

# WILLIAMSTOWN POLICE DEPARTMENT



## Application for Employment

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The Town of Williamstown is an equal opportunity employer and does not discriminate against any applicant because of race, color, religion, sex, marital status, national origin, age, disability, sexual orientation, or any other class protected by federal, state or local law. Any person who needs assistance in fully participating in the application process should contact the town administration's office.

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### Instruction Sheet

1. If asked to select an answer from a list of options please place an "X" on the line adjacent to your answer.
2. Complete the application accurately and truthfully.
3. A fully completed application is required for each position applied for. "See resume" is not acceptable in any field.
4. Use continuation space or additional pages if necessary.
5. Submit the completed application in person at the Williamstown Police Department.

**WILLIAMSTOWN POLICE DEPARTMENT  
825 SIMONDS ROAD  
WILLIAMSTOWN, MASSACHUSETTS 01267**

Application and Personal History Statement – Position applied for: Police Officer Date: \_\_\_\_\_

**1. FULL NAME:** If you have no middle name, enter “NMI”. If you are a Jr., Sr., III, etc., enter the same after your middle initial.

**LAST NAME:** \_\_\_\_\_ **FIRST** \_\_\_\_\_ **MI** \_\_\_\_\_ **JR, SR, ETC.** \_\_\_\_\_

**2. DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **SOCIAL SECURITY #:** \_\_\_\_--\_\_\_\_--\_\_\_\_

**3. PLACE OF BIRTH:** \_\_\_\_\_ (use the two-letter code for the state) **COUNTRY:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**3A. ARE YOU A CITIZEN OF THE UNITED STATES: YES** \_\_\_\_\_ **NO** \_\_\_\_\_

If you are NOT a US Citizen, proved your Certificate of Naturalization Number: \_\_\_\_\_

**4. OTHER NAMES USED:** (Give other names used such as your maiden name, name(s) by a former marriage, alias, etc.)

**NAME** \_\_\_\_\_ **DATE(S) WHEN USED** \_\_\_\_\_

**NAME** \_\_\_\_\_ **DATE(S) WHEN USED** \_\_\_\_\_

**NAME** \_\_\_\_\_ **DATE(S) WHEN USED** \_\_\_\_\_

**NAME** \_\_\_\_\_ **DATE(S) WHEN USED** \_\_\_\_\_

**5. IDENTIFYING INFORMATION: HEIGHT:** \_\_\_\_' \_\_\_\_" **WEIGHT:** \_\_\_\_\_ **HAIR COLOR:** \_\_\_\_\_

**EYE COLOR:** \_\_\_\_\_ **MALE:** \_\_\_\_\_ **FEMALE:** \_\_\_\_\_

**SCARS, TATTOOS OR OTHER DISTINGUISHING MARKS:** \_\_\_\_\_

**6. TELEPHONE NUMBERS: WORK:** ( ) \_\_\_\_\_ **HOME:** ( ) \_\_\_\_\_

**EMAIL (Optional):** \_\_\_\_\_ **FAX (Optional):** \_\_\_\_\_ **CELL (Optional):** \_\_\_\_\_

**7. RESIDENCE:** Provide your addresses for every place you have lived, beginning with the present and working backward, since your 16<sup>th</sup> birthday. If you attended school away from your permanent residence, list the address you lived at while attending school. For any address in the past three (3) years, list a person who knew you at that address, preferably someone who still lives in that area. If you rented, please give the name and address of the person responsible for collecting rent.

#1 \_\_\_\_\_ to Present  
**Month/Year** \_\_\_\_\_ **Street Address, Apt. No.** \_\_\_\_\_ **City** \_\_\_\_\_ **State/Zip** \_\_\_\_\_

**Name of person who knows you** \_\_\_\_\_ **Street Address, Apt No.** \_\_\_\_\_ **City** \_\_\_\_\_ **State/Zip** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

#2 \_\_\_\_\_ to \_\_\_\_\_  
**Month/Year** \_\_\_\_\_ **Street Address, Apt. No.** \_\_\_\_\_ **City** \_\_\_\_\_ **State/Zip** \_\_\_\_\_

**Name of person who knows you** \_\_\_\_\_ **Street Address, Apt No.** \_\_\_\_\_ **City** \_\_\_\_\_ **State/Zip** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

**7. RESIDENCE (continued):**

#3	_____ to _____	_____	_____	_____	_____
	Month/Year	Street Address, Apt. No.	City	State/Zip	
	Name of person who knows you	Street Address, Apt No.	City	State/Zip	Telephone #
#4	_____ to _____	_____	_____	_____	_____
	Month/Year	Street Address, Apt. No.	City	State/Zip	
	Name of person who knows you	Street Address, Apt No.	City	State/Zip	Telephone #

**8. EDUCATION:** Provide information about schools you are attending or, have attended, beyond Junior High School, beginning with the most recent (#1) and working backward. For schools you attended in the past three (3) years, list a person who knows you at the school, such as an instructor or student. For correspondence schools and extension classes, list records location and address. In the "Code" Block, use one of the following codes:

1 = HIGH SCHOOL 2 = COLLEGE/UNIVERSITY 3 = VOCATIONAL/TRADE SCHOOL 4 = CORRESPONDENCE/EXTENSION.

