



Tewksbury Police Department

Ryan M. Columbus
Chief of Police



RESERVE

INTERMITTENT

REGULAR

NOTICE TO POLICE OFFICER CANDIDATE:

In order to be given consideration for the position indicated above, candidates must follow the instructions listed below.

Candidates must complete the entire enclosed Tewksbury Police Department Employment Application and have it notarized. In addition, candidates must attach the below listed items before submitting employment applications for consideration. Failure to comply with either instruction may result in disqualification from the process.

1. The completed Tewksbury Police Department Employment Application.
2. A copy of the candidate's Social Security Card.
3. A copy of the candidate's Massachusetts Driver's License.
4. A copy of the candidate's High School Diploma or G.E.D.
5. A copy of the candidate's College Degree(s) or transcripts for matriculating student.
6. A certified copy of the candidate's Birth Certificate.
7. A copy of the candidate's DD-214 (veteran only)
8. A copy of the candidate's Mass. License to Carry Firearms (if applicable).
9. **Scan Code and Complete Post Candidate Packet**



When completing the online packet please list:
Evaluator: Laura Custance
Email: lcustance@tewksbury-ma.gov

Candidates should not consider this application a conditional offer of employment. Employment decisions will be reached after the Tewksbury Police Department's formal employment process has been completed in its entirety.

'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.'

Questions about the Tewksbury Police Department Employment Application should be directed to the Deputy Chief of Police at (978) 851-7373 ext. 211.

RECRUIT APPLICATION PACKAGE

TABLE OF CONTENTS

INSTRUCTIONS.....1

PERSONAL INFORMATION.....1

MARITAL STATUS..... 2

RESIDENCES..... 3

EDUCATION..... 4

DISCIPLINES.....5

DRIVING RECORD.....6

EMPLOYMENT RECORD.....7

MILITARY RECORD.....9

REFERENCES..... 10

COURT RECORD.....11

DRUG USE / EXPERIMENTATION..... 12

USE OF ALCOHOL..... 12

GENERAL BEHAVIOR..... 13

RELATIVES..... 15

LICENSES.....18

SIGNATURE AND NOTARIZATION PAGE..... 19

ADDITIONAL RESPONSE FORM.....20

FITNESS FOR DUTY FORM.....21

AUTHORIZATION FOR RELEASE OF INFORMATION.....22

CONSENT TO OBTAIN CORI & DRIVERS HISTORY REPORT.....23

Instructions

Information provided must be clearly printed in black ink. All questions must be answered. Questions which are not applicable should be answered with an N/A response. Applications which are not complete and legible will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, make copies of the Additional Response Form located at the back of this publication. Make certain to number the answers to correspond with the appropriate question. Be as accurate as possible: willful false statements or omissions made by an applicant are subject to the penalties of perjury and removal from the Civil Service List.

Personal Information

1.) Full Name (Last, First, Middle)

2.) Social Security Number _____ - _____ - _____

3.) Phone _____ Cell Phone _____

Email _____

4.) List all other names used including nicknames; females, if married, should list maiden name. List any surnames used, other than the candidate's true name. Candidates who have legally changed their name should provide previous name here.

Name	Date(s) when used
Circumstances	

Name	Date(s) when used
Circumstances	

5.) Date of Birth (Month, Day, Year) Place of Birth

Check Yes or No

U. S. Citizen? Yes No

Naturalized Citizen? Yes No Naturalization Number _____

Marital Status

Check one

6.) Single Married Widowed Divorced Separated

Current Spouse

Full Name:	Date of Birth:
Place of Birth:	Soc. Sec. #:
Country of Citizenship:	Date of Marriage:
If Separated, Date of Separation:	Court:
Number of Children:	Place of Marriage:
Current Address of Spouse:	

Former Spouse

Full Name:	Date of Birth:
Place of Birth:	Soc. Sec. #:
Country of Citizenship:	Date of Marriage:
Divorced <input type="checkbox"/> Yes <input type="checkbox"/> No	Widowed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Address of Former Spouse:	

If Married, Divorced or Separated more than once, use Additional Response Form. Make certain to number the answers to correspond with the appropriate question.

Residences

7.) Mailing Address _____
Street City or Town State Zip

8.) List chronologically **all** your residences in the past **ten** years. If you attended school away from your permanent residence, list the address you lived at while attending school. Also, list all addresses while in the military, if applicable. 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.

