

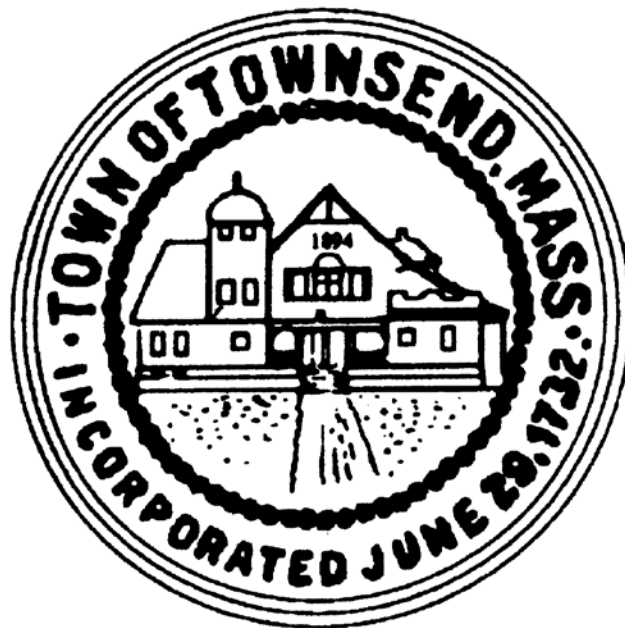
Townsend Communications
Department

70 Brookline Street

P.O. Box 137

Townsend, Massachusetts 01469

Employment & Background Application Package



AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of full disclosure of all records of any part thereof, concerning myself, by and to, Chief Marshall/ Deputy Chief Profit/ Communications Supervisor Mazza as duly authorized agent (s) of Townsend Police and Communications Department (s), whether said records are of a public, and private of confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of deposits, withdrawals, and balances or checking and savings accounts and loans, also the records of commercial or retail credit agencies, including credit reports and/or ratings; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners and the US Veteran's Administration; public utilities, employment and pre-employment records, including background reports, sufficiency ratings, complaints or grievances filed by or against me, and salary records, real and personal, property tax statements and records wherever filed; records of complaints, arrest, trial and/or conviction for alleged or actual violations of the law, including criminal and/or traffic records, records of complaints of a civil nature made by or against me, wheresoever's located, and to include the records and recollection of attorneys-at-law or of other counsel, whether representing me or another person in any case in which I presently have or have had an interest. It is the intent of this authorization 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 Communications Department to consider in determining my suitability for employment by that Department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above are not intended to deny access to any records not specifically mentioned herein.

I understand that any information obtained by the 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. I have had explained to me, and I fully understand that the refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application. A photocopy of this release will be valid as an original hereof even though they said photocopy does not contain an original writing of my signature.

Signature: _____

Address: _____

DOB: _____ SS Number: _____

Date: _____

PERSONAL HISTORY REPORT

PERSONAL BACKGROUND

NAME: (Last, First, Middle)

RESIDENCE: (House Number, Street, City, State, Zip Code)

MAILING ADDRESS: (If different from home address)

DATE OF BIRTH: ____/____/____
Month Day Year

PLACE OF BIRTH: _____
City, State

SOCIAL SECURITY NUMBER: ____ - ____ - ____

TELEPHONE NUMBER: Home (____) _____ Work: (____) _____ Ext. _____

ARE YOU A UNITED STATES CITIZEN? YES ___ NO ___

HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____

HAVE YOU LEGALLY CHANGED YOU NAME: YES ___ NO ___

IF YES, DATE OF NAME CHANGE ____/____/____

ADDRESS, CITY AND STATE OF COURT THAT GRANTED REQUEST: _____

NAME CHANGED FROM: _____ TO: _____

HAVE YOU EVER USED ANY ALIASES? YES ___ NO ___ IF YES, PLEASE LIST: _____

DO YOU HAVE ANY TATTOOS, SCARS OR DISTINGUISHING MARKS? YES ___ NO ___

IF YES, PLEASE DESCRIBE: _____

HAVE YOU EVER HELD A PROFESSIONAL LICENSE? YES ___ NO ___ IF YES, TYPE _____

HAS IT EVER BEEN REVOKED OR SUSPENDED? YES ___ NO ___

HAVE YOU EVER HELD A WEAPONS PERMIT? YES ___ NO ___ IF YES, STATE _____ PERMIT # _____

PERSONAL HISTORY REPORT

FAMILY BACKGROUND

FATHER'S NAME (even if deceased)

DATE OF BIRTH
___/___/___

FATHER'S ADDRESS:

(House number, street name, city, state, zip code)

MOTHER'S NAME (even if deceased)

DATE OF BIRTH
___/___/___

MOTHER'S ADDRESS:

(House number, street name, city, state, zip code)

LIST NAME, ADDRESS, DATE OF BIRTH OF ALL BROTHERS, SISTERS, STEP BROTHERS, STEP SISTERS, ETC.

