*

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

**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 based on age with respect to certain individuals. The laws and regulations of the Commonwealth of Massachusetts, as well as the Massachusetts Commission Against Discrimination (MCAD), prohibit some or all of the above-stated discrimination as well as some additional types, such as discrimination based upon ancestry and marital status.

The information is useful on our examination of applicants, your decision not to answer any or all of the asterisk questions will not be held against you.

<b>I. PERSONAL HISTORY</b>
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- a. Name: \_\_\_\_\_  
(First) (Middle) (Last) (JR,SR,ETC.)
- b. Address: \_\_\_\_\_  
(Number & Street)
- \_\_\_\_\_ (City/Town) (State) (Zip)
- c. Date of Birth: \_\_\_\_\_ Place of Birth (State): \_\_\_\_\_
- d. Social Media Account Name[s]: \_\_\_\_\_  
Email Account[s]: \_\_\_\_\_
- e. Other Names Used: Give any other names by which you have been legally known (if any):  
Name: \_\_\_\_\_ Date(s) When Used: \_\_\_\_\_  
Name: \_\_\_\_\_ Date(s) When Used: \_\_\_\_\_
- f. How long have you lived at this address? \_\_\_\_\_  
Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Business)
- g. Neighbors Name, Address and Telephone Number who can verify above:  
\_\_\_\_\_  
\_\_\_\_\_

- h. In chronological order, please state every place you have resided within the past fifteen years. Include addresses while attending school, if away from home, and all military addresses.  
 (Note: Your present address shall be listed on the first line below.)

From Month/Year	To Month/Year	Apt #	Number and Street	City/Town	State	Landlord's Name and Telephone #

- i. List all credit card accounts for which you are responsible. (Give account names)

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- j. Do you own a home [ ], rent [ ], live with parents [ ]? If you own a home, give more details. Name of mortgage / bank lien holder: \_\_\_\_\_

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k. Do you own any other real estate, including business[s]? Yes [ ] No [ ] If yes, give details.

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Location: \_\_\_\_\_ Mortgage Held By: \_\_\_\_\_

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l. Are you legally authorized to work in the United States? Yes [ ] No [ ]

m. Have you ever applied to any other law enforcement agency(s)? Yes [ ] No [ ]  
If yes, please list agency(s)/year applied.

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n. Have you ever used another name? Yes [ ] No [ ] If yes, please explain:

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o. Do you have a relative in our employ? Yes [ ] No [ ] If yes, please give name and relationship:

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

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q. Are you willing to work any shift, including midnight to 8:00 AM or other overnight hours during the week, weekend, and holidays if required? Yes [ ] No [ ] If no, why not?

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

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

Yes [ ] No [ ] Driver's License No. \_\_\_\_\_

(Pursuant to M.G.L. Chapter 93H, this information shall be protected and kept secure)

t. Was your driver's license in this state, or any state, ever suspended or revoked?

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

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u. Have you previously submitted an application for any employment with this municipality?

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

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v. If you are applying for a position as a Reserve Officer, will be you available to attend court during the day? Yes [ ] No [ ]

w. Have you ever worked for this municipality before? Yes [ ] No [ ] If yes, give the name of the agency and when?

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## II. EDUCATION

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

	School Name and Address	Graduated Yes/No	Number of Years Attended	Degree	Major
High School					
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, citations, positions held in school organizations, athletic endeavors, any other special recognition you received while attending school. Also list any special recognition you have received in your community since you left school. ***(Exclude those organizations and awards that by their nature, name or character indicate the religion, race or national origin of its members.)***

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

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

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e. Please indicate any languages, other than English, in which you are proficient

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f. Are you a member of the Bar? Yes [ ] No [ ]

g. 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).

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h. Do you have any court judgments pending against you? Yes [ ] No [ ] If yes, please give details:

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

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j. 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 [ ]

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

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### III. EMPLOYMENT HISTORY

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

Dates:		Name and Address of Employment	Rates of Pay		Supervisor's Name, Title, Phone #
From: Mo/Year	To: Mo./Yr		Start	Finish	
Reason for Leaving:					

Dates:		Name and Address of Employment	Rates of Pay		Supervisor's Name, Title, Phone #
From: Mo/Year	To: Mo/Yr		Start	Finish	
Reason for Leaving:					

Dates:		Name and Address of Employment	Rates of Pay		Supervisor's Name, Title, Phone #
From: Mo/Year	To: Mo/Yr		Start	Finish	
Reason for Leaving:					

Dates		Name and Address of Employment	Rates of Pay		Supervisor's Name, Title, Phone #
From Mo./Yr	To Mo./Yr		Start	Finish	
Reason for Leaving:					

Dates		Name and Address of Employment	Rates of Pay		Supervisor's Name, Title, Phone #
From Mo./Yr	To Mo./Yr		Start	Finish	
Reason for Leaving:					