Present Address

Residence	Telephone
Business	Telephone
Present Landlord Name	Landlord Telephone

Prior Addresses

Residence #1	
From: Month/Year	To: Month/Year
Person known at that address:	
Residence #2	
From: Month/Year	To: Month/Year
Person known at that address:	
Residence #3	
From: Month/Year	To: Month/Year
Person known at that address:	

Education

9.) List all schools you have attended, beginning with the most recent and working back 10 years. List college or university degrees and the dates they were received. If your most recent degree or diploma was received more than 10 years ago, list it below no matter when it was received.

Name of School	Major	From Month / Year	To Month / Year
Address		Degree	

Name of School	Major	From Month / Year	To Month / Year
Address		Degree	

Name of School	Major	From Month / Year	To Month / Year
Address		Degree	

Name of School	Major	From Month / Year	To Month / Year
Address		Degree	

Name of School	Major	From Month / Year	To Month / Year
Address		Degree	

Name of School	Major	From Month / Year	To Month / Year
Address		Degree	

Disciplines

- 10.) Were you ever dismissed, censured, suspended or expelled from a school, college, or university?
 Yes No
- 11.) Have you ever been compelled to withdraw from a class or course for any reason?
 Yes No
- 12.) Have you ever been accused of?
1. Plagiarism Yes No
 2. Assisting another person during an exam Yes No
 3. Receiving assistance during an exam Yes No

For each **YES** answer, write or type your version on an Additional Response Form. Be sure to number your response to match the number of the particular applicable question. Be sure to indicate the name of the school.

- 13.) List awards, honors, citations, positions held in school organizations, athletic endeavors, and any other special recognition you received while attending school.

School	Type of Award, Honor, Citation, Position, Athletic Endeavor, Recognition

- 14.) Indicate proficiency in foreign language(s) as "slight", "good", "and fluent".

Language	Speak	Comprehend	Read	Write

- 15.) List any special abilities, interests, and/or hobbies, with your degree of proficiency.

Ability, Interest, Hobbies	Degree of Proficiency		
	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Excellent
	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Excellent
	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Excellent
	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Excellent

Driving Record

- 16.) Provide your Massachusetts Driver's License Number and Expiration Date.
 Drivers License # _____ Expiration Date _____
- 17.) Do you own or have access to an automobile? Yes No
 Registration Number _____ Make _____ State _____
- 18.) Have you ever received a written warning from a police officer? Yes No
- 19.) Have you ever received a citation from a police officer in Massachusetts? Yes No
- 20.) Have you ever received a citation from a police officer outside of Massachusetts? Yes No
- 21.) Have you ever been involved in an automobile accident in any state? Yes No
- 22.) If **YES** to question 21, list how many automobile accidents have you been involved in? _____
- 23.) Have you ever been charged or convicted of driving a vehicle while under the influence of alcohol or drugs? Yes No
- 24.) Have you ever been charged or convicted of any criminal motor vehicle offense? Yes No
- 25.) Do you currently owe money for traffic fines? Yes No
- 26.) Do you currently owe any money for parking tickets? Yes No
- 27.) Do you currently owe any money for excise taxes? Yes No
- 28.) Has your license to operate a motor vehicle ever been suspended or revoked in this State or any other? Yes No

If you answered **YES** to any of the above questions, list the City/Town/State, and/or Court/Jurisdiction and/or Amount.

City/Town/State	Court/Jurisdiction	Amount
City/Town/State	Court/Jurisdiction	Amount
City/Town/State	Court/Jurisdiction	Amount
City/Town/State	Court/Jurisdiction	Amount

Employment Record

29.) List chronologically **all** employment, including summer and part-time employment. All time must be accounted for. If unemployed for a period indicate the period, setting forth dates of unemployment.

