

SALISBURY POLICE DEPARTMENT



EMPLOYMENT FORM
(Attachment 1, Sworn Officer and Dispatcher Hiring Policy)

INSTRUCTIONS: This form must be typewritten or clearly printed in BLACK ink. All questions must be answered, if applicable. If not applicable, indicate NA. Forms, 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, attach sheets the same as this form, and number the answers to correspond with the questions.

I. IDENTIFICATION

- a. NAME IN FULL (Last, First, Middle) _____
- b. SOCIAL SECURITY NUMBER _____
- c. LIST ALL OTHER NAMES YOU HAVE USED INCLUDING NICKNAMES; IF FEMALE, FURNISH MAIDEN NAME. If you have ever used any surnames other than your true name; during what period and under what circumstances were these names used? If you have ever legally changed your name, give date, place, and court.

- d. BIRTH DATE (Month, day, year) _____
- e. ARE YOU A U.S. CITIZEN () YES () NO
NATURALIZED () YES () NO
DERIVATIVE () YES () NO
NATURALIZATION # _____
- f. COMPLETE ADDRESS TO WHICH YOU WISH MAIL OR TELEGRAM SENT (Include the zip code and phone number)

II. RESIDENCES

- a. LIST CHRONOLOGICALLY ALL YOUR RESIDENCES IN THE PAST 10 YEARS (Include addresses while attending school if away from home and all military addresses including any off military base.)
LIST PRESENT ADDRESS FIRST.

(DATES)		APT #	STREET ADDRESS	CITY	STATE	ZIP
(FROM)	(TO)					
(MONTH/YEAR)	(MONTH/YEAR)					

III. EDUCATION

a. NAME OF SCHOOL	LOCATION	DATES (FROM - TO) (MONTH YEAR/MONTH YEAR)	COURSE PURSUED	DEGREES DIPLOMA
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HIGH SCHOOL

COLLEGES

OTHERS INCLUDING GRADUATE SCHOOL

b. WERE YOU EVER DISMISSED FROM A SCHOOL, OR WAS ANY DISCIPLINARY ACTION INCLUDING SCHOLASTIC PROBATION EVER TAKEN AGAINST YOU DURING YOUR SCHOLASTIC CAREER?

() NO () YES

SCHOOL

DATE

TYPE OF ACTION

c. LIST AWARDS, HONORS, CITATIONS, POSITIONS HELD IN SCHOOL ORGANIZATIONS ATHLETIC ENDEAVORS, AND ANY OTHER SPECIAL RECOGNITION YOU RECEIVED WHILE ATTENDING SCHOOL.

d. LIST ANY SPECIAL ABILITIES, INTERESTS, SPORTS OR HOBBIES, WITH DEGREES OF PROFICIENCY.

e. INDICATE YOUR PROFICIENCY IN EACH PHASE OF EACH FOREIGN LANGUAGE "SLIGHT", "GOOD", "FLUENT".

NAME OF LANGUAGE

SPEAK

UNDERSTAND

READ

WRITE

f. ARE YOU A LICENSED AUTOMOBILE OPERATOR? () YES () NO
STATE OF ISSUE AND LICENSE NUMBER:

IV. EMPLOYMENT

LIST CHRONOLOGICALLY ALL EMPLOYMENT, INCLUDING SUMMER AND PART-TIME EMPLOYMENT WHILE ATTENDING SCHOOL. ALL TIME MUST BE ACCOUNTED FOR. IF UNEMPLOYED FOR A PERIOD, INDICATE, SETTING FORTH PERIOD OF UNEMPLOYMENT, START WITH PRESENT OR MOST RECENT EMPLOYMENT.

EMPLOYERS NAME FROM TO
AND STREET ADDRESS (MONTH - YEAR) (MONTH - YEAR)

a. Name		Salary or Wage	Supervisor
Street		Type of Work	Reason for Leaving
City	State	Comments	

b. Name		Salary or Wage	Supervisor
Street		Type of Work	Reason for Leaving
City	State	Comments	

c. Name		Salary or Wage	Supervisor
Street		Type of Work	Reason for Leaving
City	State	Comments	

d. Name		Salary or Wage	Supervisor
Street		Type of Work	Reason for Leaving
City	State	Comments	

f. HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM ANY EMPLOYMENT OR POSITION YOU HAVE HELD? () YES () NO

EMPLOYER'S NAME _____ DATE _____

REASON _____

V. MILITARY RECORD

a. HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE ARMED FORCES OF THE UNITED STATES?
() YES () NO