#1	_____ to _____	_____	_____	_____	_____
	Month/Year	Code	Name of School	Degree/Diploma (include date)	
	Street Address and City of School			State/Zip	
	Name of person who knows you	Street Address, Apt. No.	City/State/Zip	Telephone No.	
#2	_____ to _____	_____	_____	_____	_____
	Month/Year	Code	Name of School	Degree/Diploma (include date)	
	Street Address and City of School			State/Zip	
	Name of person who knows you	Street Address, Apt. No.	City/State/Zip	Telephone No.	
#3	_____ to _____	_____	_____	_____	_____
	Month/Year	Code	Name of School	Degree/Diploma (include date)	
	Street Address and City of School			State/Zip	
	Name of person who knows you	Street Address, Apt. No.	City/State/Zip	Telephone No.	
#4	_____ to _____	_____	_____	_____	_____
	Month/Year	Code	Name of School	Degree/Diploma (include date)	
	Street Address and City of School			State/Zip	
	Name of person who knows you	Street Address, Apt. No.	City/State/Zip	Telephone No.	

**8a. ACADEMIC RECORD:** Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include two- and four-year colleges, universities and business/vocational schools or any other formal education beyond the high school level.) If "YES", please explain (include school, date(s) or incident(s) and circumstances).

YES \_\_\_\_\_ NO \_\_\_\_\_

**9. EMPLOYMENT:** Provide your employment history, beginning with the present (#1) and working backward ten (10) years. PLEASE INCLUDE ALL FULL-TIME AND PART-TIME WORK, ALL PAID WORK, ANY SELF-EMPLOYMENT, ALL PERIODS OF UNEMPLOYMENT, ACTIVE MILITARY DUTY AND VOLUNTEER WORK.

#1 \_\_\_\_\_ to \_\_\_\_\_

<b>Month/Year</b>	<b>Employer</b>	<b>Your Supervisor</b>	<b>Your Title/Position</b>
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_____ <b>Employer's Street Address</b>	_____ <b>City</b>	_____ <b>State/Zip</b>	_____ <b>Telephone Number</b>
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_____ <b>Street Address of Job Location</b> <small>(If different than Employer's Address)</small>	_____ <b>City</b>	_____ <b>State/Zip</b>	_____ <b>Telephone Number</b>
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_____ <b>Reason for leaving</b> (Exclude Medical Reasons)	_____ <b>Co-Worker(s)</b>	_____ <b>Telephone Number(s)</b>
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#2 \_\_\_\_\_ to \_\_\_\_\_

<b>Month/Year</b>	<b>Employer</b>	<b>Your Supervisor</b>	<b>Your Title/Position</b>
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_____ <b>Employer's Street Address</b>	_____ <b>City</b>	_____ <b>State/Zip</b>	_____ <b>Telephone Number</b>
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_____ <b>Street Address of Job Location</b> <small>(If different than Employer's Address)</small>	_____ <b>City</b>	_____ <b>State/Zip</b>	_____ <b>Telephone Number</b>
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_____ <b>Reason for leaving</b> (Exclude Medical Reasons)	_____ <b>Co-Worker(s)</b>	_____ <b>Telephone Number(s)</b>
--	------------------------------	-------------------------------------

#3 \_\_\_\_\_ to \_\_\_\_\_

<b>Month/Year</b>	<b>Employer</b>	<b>Your Supervisor</b>	<b>Your Title/Position</b>
-------------------	-----------------	------------------------	----------------------------

_____ <b>Employer's Street Address</b>	_____ <b>City</b>	_____ <b>State/Zip</b>	_____ <b>Telephone Number</b>
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_____ <b>Street Address of Job Location</b> <small>(If different than Employer's Address)</small>	_____ <b>City</b>	_____ <b>State/Zip</b>	_____ <b>Telephone Number</b>
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_____ <b>Reason for leaving</b> (Exclude Medical Reasons)	_____ <b>Co-Worker(s)</b>	_____ <b>Telephone Number(s)</b>
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#4 \_\_\_\_\_ to \_\_\_\_\_

<b>Month/Year</b>	<b>Employer</b>	<b>Your Supervisor</b>	<b>Your Title/Position</b>
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_____ <b>Employer's Street Address</b>	_____ <b>City</b>	_____ <b>State/Zip</b>	_____ <b>Telephone Number</b>
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_____ <b>Street Address of Job Location</b> <small>(If different than Employer's Address)</small>	_____ <b>City</b>	_____ <b>State/Zip</b>	_____ <b>Telephone Number</b>
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_____ <b>Reason for leaving</b> (Exclude Medical Reasons)	_____ <b>Co-Worker(s)</b>	_____ <b>Telephone Number(s)</b>
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**9. EMPLOYMENT (continued):**