Note: **List your present position first.**

Name of Employer	From	To	Name of Supervisor
Address			
Position		Reason for Leaving	
Telephone Day		Telephone Night	
Name of Employer	From	To	Name of Supervisor
Address			
Position		Reason for Leaving	
Telephone Day		Telephone Night	
Name of Employer	From	To	Name of Supervisor
Address			
Position		Reason for Leaving	
Telephone Day		Telephone Night	
Name of Employer	From	To	Name of Supervisor
Address			
Position		Reason for Leaving	
Telephone Day		Telephone Night	

Employment Record (continued)

Name of Employer	From	To	Name of Supervisor
Address			
Position		Reason for Leaving	
Telephone Day		Telephone Night	
Name of Employer	From	To	Name of Supervisor
Address			
Position		Reason for Leaving	
Telephone Day		Telephone Night	

- 30.) Have you ever, (or have you ever been accused of)
- a. Stolen 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. Punched another employee's time card? Yes No
 - e. Reported for work under the influence of either drugs or alcohol? Yes No
 - f. Had an accident while working? Yes No
 - g. Fought physically or verbally with other workers? Yes No
 - h. Been disciplined by an employer for any reason? Yes No
 - i. Resigned from a job to avoid being fired? Yes No

If you answered **YES** to any part of question 30, write or type your version of the incident on an Additional Response Form. Be sure to number your response to match the number of the particular applicable question.

- 31.) Have you been admitted to the Bar in any jurisdiction? Yes No

If **YES** to question 31, please list the date admitted and state.

Date Admitted _____ / _____ / _____ State _____

Date Admitted _____ / _____ / _____ State _____

Military Record

32.) Have you ever served on active duty in the Armed Forces of the United States? Yes No
If **YES**, what is the highest rank attained? _____

Branch of Military Service _____ Serial Number _____

Dates of Active Duty From: _____ To: _____

Type of Discharge _____ Basis of Discharge _____

33.) Member of Reserve? Yes No Branch: _____

34.) Was **ANY** type of disciplinary action taken against you while in the military service? Yes No

If you answered **YES** to question 34, write or type your version of the incident on an Additional Response Form. Be sure to number your response to match the number of the particular applicable question.

35.) National Guard (check if applicable) Former Present None

If you ever received any type of disciplinary action while in the National Guard write or type your version of the incident on an Additional Response Form. Be sure to number your response to match the number of the particular applicable question.

If you attend drills, meetings, or camps give the unit and location.

Unit / Location _____

36.) Do you claim veteran's preference? Yes No

Basis:

Active duty prior to June 6, 1976

Active duty in Grenada

Active duty in Lebanon

Active duty in Desert Storm

Active duty in Panamanian Intervention Force

Active duty in Operation Iraqi Freedom

Active duty in Operation Enduring Freedom

37.) Are you claiming disabled veterans preference? Yes No

If **YES**, date of disability: _____

References

38.) **Please do not use police officers or correctional officers as acquaintances or references.**

Acquaintances (people you have known for less than five (5) years.):

Complete Name	Occupation	Years acquainted
Residence Address		Phone

Complete Name	Occupation	Years acquainted
Residence Address		Phone

Complete Name	Occupation	Years acquainted
Residence Address		Phone

References (people you have known for five (5) years or more):

Complete Name	Occupation	Years acquainted
Residence Address		Phone

Complete Name	Occupation	Years acquainted
Residence Address		Phone

Court Record

- 39.) Have you ever been summonsed into court for any criminal offense? Yes No
- 40.) Have you ever been arrested for violation of a criminal offense? Yes No
- 41.) Have you ever been arrested but have never been tried for a criminal offense? Yes No
- 42.) Have you ever been tried for a criminal offense but were not convicted? Yes No
- 43.) Have you had a first conviction for any of the following?
- A. Drunkenness Yes No
 - B. Simple Assault Yes No
 - C. Speeding Yes No
 - D. Minor Traffic Violations Yes No
 - E. Affray Yes No
 - F. Disturbing the Peace Yes No
 - G. Disorderly Conduct Yes No
- 44.) Have you been convicted of a criminal offense within the five years before the date of this application? Yes No
- 45.) Have you ever been convicted of any misdemeanor where the date of conviction or the termination of incarceration, if any, occurred more than five years before the date of this application? Yes No
- 46.) Do you have a felony or misdemeanor conviction that has been sealed pursuant to Massachusetts General Law? Yes No
- 47.) Have you ever had a juvenile delinquency or child in need of service complaint? Yes No
- 48.) Do you have any criminal or civil court cases that are awaiting final disposition? Yes No
- 49.) Have you ever been, or are you now, a defendant in any civil court action? Yes No

If **YES** to any of the above listed questions, explain fully your version of the incident on an Additional Response Form. Be sure to number your response to match the number of the particular applicable question and give nature of action and court.

