



TOWN OF WARREN, MASSACHUSETTS

P O L I C E D E P A R T M E N T

1 MILTON O. FOUNTAIN WAY, P.O. BOX 606, WARREN, MASSACHUSETTS 01083
TELEPHONE: 413-436-9595 FAX: 413-436-7674

BRUCE D. SPIEWAKOWSKI
CHIEF OF POLICE

Employment Application Background Investigation Information Package

Your Name: _____

Today's Date: _____

Position you are applying for: _____

Applicant Instructions:

Please complete this background investigation package and return it to the Warren Police Department as soon as possible. Your application can not be processed without this information. Candidates that include false or misleading information will be rejected without further consideration.

The Warren Police Department is an Equal Opportunity Employer and is committed to providing a work environment free from discrimination and harassment of all types.

The Mission of the Warren Police Department is to resolve to interact and form a partnership with the residents of Warren and West Warren; to address neighborhood problems and help implement acceptable solutions to the best of our ability.

Warren Police Department Application for Employment

Warren Police Department
PO Box 606
Warren, MA 01083

Applicant Name _____
Last First Middle

Position Sought _____

1. These forms must be typewritten or printed in blue or black ink by the applicant himself/herself.
2. All Questions must be answered, if applicable. If no applicable, indicate N/A.
3. Failure to answer any and all questions truthfully, accurately or completely shall result in the applicant's disqualification, or if discovered after an individual is hired, termination from employment.
4. If the space provided is not sufficient for complete answers, or you wish to make additional comments, attach sheets the same size as these forms and indicate to which question those sheets pertain.
5. You are applying for a responsible public safety position. It is essential that you follow the instructions specifically as directed. Make sure all dates and information are absolutely accurate.
6. If, after submitting this application, you become no longer interested in appointment, please notify the Chief of Police in a timely manner.
7. All applicants must submit the following documents with their applications.
 - a. One certified copy of your High School Diploma or Equivalency Certificate.
 - b. One certified copy of your higher education diploma (if applicable), and all transcripts from any/all college and graduate study.
 - c. One certified copy of your birth certificate.

- A copy of your social security card.
- A copy of your driver's license.
- High School Transcripts
- Credit Report (current)
- DD214 (all complete copies)
- Discharge Forms (Military, Reserve, National Guard)
- Proof of completion of any courses taken.

8. A Criminal Offender Record Information (CORI) check will be performed on each applicant who submits an application for employment with this police department.

I have read and understand the above instructions.

Candidate's signature: _____

This application will be kept on file for a period of _____ years.

Date received: _____

To The Applicant. READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS.

The Civil Rights Act of 1964, prohibits discrimination in employment because of race, color, religion, sex, national origin, or disability (as does the Americans with Disabilities Act). Federal Law also prohibits discrimination on the basis of age with respect to certain individuals. The Laws of Massachusetts also prohibit some or all of the above-stated discrimination as well as some additional types, such as discrimination based upon ancestry, sexual orientation and marital status.

Questions with an asterisk (*) immediately to the left of the questions are optional. Although the information is useful in our examination of applicants, your decision not to answer any or all of the asterisk questions will not be held against you.

I. PERSONAL HISTORY

a. Name: _____
Last First Middle

Address: _____
Number and Street (also give mailing address)

City and Town State/County Zip

b. Date of Birth _____ Social Security No.: _____

c. Other Names Used: Give any other names by which you have been legally known (if any):

Name: _____ Date(s) when used: _____

Why Used: _____

Name: _____ Date(s) when used: _____

Why Used: _____

d. How long have you lived at this address? _____

Phone: _____
(Home) (Business)

e. Neighbor's Name, Address and Telephone Number who can verify above:

Name: _____

Address: _____

Phone: _____

f. *Weight (without clothes) _____ *Height (without shoes) _____

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

From Month/Year	To Month/Year	Address	Apt. #	City/Town	Landlord's Name and Telephone

- h. List all credit card accounts for which you are responsible. (Give account name, e.g. Filenes, account numbers and current balance).

Card Name	Account Number	Current Balance

- i. Do you own a home [], rent [], live with parents [], other []? If other, please elaborate _____ . If you own a home, give the name and address of mortgage holder:

Mortgage holder: _____

Address: _____ Phone: _____

- k. Do you own any other real estate? Yes [] No [] if yes, give details.

Address	State	Mortgage Held by	Mortgage Holder's Phone	Type of Property (Residential, Rental, Commercial, etc.)