#5 _____ to _____	_____	_____	_____
<b>Month/Year</b>	<b>Employer</b>	<b>Your Supervisor</b>	<b>Your Title/Position</b>
_____	_____	_____	_____
<b>Employer's Street Address</b>	<b>City</b>	<b>State/Zip</b>	<b>Telephone Number</b>
_____	_____	_____	_____
<b>Street Address of Job Location</b> <small>(If different than Employer's Address)</small>	<b>City</b>	<b>State/Zip</b>	<b>Telephone Number</b>
_____	_____	_____	_____
<b>Reason for leaving</b> (Exclude Medical Reasons)	<b>Co-Worker(s)</b>	<b>Telephone Number(s)</b>	
_____	_____	_____	

**9a. EXTENDED ABSENCES FROM EMPLOYMENT:** Have you had any extended work absences for reasons other than earned vacation (exclude medical reasons)? If "YES", please explain (include when, name of employer, circumstances).

YES \_\_\_\_\_ NO \_\_\_\_\_

**10. COMMUNITY INVOLVEMENT** (response is optional): List any activities which may reflect favorably on your application. Activities that demonstrate leadership, responsibility, honesty, and integrity

#1 _____ to _____	_____	_____
<b>Month/Year</b>	<b>Activity</b>	<b>Location of Activity (City/County/State)</b>
_____	_____	_____
#2 _____ to _____	_____	_____
<b>Month/Year</b>	<b>Activity</b>	<b>Location of Activity (City/County/State)</b>
_____	_____	_____
#3 _____ to _____	_____	_____
<b>Month/Year</b>	<b>Activity</b>	<b>Location of Activity (City/County/State)</b>
_____	_____	_____

**11. FOREIGN COUNTRIES VISITED:** List foreign countries you have visited, beginning with the most recent (#1) and working backward ten (10) years. In the "CODE" Block, use one of the following: 1 = BUSINESS; 2 = PLEASURE; 3 = EDUCATION; 4 = OTHER

#1 _____ to _____	_____	#2 _____ to _____	_____
<b>Month/Year</b>	<b>Code</b>	<b>Country</b>	<b>Month/Year</b>
_____	_____	_____	_____
#3 _____ to _____	_____	#4 _____ to _____	_____
<b>Month/Year</b>	<b>Code</b>	<b>Country</b>	<b>Month/Year</b>
_____	_____	_____	_____

**12. MILITARY HISTORY:**

- A. Are you registered for Selective Service? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_  
 If "YES", Selective Service Number \_\_\_\_\_  
 Local Board Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_
- B. Have you served in the United States Military? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_
- C. Have you served in the United States Merchant Marine? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**IF YOUR ANSWER TO QUESTIONS 12B or 12C IS "NO", GO TO QUESTION 13  
 IF YOUR ANSWER TO QUESTION 12B or 12C IS "YES", COMPLETE QUESTION 12D-F**

**D.** Starting with the most current (#1) and working backward, enter information for all periods of Active/Reserve Service into the table below. In the "CODE" block use one of the following:  
**1 = AIR FORCE; 2 = ARMY; 3 = NAVY; 4 = MARINE CORPS; 5 = COAST GUARD; 6 = MERCHANT MARINE;  
 7 = NATIONAL GUARD** (For **RESERVES**, place an "R" after the appropriate CODE. For example: Army Reserve would be "2R")

**INDICATE STATUS (MARK "X" IN APPROPRIATE BLOCKS – USE STATE CODE FOR NATIONAL GUARD)**

MONTH/YEAR	CODE	RANK	STANDBY	ACTIVE DUTY	ACTIVE RESERVE	NATIONAL GUARD	INACTIVE RESERVE	RETIRED
#1 _____ to _____								
#2 _____ to _____								
#3 _____ to _____								
#4 _____ to _____								

**E. MILITARY RECORD:** PAST COMMANDING OFFICERS OR MILITARY ACQUAINTANCES are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.

Name	Contact Address/City/State/Zip	Contact Telephone	Years Known
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**F. MILITARY DISCHARGE AND DISCIPLINARY RECORD**

A. If you have been discharged from military service, what type of discharge did you receive?  
 Type of Discharge \_\_\_\_\_ Date of Discharge \_\_\_\_\_

B. Was any type of Disciplinary action taken against you while in the Service? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_  
 If "YES", complete the following:

Month/Year	Charge of Specification/Action Taken	Place (City and County/Country if outside US)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

13.

**IMMEDIATE FAMILY WORKING FOR THE TOWN OF WILLIAMSTOWN:** Please disclose any immediate family members, including those related to your immediate family by marriage, who are employed by the Town of Williamstown. "Immediate family" is defined as spouse, child, parent, and sibling. Include those employed in all positions of local government with the Town of Williamstown. This disclosure is intended to ensure that the citizens of Williamstown have full confidence in their local government and its hiring process. Attach additional pages if needed.