Drug Use / Experimentation

- 50.) Have you ever used or possessed any of the following substances or their derivatives?
- | | | | | | |
|--------------------|------------------------------|-----------------------------|---------------------|------------------------------|-----------------------------|
| a. Marijuana | <input type="checkbox"/> Yes | <input type="checkbox"/> No | g. Hallucinogens | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Cocaine | <input type="checkbox"/> Yes | <input type="checkbox"/> No | h. LSD | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Ecstasy | <input type="checkbox"/> Yes | <input type="checkbox"/> No | i. Heroin | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Hashish | <input type="checkbox"/> Yes | <input type="checkbox"/> No | j. Khat | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Methamphetamine | <input type="checkbox"/> Yes | <input type="checkbox"/> No | k. Tobacco | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Psilocybin | <input type="checkbox"/> Yes | <input type="checkbox"/> No | l. Any Illegal Drug | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- 51.) Have you ever used or possessed the following prescription drugs or their derivatives without a prescription?

- | | | | | | |
|----------------|------------------------------|-----------------------------|---------------------------|------------------------------|-----------------------------|
| a. Valium | <input type="checkbox"/> Yes | <input type="checkbox"/> No | i. Sleeping Pill | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Barbiturate | <input type="checkbox"/> Yes | <input type="checkbox"/> No | j. Prescription Diet Pill | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Codeine | <input type="checkbox"/> Yes | <input type="checkbox"/> No | k. Amphetamine | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Percocet | <input type="checkbox"/> Yes | <input type="checkbox"/> No | l. Adderall | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Oxycontin | <input type="checkbox"/> Yes | <input type="checkbox"/> No | m. Xanax | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Suboxone | <input type="checkbox"/> Yes | <input type="checkbox"/> No | n. Steroids | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Methadone | <input type="checkbox"/> Yes | <input type="checkbox"/> No | o. Any Other | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Morphine | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Prescription Name: _____ | | |

For each **YES** answer for questions 50 and 51, you are required to answer on an Additional Response Form, the following questions:

1. What form of the drug did you take? Crack Powder Pill
2. How was it administered? Smoked Sniffed Injected Swallowed
3. What was the last date you used the drug? _____

Use of Alcohol

- 52.) Have you ever?
- a. Been involved in a fight while under the influence of alcohol? Yes No
 - b. Been involved in an accident while under the influence of alcohol? Yes No
 - c. Been taken into protective custody while under the influence of alcohol? Yes No

A **YES** to any of the above requires you to submit a written version of the incident(s) on an Additional Response Form. Be sure to number your response to match the number of the particular applicable question.

- d. Consumed alcohol beverages? Yes No
_____ Number of alcoholic beverages consumed per day?
_____ Number of alcoholic beverages consumed per week?
_____ Number of alcoholic beverages consumed per month?

General Behavior

- 53.) Do you now, or have you ever, gambled? Yes No
- a. What types of gambling have you participated in? (Check all that apply)
- Horse / Dog Track Lottery Professional or College Sports
- Casino Games Card Games Football Cards
- 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. How many times do you gamble per year?
- 1 to 5 6 to 10 more than 10 more than 30 more than 50
- f. Have you ever borrowed money to cover a gambling debt?
When? _____ How much? _____
- g. Have you ever used an ATM machine withdrawal to pay a gambling debt?
When? _____ How much? _____
- h. Have you ever lied about a gambling win or loss? Yes No

- 54.) Have you ever been ordered, or agreed to pay child support? Yes No
- If the answer to question 54 is **YES**, are you current in your payments? Yes No

- 55.) Is there anything about your life that could subject you to extortion? Yes No

- 56.) Have you ever sued someone or have you ever been sued? Yes No

- 57.) Are there any incidents in your life (not previously mentioned), which you desire to explain?
 Yes No

If you answered **YES**, write your version of the incident on an Additional Response Form. Be sure to number your response to match the number or the particular applicable question.

- 58.) Have you ever been rejected for any other police position? Yes No

If **YES**, provide an explanation, frequency, dates and Departments.

- 59.) Have you ever submitted an application for another Police Department? Yes No

If **YES**, list all departments and dates of application.