- l. Are you lawfully eligible for employment in the United States? Yes [] No []
- m. Do you have a relative employed by this municipality? Yes [] No [] If yes, please give name and relationship: _____
- n. Do you personally know any police officers working in this department?
Yes [] No [] If yes, name and rank (if known): _____

- o. Are you willing to work any shift, including, for example 11pm to 7am or midnight to 8:00 am during the week and holidays if required? Yes [] No [] If no, why not? _____

- p. If your application is considered favorably, on what date can you start work? _____
- q. Do you possess a valid driver's license from the Commonwealth of Massachusetts? Yes [] No []
Driver's License No.: _____
- r. Was your driver's license in this state, or any state, ever suspended or revoked?
If yes, give details: _____

- s. Have you previously submitted an application for any employment with this municipality?
Yes [] No [] If yes, give the name of the agency, position sought and when. _____

- t. If you are applying for a position as a Reserve Officer, will you be available to attend court during the day? Yes [] No [] If there are any limitations, specify: _____

- u. Have you ever worked for this municipality before? If yes, give the name of the agency, position and when so employed. _____

I. EDUCATION

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

	School Name, Address and Phone Number	Graduated Yes/No	Number of Years Attended	Degree	Major
High School					
College					
Graduate					
Other: Equivalency, etc.					
Courses Now Studying:					

b. Were you ever dismissed from a school or was any disciplinary action, including scholastic probation, ever taken against you during your scholastic career? Yes [] No [] If yes, give school, date and action taken:

School: _____ Date: _____

Action Taken: _____

c. * List awards, honors, citations, positions held in school organizations, athletic endeavors, any other special recognition you received while attending school. Also list any special recognition you have received in your community since you left school. (Exclude those organizations and awards which by their nature, name or character indicates the religion, race or national origin of these members).

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

e. If you speak a second language complete the following:

Language	Speak		Understand		Read		Write	
	Good	Fluent	Good	Fluent	Good	Fluent	Good	Fluent

f. Are you a member of the Bar? Yes [] No [] If yes, when admitted and in which state(s) or Federal Courts?

g. Please list any office machines, special equipment or computer systems with which you have experience.

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

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

j. Do you now owe money for traffic fines? Yes [] No []

Do you now owe money for parking tickets? Yes [] No []

Do you now owe money for excise taxes? Yes [] No []

Do you now owe money for any moving violations? Yes [] No []

Do you now owe money for income taxes? Yes [] No []

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

III. EMPLOYMENT HISTORY

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

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

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

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

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

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

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

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

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

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

IV. MILITARY SERVICE

Have you ever served on active duty in the Armed Forces of the United States or the National Guard? Yes No If yes, what was the highest rank attained? _____

If yes, please complete each of the following:

a. General Information

Branch of Military Service _____	Serial Number _____	Dates of Active Duty From: _____ To: _____
Type of Discharge _____	Date of Discharge _____	Member of Reserve? Yes <input type="checkbox"/> No <input type="checkbox"/> Branch: _____

b. Was any type of disciplinary action taken against you in the Military Service?

Yes No If yes, explain: (attach sheet)

c. Are you now or were you formerly in the National Guard?

Present Former Never

If you are a member of the National Guard and attend drills, meetings, or camps, give the name, locations, and telephone number of the unit.

Summer Camp or Similar Training Attendance From: _____ To: _____

Location: _____

d. Are you registered for Military Selective Service? Yes No

e. If yes, what is your ID number? _____

f. Do you claim Veterans Preference under the Civil Service Law?
Yes No

Basis: Active Duty prior to June 6, 1976
 Active Duty in Lebanon
 Active Duty in Panamanian Intervention Force
 Active Duty in Grenada
 Active Duty in Persian Gulf
 Other (Explain): _____

If served on Active Duty, list dates:

g. If you were ever a member of the Armed Services, were you court-martialed?
Yes No If yes, explain:

V. REFERENCES

- a. List three references (no relatives, in-laws, former or present employers, fellow employees, roommates, or school teachers) who are responsible adults, and who have reputable standing within their community and, who have known you for at least five years. All persons to whom you refer may be asked to appraise your character, ability, experience, personality and other qualities.

First Reference

Name: _____

Address: _____

Phone: _____

How does this person know you? _____

How long has this person known you? _____

Second Reference

Name: _____

Address: _____

Phone: _____

How does this person know you? _____

How long has this person known you? _____

Third Reference

Name: _____

Address: _____

Phone: _____

How does this person know you? _____

How long has this person known you? _____

VI. CRIMINAL RECORD

Note: With regard to questions contained in this section, under Massachusetts Law you may answer “no record” if any of the following circumstances are applicable:

- (1) *You have never been arrested for violation of a criminal statute;*
- (2) *You have been arrested but have never been tried for a criminal offense;*
- (3) *You have been tried for a criminal offense but were not convicted;*
- (4) *You have a first conviction of any of the following misdemeanors:*
 - (a) drunkenness* *(b) simple assault* *(c) speeding*
 - (d) minor traffic violation* *(e) affray or* *(f) disturbance of the peace;*
- (5) *You have not been convicted of a criminal offense within the five years before the date of this application and you have been convicted of misdemeanors where the date of conviction or the termination of incarceration, if any, occurred more than five years before the date of this application;*
- (6) *You have felony or misdemeanor convictions which have been sealed pursuant to Massachusetts Law; or*
- (7) *You have juvenile delinquency or child in need services complaints, which were not transferred to Superior Court for prosecution.*