**COMPLETE NAME & COMPLETE ADDRESS**

#1	_____	_____	_____	_____
	<b>Name of Relative</b>	<b>Relationship to you</b>	<b>Birth Date</b>	<b>Birthplace</b>
	_____	_____	_____	_____
	<b>Street Address</b>	<b>City/State/Zip</b>	<b>Telephone No.</b>	
	_____	_____	_____	
	<b>Title of Job and Department</b>	<b>Supervisor/Co-Worker</b>	<b>Telephone No.</b>	
#2	_____	_____	_____	_____
	<b>Name of Relative</b>	<b>Relationship to you</b>	<b>Birth Date</b>	<b>Birthplace</b>
	_____	_____	_____	_____
	<b>Street Address</b>	<b>City/State/Zip</b>	<b>Telephone No.</b>	
	_____	_____	_____	
	<b>Title of Job and Department</b>	<b>Supervisor/Co-Worker</b>	<b>Telephone No.</b>	
#3	_____	_____	_____	_____
	<b>Name of Relative</b>	<b>Relationship to you</b>	<b>Birth Date</b>	<b>Birthplace</b>
	_____	_____	_____	_____
	<b>Street Address</b>	<b>City/State/Zip</b>	<b>Telephone No.</b>	
	_____	_____	_____	
	<b>Title of Job and Department</b>	<b>Supervisor/Co-Worker</b>	<b>Telephone No.</b>	
#4	_____	_____	_____	_____
	<b>Name of Relative</b>	<b>Relationship to you</b>	<b>Birth Date</b>	<b>Birthplace</b>
	_____	_____	_____	_____
	<b>Street Address</b>	<b>City/State/Zip</b>	<b>Telephone No.</b>	
	_____	_____	_____	
	<b>Title of Job and Department</b>	<b>Supervisor/Co-Worker</b>	<b>Telephone No.</b>	

**13a. RELATIVES:** All applicants must provide complete information concerning their Mother, Father, Brothers and Sisters. Even though a relative is deceased, give all the information requested and indicate last residence and year of death. If you have been reared by someone other than your parents, the requested information should be furnished concerning them, as well as your natural parents. If you are engaged to be married or contemplating marriage in the near future, completed information must be included for your future spouse. (Information concerning your current or former spouses will be provided at Question "14").

#1	Name of Relative	Relationship to you	Birth Date
	Street Address	City/State/Zip	Telephone No.
#2	Name of Relative	Relationship to you	Birth Date
	Street Address	City/State/Zip	Telephone No.
#3	Name of Relative	Relationship to you	Birth Date
	Street Address	City/State/Zip	Telephone No.
#4	Name of Relative	Relationship to you	Birth Date
	Street Address	City/State/Zip	Telephone No.
#5	Name of Relative	Relationship to you	Birth Date
	Street Address	City/State/Zip	Telephone No.
#6	Name of Relative	Relationship to you	Birth Date
	Street Address	City/State/Zip	Telephone No.





17.

**CRIMINAL RECORD:** An applicant for employment with a record expunged pursuant to section 100F, section 100G, section 100H or section 100K of chapter 276 may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances, adjudications, or convictions. (see MGLc 276).

A. Have you ever been charged with a crime? YES \_\_\_\_\_ NO \_\_\_\_\_

B. Have you ever been arrested, detained or booked by a law enforcement agency? YES \_\_\_\_\_ NO \_\_\_\_\_

C. Has a criminal complaint ever been issued against you? YES \_\_\_\_\_ NO \_\_\_\_\_

If you answered "YES" to any of the above questions, explain your answer(s) in the space provided below:

\_\_\_\_\_  
Month/Year      Offense      Action Taken/Disposition

\_\_\_\_\_  
Law Enforcement Agency or Court

\_\_\_\_\_  
Month/Year      Offense      Action Taken/Disposition

\_\_\_\_\_  
Law Enforcement Agency or Court

17a. **MISSING PERSONS:** Have you ever been reported to a law enforcement agency as a missing person or runaway?

If "YES", please give details: YES \_\_\_\_\_ NO \_\_\_\_\_

**Date                      Law Enforcement Agency                      Circumstances**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**18. ILLEGAL DRUGS:** Do you currently use, or have you EVER used, possessed, supplied or manufactured any illegal drugs? When used without a prescription, illegal drugs include cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), stimulants (cocaine, amphetamines, etc.) depressants (barbiturates, methaqualone, tranquilizers, etc), hallucinogenics (LSD, PCP, etc) and performance enhancement drugs. NOTE: The information you provide in response to this question WILL NOT be provided for use in any criminal proceedings against you.

YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", provide below any information relating to the types of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs:

Month/Year	Type of Substance	Explanation
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Have you ever used, supplied, possessed, or manufactured marijuana? YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", provide the following information:

Month/year of the first time you used, supplied, possessed, or manufactured marijuana \_\_\_\_\_

Month/year of the most recent time you used, supplied, possessed, or manufactured marijuana \_\_\_\_\_

Describe the frequency of usage: \_\_\_\_\_

**19. GAMBLING RELATED HISTORY:**

Do you gamble? Never \_\_\_\_\_ Seldom \_\_\_\_\_ Occasionally \_\_\_\_\_ Regularly \_\_\_\_\_

Have you ever placed an illegal wager or bet by telephone or made \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

a hand-to-hand transaction with a book maker (bookie or numbers man)?  
*Participation in legitimate lotteries or other legalized gambling does not  
 Require a "YES" answer.*

Have you ever been "paid off" while or after playing any illegal slot machine or video games? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever worked for a bookie? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have any outstanding gambling debts? YES \_\_\_\_\_ NO \_\_\_\_\_

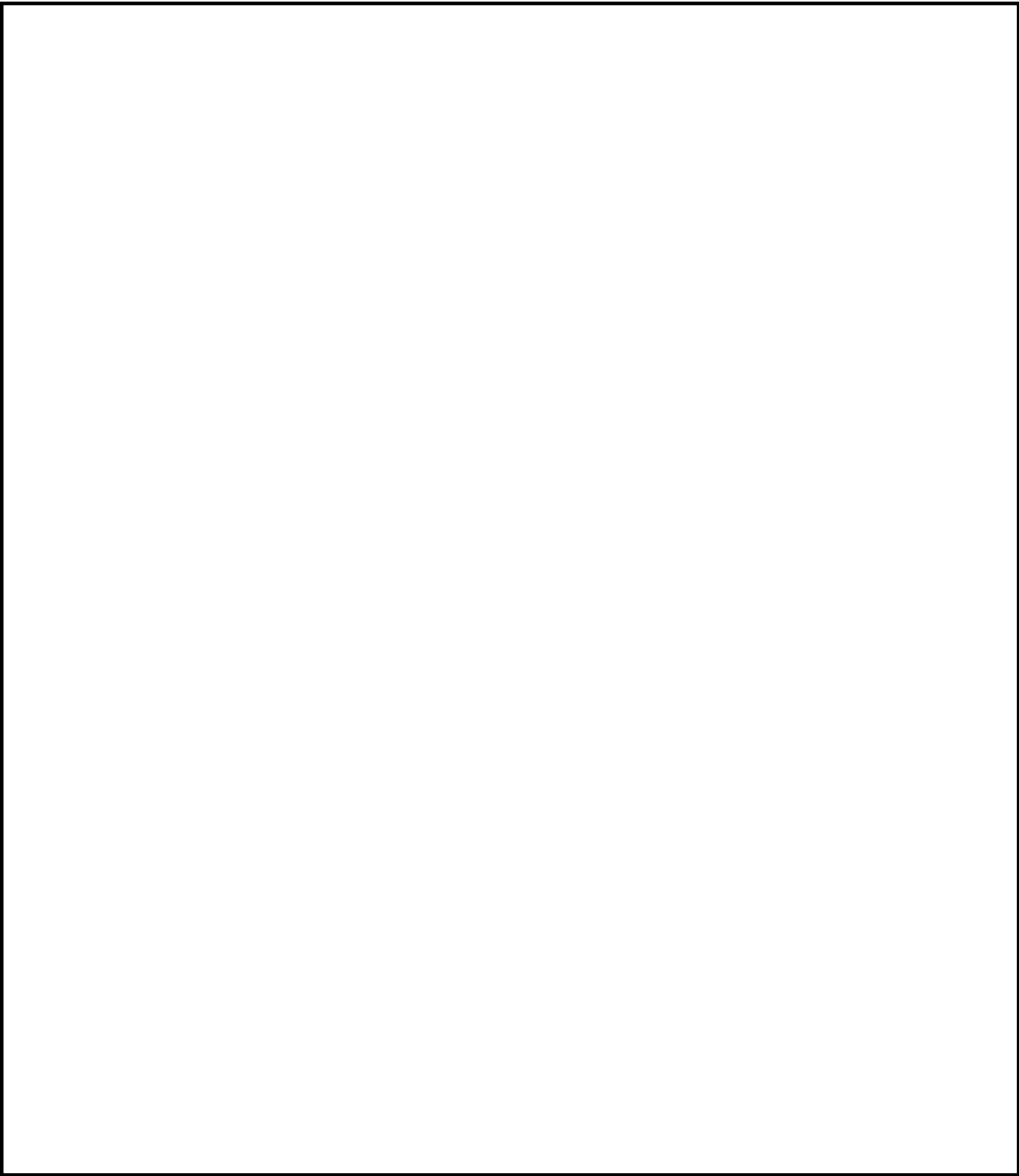
Have you ever borrowed money to gamble? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever used an employer's money to gamble? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever stolen money to gamble with? YES \_\_\_\_\_ NO \_\_\_\_\_

If you answered "YES" to any of the above questions, explain below:

If you answered "YES" to any of the above questions under section 19, explain on next page:



USE CONTINUATION SPACE OR ADDITIONAL PAGES IF NECESSARY

**20. INVESTIGATIONS RECORD:**

List ALL of the law enforcement, corrections, fire or EMS departments you have applied to and the YEAR you applied. Include all federal, state, county and municipal departments. Check the steps of the hiring process that were completed.