- 60.) Have you ever been rejected for any Civil Service Position? Yes No

If **YES**, provide an explanation, position rejected for and dates.

- 61.) Are you **currently** being considered for a police officer position with another police department or law enforcement agency? Yes No

If **YES**, List Agency(s) _____

62.) Have you ever been sued or had your wages garnished? Yes No

If **YES**, submit a written version of the incident(s) on an Additional Response Form. Be sure to number your response to match the number of the particular applicable question.

63.) Have you ever had a temporary or permanent Protective Order issued against you under the provisions of the following statutes.

a. M.G.L., c208, §18, 34B, 34C (Divorce) Yes No

b. M.G.L., c209, §32, (Abandonment in marriage) Yes No

c. M.G.L., c209A, §3, 4, 5 (Abuse Prevention) Yes No

64.) Do you object to wearing a uniform? Yes No

65.) Do you object to working nights, weekends, or holidays? Yes No

66.) Are you capable of employing lawful deadly force or lesser physical force in the course of your duties as a police officer? Yes No

67.) Are you willing to and capable of functioning in a paramilitary environment? Yes No

68.) Can and will you be able to accept and carry out orders that are not necessarily consistent with your personal wants and desires? Yes No

69.) Have you ever been issued a passport? Yes No

If **YES** to question 69, please list countries of origin.

70.) Are you now, or have you ever been, a member of the Communist Party USA, or any Communist or Fascist Organization? Yes No

If **YES** explain fully your involvement in the organization on an Additional Response Form. Be sure to number your response to match the number of the particular applicable question.

71.) Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, communist or subversive, or which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States by unconstitutional means? Yes No

If **YES** explain fully your involvement in the organization on an Additional Response Form. Be sure to number your response to match the number of the particular applicable question.

Relatives

72.) Have you claimed any preference because you are the son or daughter of a police officer or firefighter killed or permanently disabled in the line of duty? Yes No

73.) All candidates must provide complete information concerning members of their immediate family (including former spouses), even if a relative is deceased (you must give the requested information and indicate the deceased's last residence and year of death). Include step parents, legal guardians, others who may have reared you in place of your biological parents, step brothers, step sisters, as well as half brothers and sisters.

Father		Address	
Step Father? <input type="checkbox"/> Yes <input type="checkbox"/> No	Foster Father? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Birth Date	Place of Birth	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Naturalization Number	Date	Place	
Occupation	Employer's Address		
Mother		Address	
Step Mother? <input type="checkbox"/> Yes <input type="checkbox"/> No	Foster Mother? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Birth Date	Place of Birth	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Naturalization Number	Date	Place	
Occupation	Employer's Address		
Spouse (Include Maiden Name)		Address	
Birth Date	Place of Birth	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Naturalization Number	Date	Place	
Occupation	Employers Address		
Child		Address	
Step Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Foster Child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Birth Date	Place of Birth	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Naturalization Number	Date	Place	
Occupation	Employer's Address		
Child		Address	
Step Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Foster Child? Yes	No	
Birth Date	Place of Birth	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Naturalization Number	Date	Place	
Occupation	Employer's Address		

Child		Address	
Step Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Foster Child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Birth Date	Place of Birth	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Naturalization Number	Date	Place	
Occupation	Employer's Address		
Child		Address	
Step Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Foster Child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Birth Date	Place of Birth	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Naturalization Number	Date	Place	
Occupation	Employer's Address		
Brother		Address	
Step Brother? <input type="checkbox"/> Yes <input type="checkbox"/> No	Half-Brother? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Birth Date	Place of Birth	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Naturalization Number	Date	Place	
Occupation	Employer's Address		
Brother		Address	
Step Brother? <input type="checkbox"/> Yes <input type="checkbox"/> No	Half-Brother? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Birth Date	Place of Birth	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Naturalization Number	Date	Place	
Occupation	Employer's Address		
Brother		Address	
Step Brother? <input type="checkbox"/> Yes <input type="checkbox"/> No	Half-Brother? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Birth Date	Place of Birth	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Naturalization Number	Date	Place	
Occupation	Employer's Address		
Brother		Address	
Step Brother? <input type="checkbox"/> Yes <input type="checkbox"/> No	Half-Brother? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Birth Date	Place of Birth	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Naturalization Number	Date	Place	
Occupation	Employer's Address		

