



Town of Billerica Police Department

6 Good Street
Billerica, Ma 01821
(978) 671-0900 Fax (978) 663-2392
www.billericapolice.org

BILLERICA POLICE DEPARTMENT

POLICE CANDIDATE APPLICATION FOR EMPLOYMENT

In order to begin processing of candidates, it is necessary that you follow all the instructions below.

DATE: _____

CANDIDATE NAME: _____

HOME AND CELL PHONE NUMBER: _____

INSTRUCTIONS:

If you are still interested in an appointment as a police officer, you must follow the below listed instructions in order to be considered for employment.

Complete the enclosed Town of Billerica Police Department Employment. You may deliver your application in person, (open 24 hours) or by certified mail to the following address:

Billerica Police Department, 6 Good Street, Billerica, Ma 01821

Attention: Lt. Commander Ronald Balboni

Please include copies of the following in your package:

1. The completed Candidate Information Questionnaire
2. One copy of your social security card.
3. One copy of your Massachusetts drivers license
4. One copy of your high school diploma or equivalency certificate
5. One copy of your higher education diploma
6. One copy of your birth certificate
7. One copy of your DD214 service discharge form (if a veteran)
8. One copy of your license to carry firearms
9. One copy of your credit report
10. One copy of your resume
11. IF APPLYING FOR A LATERAL TRANSFER INCLUDE:
Certification of MPTC Certified Police Academy along with copies of any Certificates or Records of Training.

You should not consider this a notice of appointment; a decision on your employment with this department will be made only after an investigation of your fitness and background. You will be notified of the date of your interview.

**FAILURE TO DELIVER THE REQUESTED PAPERWORK AS OUTLINED ABOVE
MAY RESULT IN YOUR DISQUALIFICATION.**

Billerica Police Department

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 tendered 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)

PRINT NAME, FIRST, MIDDLE, LAST

EMPLOYMENT INFORMATION FORM

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 size 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. COMPLETE ADDRESS TO WHICH YOU WISH MAIL SENT (please include the zip code.)

d. Phone Numbers, (Home and Cell Phone)

e. 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.

f. BIRTH DATE (Month, day, year) _____

PLACE OF BIRTH _____

g. ARE YOU A U.S. CITIZEN? YES NO
ARE YOU A NATURALIZED CITIZEN? YES NO
 DERIVATIVE YES NO
NATURALIZATION # _____

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.
If you need more space please use the back of this page.

DATES				STREET ADDRESS	APT	CITY	STATE
FROM		TO					
MO	YR	MO	YR				

III – EDUCATION:

- a. Please list the following information: Name of School, Address, Dates Attended, Course Pursued, Degree or Diploma

High school:

Colleges:

b. Other Schooling including Graduate School:

c. 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

If yes please give the name of the School, Date and Type of Action. _____

d. List awards, honors, citations, position held in school organizations, athletic endeavors, and any other special recognition you received while attending school.

e. List any special abilities, interests, sports or hobbies with degree of proficiency:

f. Indicate your proficiency in each phase of each foreign language as “slight”, “good”, “fluent”.

Name of language	speak	understand	read	write
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g. Are you a licensed automobile operator? Yes No

Driving License Number and State: _____

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 of time please indicate, setting forth period of employment. Start with present or most recent employment.

a. List the Name of Company, Address, Phone number, Direct Supervisor’s Name:

Start Date (mm/yyyy) End date (mm/yyyy) Your Salary or wage

Reason for Leaving:

b. List the Name of Company, Address, Phone number, Direct Supervisor’s Name:

Start Date (mm/yyyy) End date (mm/yyyy) Your Salary or wage

Reason for Leaving:

c. List the Name of Company, Address, Phone number, Direct Supervisor’s Name:

Start Date (mm/yyyy) End date (mm/yyyy) Your Salary or wage

Reason for Leaving: _____

d. List the Name of Company, Address, Phone number, Direct Supervisor's Name:

Start Date (mm/yyyy) End date (mm/yyyy) Your Salary or wage

Reason for Leaving: _____

Have you ever been dismissed or asked to resign from any employment or position you have held? Yes No. If yes, give reason and Employers name and the date. Please use back of this page if you need more space.

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

e. Type of discharge Basis for Discharge

e. Member of Reserve?

Yes No if yes: Ready or Standby

Service Branch _____

f. Was any type of disciplinary action taken against you in the service?

Yes No

If yes, the nature of disciplinary action: _____

h. Are you a member of the National Guard Present Former None

What is the name of your unit and location? Do you attend drills, meetings, camp or summer camp attendance? Please use the space below and the back of this page if necessary.

From _____ To _____

Where? _____

VI. 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 U.S. Yes No

If Yes, please list the Names of Countries, Dates of travel to and from, and the reason.

Passport #	Date issued	Place issued
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VII – References:

Give Three references (not relatives, former or present employers, fellow employees, school teachers, or Employees of the Billerica Police Department) Who are responsible adults of reputable standing in their communities, such as property owners, business or professionals who have known you well for at least five years. If a reference is retired give former occupation.