Dates		Name and Address of Employment	Rates of Pay		Supervisor's Name, Title, Phone #
From Mo./Yr	To Mo./Yr		Start	Finish	
Reason for Leaving:					

Dates		Name and Address of Employment	Rates of Pay		Supervisor's Name, Title, Phone #
From Mo./Yr	To Mo./Yr		Start	Finish	
Reason for Leaving:					

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

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

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d. Are you a United States military veteran? Yes [ ] No [ ]

e. What is your United States military service history? (please explain below)

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## V. REFERENCES

- a. List three (3) references that are not: relatives, in-laws, former or present employers, fellow employees or schoolteachers. During the course of the background investigation, persons whom you know will be asked to comment upon your suitability for the position for which you have applied. Inquiries will be limited to job relevant matters. Provide address, phone number and/or email address, length of time that you know each reference.

Name	Address	Telephone Number/Email	Yrs. Known

**b. Relatives:**

During the course of this background investigation, persons whom you know or are related to will be asked to comment upon your suitability for the position for which you have applied. Inquiries will be confined to job relevant matters. Please supply the appropriate information in the spaces below. If a category is not applicable, write "N/A" in the space provided.

<b>Name:</b>	<b>Address:</b>
<b>Telephone Number and Email Address:</b>	<b>Notes:</b>

<b>Name:</b>	<b>Address:</b>
<b>Telephone Number and Email Address:</b>	<b>Notes:</b>

<b>Name:</b>	<b>Address:</b>
<b>Telephone Number and Email Address:</b>	<b>Notes:</b>

<b>Name:</b>	<b>Address:</b>
<b>Telephone Number and Email Address:</b>	<b>Notes:</b>

<b>Name:</b>	<b>Address:</b>
<b>Telephone Number and Email Address:</b>	<b>Notes:</b>

<b>Name:</b>	<b>Address:</b>
<b>Telephone Number and Email Address:</b>	<b>Notes:</b>

**Marital Status:** Check one and only one of the following to show your current marital status:

\_\_\_ 1-Never Married; \_\_\_ 2-Married; \_\_\_ 3-Separated; \_\_\_ 4-Legally Separated; \_\_\_ 5-Divorced  
\_\_\_ 6-Widowed

**Current Spouse:** Please complete the following about your current spouse:

Name:
Address:
Telephone Number & Email Address:

**Former Spouse:** Complete the following about your former spouse(s). (Use continuation sheet if necessary)

Name:
Address:
Telephone Number & Email Address:

Name:
Address:
Telephone Number & Email Address:

Name:
Address:
Telephone Number & Email Address:

c. \* **Persons Residing with You:**

Does anyone reside with you, other than your spouse or relatives indicated in the previous question? If "YES", provide the information below: Yes [ ] No [ ]

Name:
Telephone Number:
Email Address:

Name:
Telephone Number:
Email Address:

Name:
Telephone Number:
Email Address:

Name:
Telephone Number:
Email Address:

## 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.) "Yes/No" Answer[s] if applicable.

1. \_\_\_\_\_ You have never been arrested for violation of a criminal statute;
2. \_\_\_\_\_ You have appeared in court following an arrest;
3. \_\_\_\_\_ You have appeared in court, however the case was dismissed;
4. \_\_\_\_\_ You have convictions for any of the following misdemeanors;
  - a. disorderly conduct \_\_\_\_\_
  - b. violation of a 209A \_\_\_\_\_
  - c. assault \_\_\_\_\_
  - d. harassment \_\_\_\_\_
  - e. operation after suspension \_\_\_\_\_

(5) \_\_\_\_\_ You have not been convicted of a criminal offense within the five years before the date of the application and you have been convicted of misdemeanors where the date of conviction or the termination of incarceration, if any, occurred more than five years before the date of this application.

(6) \_\_\_\_\_ You have felony or misdemeanor convictions that have been sealed pursuant to Massachusetts Law,

(7) \_\_\_\_\_ You have juvenile delinquency or child in need of services complaints that were not transferred to Superior Court for prosecution.

(8) \_\_\_\_\_ You have been denied a LTC (License to Carry) or FID (Firearms ID Card) in the Commonwealth.

a. Have you ever been convicted of a felony? Yes [ ] No [ ]

b. Have you been convicted of a misdemeanor within the last 5 years other than the first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace? Yes [ ] No [ ]

c. Were you convicted of a misdemeanor (other than first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace) more than 5 years ago that resulted in a jail sentence from which you were released within the last 5 years Yes [ ] No [ ]



d. If your answer to an "of the three preceding questions (a., b., c.) is yes, please describe the offense involved, the date of the offense, the court in which you were convicted, and any mitigating circumstances. Please include the Docket Number(if possible):

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

a. Have you ever been convicted of a sexual offense?