Sister	Address		
Step Sister? <input type="checkbox"/> Yes <input type="checkbox"/> No	Half-Sister? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Birth Date	Place of Birth	U.S. Citizen Yes No	
Naturalization Number	Date	Place	
Occupation	Employer's Address		
Sister	Address		
Step Sister? <input type="checkbox"/> Yes <input type="checkbox"/> No	Half-Sister? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Birth Date	Place of Birth	U.S. Citizen Yes No	
Naturalization Number	Date	Place	
Occupation	Employer's Address		
Sister	Address		
Step Sister? <input type="checkbox"/> Yes <input type="checkbox"/> No	Half-Sister? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Birth Date	Place of Birth	U.S. Citizen Yes No	
Naturalization Number	Date	Place	
Occupation	Employer's Address		
Sister	Address		
Step Sister? <input type="checkbox"/> Yes <input type="checkbox"/> No	Half-Sister? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Birth Date	Place of Birth	U.S. Citizen Yes No	
Naturalization Number	Date	Place	
Occupation	Employer's Address		
Other	Address		
Birth Date	Place of Birth	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Naturalization Number	Date	Place	
Occupation	Employers Address		
Relationship			
Other	Address		
Birth Date	Place of Birth	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Naturalization Number	Date	Place	
Occupation	Employers Address		
Relationship			

Licenses

74.) Have you ever been issued any type of firearms license? Yes No
Date Issued: _____ Firearm License Number: _____
State: _____
Was it ever revoked or suspended? Yes No
If **YES**, explain.

75.) Have you ever applied for and been denied a firearms license? Yes No
If **YES**, please provide details, including date of denial, person denying application and reason.

76.) Have you ever been issued a hackney license? Yes No
Date issued: _____ What city or town? _____
If **YES**, explain.

77.) Have you ever applied for a special police officer's license or appointment? Yes No
Date issued: _____ What city or town? _____
If **YES**, explain.

78.) Have you ever applied for a bond or a job that requires a bond? Yes No
Date issued: _____ What city or town? _____
If **YES**, explain.

Signature and Notarization Page

I understand that all appointments are probationary for a period of one (1) year, during which period my employment may be terminated at any time without cause. I understand that I must successfully complete a pre-screening process conducted by the Municipal Police Training Committee, and also must successfully pass a Basic Recruit Training Academy. I also understand that I may be required to work days or nights 365 days a year including holidays and weekends. 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 withholding information or making false statements on this application will be the basis of rejection of my application, or dismissal from the Tewksbury Police Department and removal from the list of eligibility (Civil Service List). I agree to these conditions and hereby certify that all statements made by me on this application are true and complete, to the best of my knowledge.

Signature of Applicant

(As usually written, do not use nicknames)

Notary Public Seal

Commonwealth of Massachusetts

County of _____

I, being duly sworn, depose and say I am the above named person. I signed the foregoing statement voluntarily and of my own free will. I do solemnly swear that each and every answer is full, true and correct in every respect.

Candidate sign here

Then did appear the said _____ and upon oath did state that she/he signed the foregoing voluntarily and of his/her own free will, and further that each and every answer is fully answered, true, and correct in every respect.

Sworn to me this

Day of _____, 20__

(Notary Public or Commissioner of Deeds)

Recruit Candidate

Additional Response Form

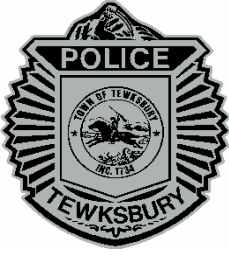
Candidate Name: _____

Date: _____

Additional Response to question# _____ on page# _____

Statement

Your Signature _____



TOWN OF TEWKSBURY

Tewksbury Police Department

918 Main Street

Tewksbury, Massachusetts 01876

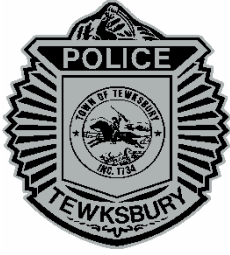
By signing below, I acknowledge that I have been advised of the Tewksbury Police Department's Policy regarding meeting the fitness for duty standards listed below. I also acknowledge that it is my responsibility to meet those standards as a condition of my employment, now, and as long as I am employed as a Police Officer for the Town of Tewksbury. I acknowledge that if at any time I do not meet these standards that I would not be considered fit for duty, because I would no longer be capable of meeting these standards, which are considered "essential functions" of my position as a sworn Police Officer in the employment of the Town of Tewksbury.