Department/Year	Written Exam	Physical Exam	Oral Board Review	Background Investigation	Hired
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B.** Have you ever attended a public safety training academy including, but not limited to, formal training relative to work in law enforcement, corrections, firefighting, sheriff's departments, federal law enforcement, or like military training?

YES \_\_\_\_\_ NO \_\_\_\_\_

If you answered Yes to the question above but did not complete the training program for any reason, please use the additional space provided at the end of this application to provide a detailed explanation of the circumstances

- Do you have experience as a sworn police/law enforcement officer? YES \_\_\_\_\_ NO \_\_\_\_\_
- Do you have experience in private security? YES \_\_\_\_\_ NO \_\_\_\_\_
- Do you have experience as an intern, volunteer, cadet or explorer with any police/law enforcement/public safety agency? YES \_\_\_\_\_ NO \_\_\_\_\_
- Do you have experience as a member, paid or volunteer, of any fire department or rescue squad? YES \_\_\_\_\_ NO \_\_\_\_\_
- Are you currently attending a police academy? YES \_\_\_\_\_ NO \_\_\_\_\_

If you have answered "YES" to any of the above questions, explain below and include agency, position, and length of service.

**C.** Do you personally know any Williamstown Employees? YES \_\_\_\_\_ NO \_\_\_\_\_  
If "YES", list their names and duty station if known, and length of time you have known them.

**D.** Do you have any family members/relatives who are current or past members of a law enforcement agency? If "YES" please list name, relationship, and their department/agency YES \_\_\_\_\_ NO \_\_\_\_\_

20.

**INVESTIGATIONS RECORD (continued):**

**If you are a current or former police officer, answer the following questions, if not, go to Question "21".**

- E.** Have you ever been the subject of an internal investigation or citizens complaint? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_
- Have you ever been suspended from duty, with or without your police powers, for any reason except medical? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_
- Have you ever been subjected to departmental disciplinary action? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_
- Have you ever been involved in any traffic accident while operating a departmental or government vehicle? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_
- Have you ever received less than satisfactory performance reports or evaluations? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_
- Have you ever been questioned/interviewed/interrogated by your department's internal affairs unit? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_
- Have you ever discharged your service weapon either on-duty or off-duty, other than for training purposes or for authorized animal destruction? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_
- Have you ever been deemed untruthful in any judicial or administrative proceeding? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_
- Have you ever been charged with or, investigated for, use of excessive force or police brutality? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_
- Have you ever been investigated by your current or past agency for an allegation of domestic violence or spousal abuse? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_
- Have you ever been investigated by POST for purposes of desertification? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**If you have answered "YES" to any of the above questions, fully explain all circumstances below:**

**21. FINANCIAL RECORD:**

**A.** In the last seven (7) years, have you, or a company of which you own 10% or more, filed for bankruptcy, been declared bankrupt, been subject to a tax lien, or had legal judgement rendered against it for a debt? If you answer "YES", provide the date of initial action and other information requested below:

YES \_\_\_\_\_ NO \_\_\_\_\_

	Month/Year	Type of Action	Business Name	Name of Court of Jurisdiction (City/State/Zip)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**B.** Are you now over 180 days delinquent on any loan or financial obligation? Include loan or obligations funded or guaranteed by the Federal Government. If you answer "YES", provide the information requested below:

YES \_\_\_\_\_ NO \_\_\_\_\_

	Month/Year	Type of or obligation (Account #)	Name/Address of Creditor or Oblige (State/Zip)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

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

	Lender	Loan #	Original Balance	Outstanding Balance	Purpose of Loan
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

**D. SUPPORT ORDERS**

- 1. Are there any orders/agreements entered in court against you regarding child support/alimony? If "NO", go to Question "22"      YES \_\_\_\_\_ NO \_\_\_\_\_
- 2. If "YES" to Question 1, are the orders/agreements being complied with?      YES \_\_\_\_\_ NO \_\_\_\_\_
- 3. If "YES" to Question 1, have there been any previous compliance issues with these orders/agreements?      YES \_\_\_\_\_ NO \_\_\_\_\_

If you answered "YES" to 1, 2, or 3 above, explain your answer(s) in the space below (include court, judgement, and penalties):

**22. INCOME TAXES:**

- A. Have your Massachusetts Tax Returns been filed on time for the last seven (7) years? **YES**\_\_\_\_ **NO**\_\_\_\_
- B. Have your Federal Tax Returns been filed on time for the last seven (7) years? **YES**\_\_\_\_ **NO**\_\_\_\_
- C. Are you delinquent on any Local, State or Federal Tax liabilities? **YES**\_\_\_\_ **NO**\_\_\_\_

If you answered "YES" to C, or "NO" to A or B above, explain your answer(s) in the space provided below:

**23. BUSINESS INVOLVEMENT:**

- A. Do you presently own, or within the last seven (7) years have you owned more than 10% of the following:
- B.
  - 1. A Company **YES**\_\_\_\_ **NO**\_\_\_\_
  - 2. A Partnership (include general or limited partnership) **YES**\_\_\_\_ **NO**\_\_\_\_
  - 3. Joint Venture **YES**\_\_\_\_ **NO**\_\_\_\_
  - 4. Joint Enterprise **YES**\_\_\_\_ **NO**\_\_\_\_

If you answered "YES", provide the required information below:

	Name of Business	Location (Address/City/Zip)	Percentage Owned
1.	_____	_____	_____
2.	_____	_____	_____

If the company does business with the Town of Williamstown, list the agencies and the nature of business conducted.