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

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

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

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

Full Description of Offense	Dates of Offense	Court & Docket Number	Disposition, (Finding, Sentence & Probation) and any mitigating circumstances

- e. Have you ever been convicted of a sexual offense? Yes [] No [] If you have answered yes, please complete the following:

Full Description of Offense	Dates of Offense	Court & Docket Number	Disposition, (Finding, Sentence & Probation) and any mitigating circumstances

f. Have you ever been convicted of a narcotic drug offense? Yes [] No [] If you have answered yes, please complete the following:

Full Description of Offense	Dates of Offense	Court & Docket Number	Disposition, (Finding, Sentence & Probation) and any mitigating circumstances

g. Have you ever been sentenced to imprisonment after conviction of a crime? Yes [] No [] If you have answered yes, please complete the following:

Full Description of Offense	Dates of Offense	Court & Docket Number	Disposition, (Finding, Sentence & Probation) and any mitigating circumstances

h. Are you now under charge for any criminal offense on which you are awaiting trial or final disposition? Yes [] No [] If you have answered yes, please complete the following:

Full Description of Offense	Dates of Offense	Court & Docket Number	Disposition, (Finding, Sentence & Probation) and any mitigating circumstances

i. Have you ever been or are you currently the subject of any petition for restraining order requested or issued pursuant to c. 209A or other abuse prevention statutes, of the Massachusetts General Laws or similar laws of other states? Yes [] No [] If you have answered yes, please complete the following:

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

j. Have you ever been, or are you now, a defendant in any civil court action? Yes [] No [] If yes, please complete the following:

Nature of Action	Court	Docket Number

VII. LICENSES

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

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

Issued By	Date Issued	Reason	Firearms License No.

c. Have you ever applied for and been denied a license to carry a firearm? Yes [] No []
If yes, please provide details, including the date of denial, person denying application and reason:

d. Have you ever been issued a Firearms Identification Card? Yes [] No [] If yes, please specify:

Issued By	Date Issued	Firearms License No.

e. Have you ever applied for and been denied a Firearms Identification Card?
Yes [] No [] If yes, please provide details, including the date of denial, person denying application and reason:

f. If the answer to “b” or “d” above is yes, was the License to Carry or a Firearms Identification Card ever revoked or suspended? Yes [] No [] If yes, give details:

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.

*Thank you for completing this application and your interest in employment with the
Warren Police Department.*

AUTHORITY FOR RELEASE OF INFORMATION

I, _____,
born in (town/city) _____ (state) _____
with a date of birth of (give day/month/year of birth) _____, having
filed an application for employment with the Warren Police Department, consent to have an
investigation made as to moral character, reputation, and fitness for the position to which I have
applied. Information that is received may be reported to the appointing authority for the Town
of Warren. I agree to give further information, which may be required in reference to my past
record of employment.

I also authorize and request every person, firm, company, corporation, government agency,
court, association or institution having any control of documents, records and any other
information pertaining to me to furnish to the Warren Police Department or its agents any such
information, including documents, records and/or files regarding charges or complaints filed
against me. These being: either formal or informal, open or closed, or any other information or
data. I permit the Warren Police Department or its agents to inspect and make copies of such
documents, records and other information.

I hereby release, discharge and exonerate the Warren Police Department and its agents or
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 investigation made by or on behalf of the Warren Police Department and the
Town of Warren.

This authority shall continue for one year unless sooner revoked in writing by the undersigned.

Signature

Witness

Address

Date

CREDIT CHECK AUTHORIZATION

The undersigned applicant certifies that he/she has duly authorized this credit check, and he/she acknowledges that all information requested is for the exclusive, official use of the undersigned police department and for use only in connection with such investigation; and the consumer report requested is for a permissible purpose under the Fair Credit Reporting Act, of which the undersigned is knowledgeable.

You have a right to request a copy of this credit report if the reporting agency obtains information that is adverse to your candidacy. The Fair Credit Law under Massachusetts General Law, Chapter 93 section 50-68, requires the agency to provide you with a copy of your report.

Pursuant to the provisions of the Fair Credit Reporting Act, any person who knowingly and willfully obtains information from a consumer reporting agency under false pretenses shall be fined not more than \$5000.00 or imprisoned for not more than one year, or both.

Applicant

Police Department Employee
Requesting This Report

Date

Title

Police Department Requesting Check

CORI CHECK ACKNOWLEDGEMENT

I, _____, residing at _____
_____, acknowledge that a Criminal Offender Record
**Information (CORI) check will be performed as part of the municipality’s hiring process. I
further acknowledge that a refusal to allow the CORI check to be performed will cause my
application to no longer be considered for employment.**

Signature

Date