- 1) All Police Officers in the employment of the Town of Tewksbury must be able to obtain and have a current and valid Massachusetts driver's license. Possessing a current and valid driver's license issued by the Massachusetts Registry of Motor Vehicles is considered an essential function of the job and is required as a condition of employment.
- 2) All Police Officers in the employment of the Town of Tewksbury must be able to obtain and have a current and valid Massachusetts License to Carry Firearms issued by the city or town in which they reside or by the Tewksbury Police Department. Possessing a current and valid License to Carry Firearms is considered an essential function of the job and is required as a condition of employment.
- 3) All Police Officers in the employment of the Town of Tewksbury must reside within Commonwealth of Massachusetts during their entire period of employment with the Tewksbury Police Department. Residence within the Commonwealth of Massachusetts is a condition of employment under the Massachusetts Civil Service Law.
- 4) All Police Officers in the employment of the Town of Tewksbury must comply with the moral principles required by the Department's Mission statement listed below:

The members of the Tewksbury Police Department are committed to provide for the safety and security of our community through the judicious enforcement of the laws of the Commonwealth of Massachusetts and the Constitution of the United States of America. We are dedicated to provide these services with the highest degree of professionalism, honesty, integrity and character as humanly possible. Every member of our organization shall be devoted to provide the highest quality of public service with respect, honor, fairness, pride, compassion and courage. We are committed to treating the public with respect, dignity, fairness and to serve as role models in both our public and private lives by adhering to the highest standards of ethical and moral principles and conduct. We are dedicated to the principles of honesty and truthfulness and will strive to do the right thing, the right way, at all times.

Candidate Signature

Date



TOWN OF TEWKSBURY
Police Headquarters
 918 Main Street
 TEWKSBURY, MASSACHUSETTS 01876

Authorization for Release of Information

I, _____ Date of Birth _____, having filed an application for employment with the Tewksbury 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 to assist in determining my past record.

I also authorize and request, every person, firm, company, corporation, governmental agency, court, association or institution having control of my documents, records and other information pertaining to me, furnish the Tewksbury 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 Tewksbury Police Department or any of its agents or representatives to inspect and make copies of such documents, records, and other information.

Further, I authorize any and all hospitals, clinics, doctors, or others having control of any of my medical records, including laboratory reports, x-rays, ect. to release them or copies of them to the Tewksbury Police Department. Specifically, I understand that the information which I am authorizing release may contain drug or alcohol related information and is protected by Federal Regulation 42 CFR.

I hereby release, discharge, and exonerate the Tewksbury 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 Tewksbury Police Department.

This authority shall continue until revoked in writing by the undersigned.

Name: _____ Date: _____

Signature: _____ Date: _____

Address: _____ Town/City, State, and Zip: _____

Social Security Number: _____ - _____ - _____ Driver's License Number: _____

Witness Name: _____ Date: _____

Witness Signature: _____ Date: _____



TOWN OF TEWKSBURY

Police Headquarters

918 Main Street
TEWKSBURY, MASSACHUSETTS 01876

Consent to Obtain C.O.R.I. Report

The Tewksbury Police Department has been certified by the Criminal History Systems Board for access to adjudication, conviction, and pending criminal case data. As an applicant for the position of

Full Time Police Officer Reserve Police Officer Intermittent Police Officer Dispatcher

I, _____, hereby authorize the Town of Tewksbury, Tewksbury Police Department to conduct a criminal history record check for adjudication, conviction, and pending criminal case data.

Applicant Signature

Date

Consent to Obtain Motor Vehicle Driver History Report

I, _____, hereby authorize the Town of Tewksbury, Tewksbury Police Department to obtain my driving history and records.

All information must be provided.

Drivers Name: _____, _____, _____
(Last) (First) (M.I.)

Drivers Date of Birth _____, _____, _____
(Month) (Day) (Year)

Drivers License Number: _____ State _____

Applicant Signature

Date

Witness Name: _____ Date: _____

Witness Signature: _____ Date: _____

These authorizations shall be valid for a period of 120 days.
THE TOWN OF TEWKSBURY IS AN EQUAL OPPORTUNITY EMPLOYER