	Agency	Nature of business conducted
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

- C. Do you or any member of your immediate family (spouse or child) hold a 10% or greater equity interest, in any business entity (include general or limited partnership, joint venture or enterprise)? **YES**\_\_\_\_ **NO**\_\_\_\_

If you answered "YES", provide the information required in the space provided below:

	Name of Business	Location (Address/City/Zip)	Percentage Owned
1.	_____	_____	_____
2.	_____	_____	_____

	Who owns the Business Interest?	Describe the Nature of the Business
1.	_____	_____
2.	_____	_____

**24. CIVIL/PROBATE LITIGATION:**

- A. To the best of your knowledge, are there any civil/probate actions pending against you? **YES**\_\_\_\_ **NO**\_\_\_\_
- B. Have there been any civil/probate actions concluded against you within the past seven (7) years favorably or adversely? **YES**\_\_\_\_ **NO**\_\_\_\_

If you answered "YES" to A or B above, explain your answer(s) in the space below. (If known, include: court(s), case name(s), docket number(s), nature of lawsuit and outcome).



**25. PREVIOUS INTERACTIONS WITH STATE AGENCIES:**

- A. Have you ever filed a financial disclosure form with the State Ethics Commission or a similar body in another state? YES \_\_\_\_ NO \_\_\_\_  
If "YES", submit with this application a copy of your most recent submission.
- B. Have any proceedings been instituted against you by the State Ethics Commission or a similar body in another state? YES \_\_\_\_ NO \_\_\_\_
- C. To your knowledge, have any complaints or disciplinary actions been filed against you with regard to any licenses or registrations you possess? YES \_\_\_\_ NO \_\_\_\_
- D. To your knowledge, have any complaints or disciplinary actions been filed against you with regard to your membership in any professional or trade association(s)? YES \_\_\_\_ NO \_\_\_\_
- E. Do you presently have any business, hearings, complaints, or claims or any other matters pending before any regulatory agency or board? YES \_\_\_\_ NO \_\_\_\_
- F. Within the past seven (7) years, have you had any business, hearing, complaint or claim with any regulatory agency or board? YES \_\_\_\_ NO \_\_\_\_

**If you answered "YES" to B, C, D, E, or F above, explain your answer(s) in the space below. (Include nature of allegations, date and outcome of proceedings):**

**26 LICENSES:**

- A. Are you a licensed motor vehicle operator? YES \_\_\_\_ NO \_\_\_\_  
If "YES", please provide the information requested below:

**Driver's License Number   State   Expiration Date   Restrictions (if any)   Status (active, revoked, etc.)**

\_\_\_\_\_

B. Please list other states where you have been a licensed motor vehicle operator:

License Number	State	License Number	State
_____	_____	_____	_____
_____	_____	_____	_____

C. Have you ever been refused a driver's license for non-medical reasons? If "YES", please explain (include when, where and why):

YES \_\_\_\_ NO \_\_\_\_

Month/Year	State	Circumstances
_____	_____	_____
_____	_____	_____

D. Has your license, in any state, ever been suspended or revoked for non-medical reasons? If "YES", provide details below (include why, when, length of time taken away):

YES \_\_\_\_ NO \_\_\_\_

E. Have you received any traffic citations (excluding parking tickets) within the last seven (7) years?

If "YES", list all traffic citations and other information requested below: YES \_\_\_\_ NO \_\_\_\_

Nature of violation	Location (City, State)	Approximate Date	Action Taken
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

26. LICENSES (continued):

F. Have you ever been involved, as a driver of a motor vehicle, in an accident within the last seven (7) years?

YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", please give details for each accident in the spaces below:

Month/Day/Year    Location (City/State)    Injuries (yes or no)    Investigating Police Agency, if any

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

G. List all motor vehicles currently owned, registered to or operated by the applicant.

#1 Make \_\_\_\_\_ Model \_\_\_\_\_ Reg. # \_\_\_\_\_ State \_\_\_\_\_ Automobile

Insurance Company(s) \_\_\_\_\_ Agent \_\_\_\_\_

Policy # \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

#2 Make \_\_\_\_\_ Model \_\_\_\_\_ Reg. # \_\_\_\_\_ State \_\_\_\_\_ Automobile

Insurance Company(s) \_\_\_\_\_ Agent \_\_\_\_\_

Policy # \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

#3 Make \_\_\_\_\_ Model \_\_\_\_\_ Reg. # \_\_\_\_\_ State \_\_\_\_\_ Automobile

Insurance Company(s) \_\_\_\_\_ Agent \_\_\_\_\_

Policy # \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

26a. Do you possess any other license(s), permit(s), or registration(s) such as Firearms, Professional, Trade, etc.?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, provide required information below:

Type of License	License Number	Date Issued	Date of Expiration
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Issuing State	Issuing Agency (include address)
1. _____	_____
2. _____	_____
3. _____	_____

Have you ever been denied or had a permit to carry a firearm of FID card suspended or revoked for non-medical reasons?

YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", explain

27.

**PROFESSIONAL / TRADE ASSOCIATIONS:**

Do you hold membership in any professional or trade organization(s)  
If "YES", provide the information required below:

YES \_\_\_\_\_ NO \_\_\_\_\_

	Organization	Address	Type	Present member position held
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

28.

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

	Property Address	Owner	Relationship (self, spouse, etc.)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

29. **REFERENCES:** Provide **Five** references from at least three of the different categories listed below. People who are included in previous sections should not be used as references.

**Relatives:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

**Teachers:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

**Co-Workers:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

29.

**REFERENCES (continued):**

**Friends / Associates:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

**Roommates (past and present):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

**Clergy Members:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

**Community Leaders:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

**29. REFERENCES (continued):**

**Police / Government:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

***THE WILLIAMSTOWN POLICE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER***

## CONTINUATION SPACE

Use the space below to continue answers to all questions and any information you would like to add. If more space is needed than what is provided below, use a blank sheet(s) of paper. Start each sheet with your Name and Date of Birth. Identify the number of the question.

**SIGNATURE PAGE**

After completing this form and any attachments, you should review all your answers to ensure the form is complete and accurate. Submit the original and keep a copy for your files.

Certification that my answers are true:

I have read each question asked of me and understand each question. My statements on this form and any attachments to this form are true and correct to the best of my knowledge and belief and are made in good faith.

\_\_\_\_\_  
Signature (sign in ink)

\_\_\_\_\_  
Date



# Williamstown Police Department

## AGREEMENT

Carefully read each statement below, and return it with your application.

1. I authorize investigation of all statements contained in this Application and Personal History Statement Form as may be necessary in arriving at an employment decision.
2. I understand that this Application and Personal History Statement is but one element of the selection process for the position of Police Officer, and that an acceptable background investigation does not guarantee my selection as a **Police Officer**.
3. I understand that false or misleading information given herein or during interview(s) will result in my being disqualified from further consideration and/or terminated from employment with the Williamstown Police Department.
4. I understand and agree that information about me, provided by individuals, and the identity of those individuals are considered confidential and will not be disclosed to me.

Applicant's Full Name (type or print legibly): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Applicant's Home Address: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF INFORMATION**

*(Print clearly in ink or type)*

Please accurately complete the following information:

NAME: _____		
First Name	Middle Initial	Last Name
PREVIOUS NAME OR ALIAS (Include Maiden name): _____		
RESIDENTIAL ADDRESS: _____		
(Not a Post Office Box)	Number	Street
_____		
City/Town	State	Zip Code
MAILING ADDRESS (If different) _____		
SOCIAL SECURITY NO.: _____ DRIVERS LICENSE NUMBER: _____		
DATE OF BIRTH: ____ / ____ / ____		PLACE OF BIRTH: _____

I, \_\_\_\_\_, do hereby authorize a review of and a full disclosure of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Williamstown Police Department, whether the said records are public, private or confidential nature.

The intent of this authorization is to give my consent for a full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of deposits, withdrawals and balances of checking and saving accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employers including but not limited to employment and pre-employment records, background reports, efficiency ratings, complaints and/or grievances filed by me or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial, and/or convictions for alleged or actual violations of the law, including criminal, civil and/or traffic records; records of complaint of a civil/probate nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have an interest.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Williamstown Police Department to consider in determining my suitability for employment. It is my specific intent to provide access to personal information, however personal or confidential it may be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment with the Williamstown Police Department. I understand that all materials pertaining to this background investigation become the property of the Williamstown Police Department and will not be returned or provided to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot and will not be revealed to me.

I understand a photocopy of this release form will be valid as an original hereof, even though said photocopy does not contain an original writing of my signature.

Printed Name: _____
Signature: _____
Address: _____
City/State: _____
Zip Code: _____

# POLICE PRE-EMPLOYMENT PHYSICAL AND DRUG SCREENING NOTICE

## PLEASE READ BEFORE SIGNING

If an offer of employment is made to you, the Williamstown Police Department may specify that it is contingent upon the results of a medical examination and psychological examination. I freely and voluntarily agree to submit to a pre-employment physical, drug screen and psychological examination, as it relates to the requirements of a specific job, as part of my pre-employment application to the Williamstown Police Department. I understand that either refusal to submit to such screening, or failure to qualify according to the minimum standards established by the Williamstown Police Department and/or the MPTC for this screening, may disqualify me from further consideration for employment. Further, I understand that any positive drug test results will be communicated in a confidential manner.

I hereby acknowledge that I have read in full and understand the above statements.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**It is unlawful in Massachusetts to require or administer a polygraph as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability (MGL c149 §19b).**