NAME (Last, First, Middle) RELATIONSHIP _____

DATE OF BIRTH
___/___/___

ADDRESS:

(House number, street name, city, state, zip code)

NAME (Last, First, Middle) RELATIONSHIP _____

DATE OF BIRTH
___/___/___

ADDRESS:

(House number, street name, city, state, zip code)

NAME (Last, First, Middle) RELATIONSHIP _____

DATE OF BIRTH
___/___/___

ADDRESS:

(House number, street name, city, state, zip code)

NAME (Last, First, Middle) RELATIONSHIP _____

DATE OF BIRTH
___/___/___

ADDRESS:

(House number, street name, city, state, zip code)

PERSONAL HISTORY REPORT

A. FULL DISCLOSURE

IS THERE ANYTHING IN YOUR PAST OR PRESENT, THE NON-DISCLOSURE OF WHICH TO THE DEPARTMENT WOULD EMBARRASS YOU OR THE DEPARTMENT SO AS TO POSSIBLY CAUSE YOU TO COMPROMISE THE DISCHARGE OF YOUR DUTIES SHOULD YOU BE HIRED AS A POLICE OFFICER, e.g. FAMILY MEMBER CONVICTED OF A CRIME, RELATIONSHIP WITH PERSONS OF QUESTIONABLE CHARACTER, EXCESSIVE GAMBLING, ETC.?

NOTE: THE ANSWER TO THIS QUESTION IN AN OF ITSELF WILL NOT PRECLUDE YOU FROM BEING HIRED. IT IS MERELY BEING ASKED TO FULLY APPRAISE THE DEPARTMENT OF YOUR BACKGROUND AND PREVENT THE POSSIBILITY OF COMPROMISING YOU IN THE FUTURE BECAUSE OF THE DEPARTMENT'S FULL AND COMPLETE KNOWLEDGE OF YOU.

YES ___ NO ___ IF YES, PLEASE EXPLAIN:

LEGAL HISTORY

ARE YOU NOW OR HAVE YOU EVER BEEN A PARTY TO A CIVIL LAWSUIT? YES ___ NO ___
PLAINTIFF OR DEFENDANT

ARE YOU NOW OR HAVE YOU EVER BEEN A PARTY TO AN ADMINISTRATIVE PROCEEDING, SUCH AS UNEMPLOYMENT OR BANKRUPTCY? YES ___ NO ___

DATE INITIATED: _____

STATE COURT OR FEDERAL COURT: _____

COURT NAME AND ADDRESS: _____

EXPLAIN CIRCUMSTANCES AND DISPOSITION: (TITLE OF ACTION, i.e. JANE DOE vs. JOHN DOE)

PREVIOUS APPLICATIONS TOWNSEND POLICE/COMMUNICATIONS POSITIONS

HAVE YOU EVER APPLIED TO THE TOWNSEND COMMUNICATION/POLICE DEPARTMENT? IF YES, LIST DATE(S) AND HOW FAR IN THE PROCESS YOU WENT:

MOTOR VEHICLE RECORD

DO YOU HAVE A VALID MOTOR VEHICLE OPERATOR'S LICENSE? YES___ NO___

OPERATOR'S LICENSE # _____ STATE _____ TYPE _____ EXP. DATE ___/___/___

HAVE YOU HELD A LICENSE FROM ANOTHER STATE? YES___ NO___

IF YES, STATE: _____ DATE(S) _____

HAVE YOU RECEIVED A MOTOR VEHICLE SUMMONS (i.e. TICKET) WITHIN THE LAST FIVE (5) YEARS?
YES___ NO___

IF YES, PLEASE LIST OFFENSE(S), DATE(S) AND DISPOSITION(S):

<u>OFFENSE</u>	<u>DATE</u>	<u>DISPOSITION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HAS YOUR OPERATOR'S LICENSE BEEN REVOKED OR SUSPENDED WITHIN THE LAST FIVE (5) YEARS?
YES___ NO___

IF YES, PLEASE EXPLAIN THE CIRCUMSTANCES:

CRIMINAL RECORD

HAVE YOU EVER BEEN CONVICTED OF A CRIME? (INCLUDING MILITARY) YES___ NO___

IF YES, PLEASE EXPLAIN, GIVING CIRCUMSTANCES, INCLUDING TYPE OF CRIME(S), DATE(S), AND COURT LOCATION(S) OF CONVICTION(S):