b. HIGHEST RANK ATTAINED _____ c. BRANCH OF SERVICE _____

d. SERIAL NUMBER _____ e. DATE OF ACTIVE DUTY
FROM _____ TO _____

f. TYPE OF DISCHARGE _____ g. BASIS FOR DISCHARGE _____

h. MEMBER OF RESERVE () YES () NO i. READY () STANDBY ()
SERVICE BRANCH _____

j. WAS ANY TYPE OF DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE SERVICE? () NO () YES NATURE OF: _____

k. NATIONAL GUARD () PRESENT () FORMER () NONE ()
IF YOU ATTEND DRILLS, MEETINGS, OR CAMPS, GIVE NAME OF UNIT AND LOCATION.
SUMMER CAMP ATTENDANCE:
FROM _____ TO _____
WHERE _____

l. ARE YOU REGISTERED FOR SELECTIVE SERVICE? () YES () NO

SELECTIVE SERVICE NUMBER	CITY	STATE

m. IF EVER CLASSIFIED 1-Y (Registrant qualified for military service only in time of war or national emergency) or 4-F (Registrant not qualified for any military service), STATE REASONS FOR SUCH CLASSIFICATION: _____

VI. REFERENCES

GIVE THREE REFERENCES (NOT RELATIVES, FORMER OR PRESENT EMPLOYERS, FELLOW EMPLOYEES OR SCHOOL TEACHERS) WHO ARE RESPONSIBLE ADULTS OF REPUTABLE STANDING IN THEIR COMMUNITIES, SUCH AS PROPERTY OWNERS, BUSINESS OR PROFESSIONAL MEN OR WOMEN WHO HAVE KNOWN YOU WELL FOR AT LEAST FIVE YEARS. IF RETIRED, GIVE FORMER OCCUPATION.

COMPLETE NAME	ADDRESS	RESIDENCE
NO. YRS. ACQ.	OCCUPATION	BUSINESS

COMPLETE NAME	ADDRESS	RESIDENCE
NO. YRS. ACQ.	OCCUPATION	BUSINESS

COMPLETE NAME	ADDRESS	RESIDENCE
NO. YRS. ACQ.	OCCUPATION	BUSINESS

VII. FOREIGN TRAVEL
(MILITARY SERVICE, RESIDENCE, VISIT)

a. HAVE YOU EVER VISITED OR RESIDED IN ANY FOREIGN COUNTRY (INCLUDING TRAVEL IN THE ARMED FORCES OF THE UNITED STATES)? () YES () NO

PASSPORT # _____ DATE ISSUED _____ PLACE ISSUED _____

COUNTRIES VISITED	DATES		REASON FOR TRAVEL
	FROM - TO		
	(MO/YR - MO/YR)		

VIII. CREDIT RECORD

a. HAS YOUR CREDIT RECORD EVER BEEN CONSIDERED UNSATISFACTORY, OR HAVE YOU EVER BEEN REFUSED CREDIT? () YES () NO (IF "YES", GIVE DATES, PLACES, NAMES OF CREDITORS AND CIRCUMSTANCES.)

b. ARE YOU INDEBTED TO ANYONE? () YES () NO (LIST ANY DEBT OVER \$100, ALSO LIST ANY DEBT, REGARDLESS OF THE AMOUNT WHERE PAYMENT IS OVERDUE.)

CREDITOR	ADDRESS	AMOUNT	ACCOUNT #

IX. ORGANIZATIONAL MEMBERSHIPS

ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF ANY FOREIGN OR DOMESTIC ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OR PERSONS WHICH IS TOTALITARIAN, COMMUNIST, FASCIST, 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, OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY VIOLENT REVOLUTION OR OTHER UNCONSTITUTIONAL MEANS? () YES () NO (IF YES, EXPLAIN FULLY ON SEPARATE SHEET.)

X. RELATIVES

ALL CANDIDATES MUST GIVE COMPLETE INFORMATION CONCERNING MEMBERS OF THEIR IMMEDIATE FAMILY, INCLUDING FORMER SPOUSES, EVEN THOUGH SUCH A RELATIVE IS DECEASED, GIVE THE REQUESTED INFORMATION AND INDICATE THE DECEASED'S LAST RESIDENCE AND YEAR OF DEATH; INCLUDE STEP-PARENTS, LEGAL GUARDIANS, OR OTHERS WHO MAY HAVE REARED YOU INSTEAD OF YOUR TRUE PARENTS. ALSO INCLUDE STEP-BROTHERS AND SISTERS AS WELL AS HALF-BROTHERS AND SISTERS.
COMPLETE NAME, INCLUDING MIDDLE NAME (NO INITIALS) COMPLETE ADDRESS