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

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

b. Have you ever been convicted of a narcotics/drug offense?

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

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

c. Have you ever been sentenced to imprisonment or probation after conviction of a crime?

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

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

d. Are you now under charge for any criminal offense on which you are awaiting trial alternatively, final disposition?

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

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

- i. 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), or c. 258E (harassment order), pursuant to Massachusetts General Laws?

Yes [ ] No [ ] If you have answered yes, please explain when and where.

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

- j. Have you ever been, or are you now, a respondent in any civil court action?

Yes [ ] No [ ] If yes, state the nature of action and court.

Nature of Action	Court	Docket No.

## VII. LICENSES

a. Do you have experience with firearms? Yes [ ] No [ ] If yes, please explain:

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

Issued By/Agency	Date Issued	Reason	Firearm License Number

c. 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:

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d. Have you ever been issued an FID card? Yes [ ] No [ ] If yes, please specify:

Issued By	Date Issued	Card Number

e. If the answer to 'b' or 'd' above is yes, was it ever revoked or suspended?

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

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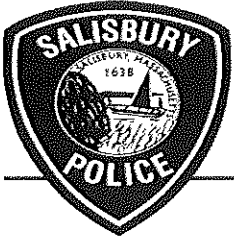


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**IT IS UNLAWFUL IN MASSACHUSETTS TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYEE WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.**

*Thank you for completing this application and your interest in employment with  
The Salisbury Massachusetts Police Department.*

**[www.salisburypolice.com](http://www.salisburypolice.com)**



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## CREDIT CHECK AUTHORIZATION

I, \_\_\_\_\_,  
(Printed Name of Applicant)

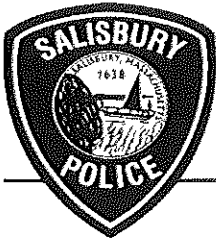
\_\_\_\_\_, Massachusetts authorizes the  
(Current Residential Address of Applicant)

Chief of Police of the Salisbury Police Department, or his/her designee, access to my Credit Report for pre-employment purposes.

X

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

\_\_\_\_\_  
Date



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## AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date in ink.

I authorize any investigator, special agent, or other duly accredited representative of the Salisbury Police Department conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agencies, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information.

I understand that, for medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I authorize, custodians of records and other sources of information pertaining to me to release such information upon request often investigator, special agent, or other duly accredited representative of the Salisbury Police Department authorized above regardless of any previous agreement to the contrary.

I further, hereby release all such persons and waive any and all claims, demands, or cause of action whatsoever, in connection with the request for and release of such information.

I understand, that the information released by records custodians and sources of information is for official use by the Salisbury Police Department only for purposes provided in this form and that it may be re-disclosed by the Salisbury Police Department only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for one (1) year from the date signed or upon the termination of my affiliation with the Salisbury Police Department, whichever is sooner.

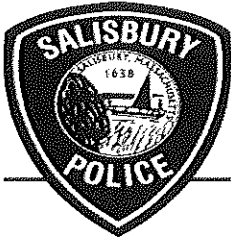
**I HAVE READ, UNDERSTAND AND AGREE TO THE FOREGOING.**

\_\_\_\_\_  
Printed Name of Applicant

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature



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## CREDIT CHECK AUTHORIZATION

The undersigned certifies that this investigation has been duly authorized by his superior(s) that all information requested is for the exclusive, official use of the undersigned agency or department and for use only in connection with such investigation; and the consumer report requested is for a permissible purpose under Public Law 91-508 (Fair Credit Reporting Act), of which the undersigned is knowledgeable.

Public Law 91-508 provides that any person who knowingly and willfully obtains information on a consumer-reporting agency under false pretenses shall be fined not more than \$5,000 or imprisoned not more than one year or both.

\_\_\_\_\_  
Agency or Department

\_\_\_\_\_  
Individual Requesting Report

\_\_\_\_\_  
Address

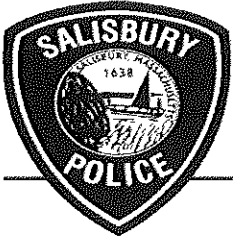
\_\_\_\_\_  
Title

\_\_\_\_\_  
Ident. or Code

FOR BUREAU USE: Person Giving Report: \_\_\_\_\_

Price and Type of Report: \_\_\_\_\_





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## CORI CHECK ACKNOWLEDGMENT

I, \_\_\_\_\_ residing at \_\_\_\_\_  
\_\_\_\_\_, Massachusetts, acknowledges that a Criminal Offender  
Record Information (CORI) check will be performed as part of the Town of Salisbury 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.

\_\_\_\_\_  
(Printed Name of Applicant)

\_\_\_\_\_  
X

\_\_\_\_\_  
X

Signature of Candidate