1. Complete Name: _____

Address: _____

Residence: _____

Number of years known: _____

Occupation: _____

Other information: _____

2. Complete Name: _____

Address: _____

Residence: _____

Number of years known: _____

Occupation: _____

Other information: _____

3. Complete Name: _____

Address: _____

Residence: _____

Number of years known: _____

Occupation: _____

Other information: _____

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.): Enclose a copy of your credit report.

- b. Are you indebted to anyone? Yes No
(list any debt over \$1,000.00. Also list any debt, regardless of the amount, where payment is over due.

CREDITOR	ADDRESS	AMOUNT	ACCT #
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IX - CRIMINAL HISTORY:

- a. Have you ever been arrested? Yes No
b. Have you ever been convicted of a criminal offense? Yes No

If yes to either question please fill out the following:

UNDER MASSACHUSETTS LAW, YOU MAY ANSWER "NO" IF ANY OF THE FOLLOWING CIRCUMSTANCES ARE APPLICABLE:

- (1) AN ARREST WHICH DID NOT RESULT IN A CONVICTION;
- (2) A FIRST CONVICTION FOR ANY OF THE FOLLOWING MISDEMEANORS: DRUNKENNESS, SIMPLE ASSAULT, SPEEDING, MINOR TRAFFIC VIOLATIONS, AFFRAY OR DISTURBANCE OF THE PEACE;
- (3) ANY CONVICTION OF A MISDEMEANOR WHERE THE DATE OF SUCH CONVICTION OR THE COMPLETION OF ANY PERIOD OF INCARCERATION RESULTING THERE-FROM (WHICHEVER IS LATER), OCCURRED FIVE OR MORE YEARS PRIOR TO THE DATE OF THIS QUESTIONNAIRE, UNLESS YOU HAVE BEEN CONVICTED OF ANY OFFENCES WITHIN 5 YEARS IMMEDIATELY PRECEDING THE DATE OF THIS QUESTIONNAIRE;
- (4) YOUR CONVICTION RECORD HAS BEEN SEALED PURSUANT TO MASS LAW;
- (5) YOU HAVE JUVENILE DELINQUENCY OR CHILE-IN-NEED-OF -SERVICES COMPLAINTS WHICH WERE NOT TRANSFERRED TO SUPERIOR COURT FOR PROSECUTION.

<i>c. Date and Place of arrest/or Court</i>	<i>Charge</i>	<i>Details</i>

d. Has any member of your family or close relative (including in-laws), (named in Section XI), ever been convicted for a crime other than traffic violation? Yes No :
If yes please fill out the following:

<i>Name and relation</i>	<i>Date and Place</i>	<i>Charge</i>

e. Have you ever been a plaintiff or defendant in a court action including divorce action?
Yes No :
If "yes", give date, place, court, names of parties involved, nature of action, and final disposition. _____

f. Are you now under charge for any criminal offense on which you are awaiting trial or final disposition?

Yes No: if yes: Charge _____ Court _____

X ORGANIZATIONAL MEMBERSHIPS:

Are you now, or have you ever been a member of any foreign or domestic organization, association, movement, group or other combination of 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 revolutionary other unconstitutional means? Yes No : *if yes explain fully using a separate sheet.*

XI 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' last residence and year of death. Include stepparents, legal guardians, or others who may have reared you instead of your biological/adopted parents. Also include stepbrothers and sisters as well as half brothers and sisters.

Complete Name, include middle name (No initials); Complete Address	Occupation and Name and Address of firm were Employed	Naturalization or Alien registration Number date and place of naturalization. If applicable
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a. Father _____

Address _____

Birth Date and Place of Birth _____

b. Mother (include maiden name) _____

Address _____

Birth Date and Place of Birth _____

c. Wife,(include maiden name), or Husband _____

Address _____

Birth Date and Place of Birth _____

d. **List Children:** Names, Birth Date and Place of Birth, and Address.

e. **List Brothers and/or Sisters :** Names, Birth Date and Place of Birth, and Address.

Other relatives: including former spouses with whom you have resided for an extended period of time (indicate relation), *Names, Birth Date and Place of Birth, and Address.*

XII - PHYSICAL DATA:

a. Height without shoes _____ Weight: _____

Billerica Police Department
6 Good Street
Billerica Ma, 01821
978-671-0900

AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize any police officer of the Billerica police department bearing this release, or copy thereof, within one year of its date, to obtain any information from schools, residential management agents, employers, criminal justice agencies, hospitals, or other repositories of medical records, credit bureaus, consumer reporting agencies, retail business establishments, or individuals, relating to my activities. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, medical, credit, arrest, and conviction record.

I hereby request you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Billerica Police department in conducting an investigation. Consent is granted for the Billerica Police department to furnish such information as is described above to third parties in the course of fulfilling their official responsibilities

I hereby release you, as the custodian of such records, and any school, college university, or other educational institutions, consumer reporting agency, or retail business establishment, including it officers, employees liability for damages of whatever kind, which may at any time result to me, my heirs or assigns, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of the release, you may contact me as indicated below.

Signature: _____

Address: _____

Phone _____

Witness _____

Date: _____

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 _____, _____

Notary Public

My Commission Expires _____ Day of _____, _____