a. FATHER	DATE OF BIRTH	PLACE OF BIRTH
ADDRESS: STREET		OCCUPATION
CITY/TOWN		

b. MOTHER (INCLUDE MAIDEN NAME)	DATE OF BIRTH	PLACE OF BIRTH
ADDRESS: STREET		OCCUPATION
CITY/TOWN		

c. WIFE OR HUSBAND (IF WIFE, INCLUDE MAIDEN NAME)	DATE OF BIRTH	PLACE OF BIRTH
ADDRESS: STREET		OCCUPATION
CITY/TOWN		

d. CHILDREN	DATE OF BIRTH	PLACE OF BIRTH
ADDRESS: STREET		OCCUPATION
CITY/TOWN		

NAME	DATE OF BIRTH	PLACE OF BIRTH
ADDRESS: STREET		OCCUPATION
CITY/TOWN		

RELATIVES (CON'T)

NAME	DATE OF BIRTH	PLACE OF BIRTH
ADDRESS: STREET	OCCUPATION	
CITY/TOWN		

e. BROTHERS

NAME	DATE OF BIRTH	PLACE OF BIRTH
ADDRESS: STREET	OCCUPATION	
CITY/TOWN		

NAME	DATE OF BIRTH	PLACE OF BIRTH
ADDRESS: STREET	OCCUPATION	
CITY/TOWN		

f. SISTERS

NAME	DATE OF BIRTH	PLACE OF BIRTH
ADDRESS: STREET	OCCUPATION	
CITY/TOWN		

NAME	DATE OF BIRTH	PLACE OF BIRTH
ADDRESS: STREET	OCCUPATION	
CITY/TOWN		

NAME	DATE OF BIRTH	PLACE OF BIRTH
ADDRESS: STREET	OCCUPATION	
CITY/TOWN		

RELATIVES (CON'T)

g. OTHER RELATIVES INCLUDING FORMER SPOUSES WITH WHOM YOU HAVE RESIDED FOR AN EXTENDED PERIOD OF TIME (INDICATE RELATION).

NAME	DATE OF BIRTH	PLACE OF BIRTH
ADDRESS: STREET	OCCUPATION	
CITY/TOWN		

NAME	DATE OF BIRTH	PLACE OF BIRTH
ADDRESS: STREET	OCCUPATION	
CITY/TOWN		

NAME	DATE OF BIRTH	PLACE OF BIRTH
ADDRESS: STREET	OCCUPATION	
CITY/TOWN		

XI. PHYSICAL DATA

- a. HEIGHT WITHOUT SHOES _____
- WEIGHT WITHOUT CLOTHES _____
- b. DO YOU HAVE OR HAVE YOU EVER HAD ANY OF THE FOLLOWING: NERVOUS, MENTAL, OR EMOTIONAL DISORDER OF SORT; TUBERCULOSIS, EPILEPSY, FAINTING SPELLS, OR SEVERE HEADACHES; DIABETES; ULCERS; RHEUMATIC FEVER OR HEART DISEASE; OR ASTHMA: () YES () NO (IF "YES" IDENTIFY, DESCRIBE, AND GIVE DATES.)

I UNDERSTAND THAT ALL APPOINTMENTS ARE PROBATIONARY AND THAT I MUST DEMONSTRATE MY FITNESS FOR CONTINUED EMPLOYMENT DURING THE PROBATIONARY PERIOD. I ALSO UNDERSTAND THAT I MUST BE AVAILABLE FOR TOURS OF DUTY OUTSIDE NORMAL DAYTIME BUSINESS HOURS AS THE NEEDS OF THE DEPARTMENT REQUIRE. I FURTHER UNDERSTAND THAT ANY APPOINTMENT RENDERED ME WILL BE CONTINGENT UPON THE RESULTS OF A COMPLETE CHARACTER AND FITNESS INVESTIGATION. I AM AWARE THAT WILLFULLY WITHHOLDING INFORMATION OR MAKING FALSE STATEMENTS ON THIS FORM WILL BE A BASIS FOR DISMISSAL. I AGREE TO THESE CONDITIONS AND I HEREBY CERTIFY THAT ALL STATEMENTS MADE BY ME HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of Candidate (Do not use nickname)

NOTARY PUBLIC'S SEAL

COMMONWEALTH OF MASSACHUSETTS
COUNTY OF _____ ss.

I, _____ being duly sworn, depose and say I am the above named person. I have signed the foregoing statement. I personally prepared the answers to each and every question therein and I do solemnly swear that each and every answer is full, true, and correct in every respect.

Signature of Candidate

Sworn to before me this _____ day of _____, 19 _____

Notary Public or Commissioner of Deeds

My Commission Expires: _____