MILITARY RECORD

HAVE YOU EVER BEEN A MEMBER OF THE ARMED FORCES? YES___ NO___

DATES OF SERVICE: FROM _____ TO _____

BRANCH OF THE SERVICE _____ MILITARY SERVICE NUMBER _____

TYPE OF DISCHARGE _____ RANK _____

ARE YOU PRESENTLY A MEMBER OF A MILITARY RESERVE UNIT? YES ___ NO ___

BRANCH OF THE SERVICE _____

NAME AND ADDRESS OF RESERVE UNIT:

TELEPHONE NUMBER

() _____

NAME AND RANK OF CURRENT COMMANDING OFFICER

TELEPHONE NUMBER

() _____

EMPLOYMENT

Starting with your present or most recent employment, list each type of employment you have held during the last ten years:

EMPLOYER/COMPANY _____ TELEPHONE NUMBER
() _____

ADDRESS: _____

POSITION HELD _____ DATES EMPLOYED: ____/____

NAME OF IMMEDIATE SUPERVISOR: _____

REASON FOR LEAVING: _____

EMPLOYER/COMPANY _____ TELEPHONE NUMBER
() _____

ADDRESS: _____

POSITION HELD _____ DATES EMPLOYED: ____/____

NAME OF IMMEDIATE SUPERVISOR: _____

REASON FOR LEAVING: _____

EMPLOYER/COMPANY _____ TELEPHONE NUMBER
() _____

ADDRESS: _____

POSITION HELD _____ DATES EMPLOYED: ____/____

NAME OF IMMEDIATE SUPERVISOR: _____

REASON FOR LEAVING: _____

EMPLOYER/COMPANY _____ TELEPHONE NUMBER
() _____

ADDRESS: _____

POSITION HELD _____ DATES EMPLOYED: ____/____

NAME OF IMMEDIATE SUPERVISOR: _____

REASON FOR LEAVING: _____

EDUCATION

HIGH SCHOOL:

(If you attended more than one high school, list the last one attended) MAJOR COURSE OF STUDY:

ADDRESS OF SCHOOL DATES ATTENDED: _____

GRADUATED FROM HIGH SCHOOL (OR) HIGH SCHOOL GED
YES___ NO___ YES___ NO___

TECHNICAL SCHOOL (OR SOURCE OF GED) MAJOR COURSE OF STUDY:

ADDRESS OF SCHOOL: DATES ATTENDED _____

GRADUATED YES___ NO___

COLLEGE/UNIVERSITY: MAJOR COURSE OF STUDY:

ADDRESS OF SCHOOL: DATES ATTENDED _____

GRADUATED YES___ NO___

TYPE OF DEGREE:

COLLEGE/UNIVERSITY: MAJOR COURSE OF STUDY:

ADDRESS OF SCHOOL: DATES ATTENDED _____

GRADUATED YES___ NO___

TYPE OF DEGREE:

PERSONAL BACKGROUND (continued)

LIST ALL THE PLACES WHERE YOU HAVE LIVED WITHIN THE LAST 5 YEARS. BEGIN WITH PRESENT ADDRESS:

	FROM	TO
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CURRENT MARITAL STATUS

MARITAL STATUS: Single__ Married__ Separated__ Widowed__ Annulled__

DATE OF LAST MARRIAGE: _____ LOCATION: _____

SPOUSE'S NAME: _____ SPOUSE'S DATE OF BIRTH: ____/____/____

CHILDREN'S NAMES (INCLUDE STEP CHILDREN)

DATE OF BIRTH:

_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____

REFERENCES

LIST BELOW THE NAME OF THREE PROFESSIONAL OR WORK RELATED REFERENCES:

	NAME	COMPANY	TITLE	YEARS AQUAINTED
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

AGREEMENT – Please Read Before Signing

.....

NOTE: If you have any questions regarding the following statement, please ask the Personnel Representative before signing.

.....

I understand that receipt of this application and the granting of an interview does not imply that I will be employed.

I hereby affirm that the information provided by me on this application (and accompanying resume, if any) is true and complete and I understand that any false information or material omission of fact may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I understand that any offer of employment is conditioned upon satisfactory replies from my references and that employment is for no stated term and may be terminated by me or the Town at any time.

I authorize persons, schools, current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide the Town with any relevant information which may be required to arrive at an employment decision and I voluntarily release such persons, schools, employers and organizations from all liability for providing such information. I release the Town against any liability which might result from requesting such information.

Signature: _____

Date: _____

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.