

APPLICATION FOR EMPLOYMENT AS A DISPATCHER

1. This application must be typewritten or printed in blue or black ink by the applicant himself/herself.
2. All questions must be answered, if applicable. **If not 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. It is important that you understand that answers to some of the questions you will be asked may result in an automatic disqualification for a dispatcher position in Massachusetts. It is also important that you understand that not all questions carry such a potential disqualifier, even if they might appear that they should. Honesty and candor in answering the questions in this application is valued above all else.
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 instructions specifically as directed. Make sure all dates and information are accurate. Your ability to complete this form as directed will be part of the evaluation of your suitability for employment.
6. If, after submitting this application, you become no longer interested in a position as dispatcher, please notify the Chief of Police in a timely manner.

7. Where appropriate, all applicants must submit the following documents with their applications:
 - a. One copy of your High School Diploma or Equivalency Certificate.
 - b. Transcripts from any post-secondary institutions of learning you have attended.
 - c. One long-form copy of your birth certificate or Record of Live Birth Abroad.
 - e. A copy of your social security card.
 - f. A copy of your driver's license.
 - g. Name change documents (if applicable).
 - h. Copies of any licenses or certificates that you indicate in this application you possess (e.g., EMT certificate).
 - i. Copies of military discharge forms (DD Form 214 or NGB Form 22) if applicable.
 - j. Resume
 - k. A recent copy (past 30 days) of a credit report

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

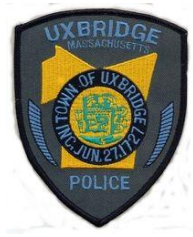
9. When completed, the application must be returned in hand to the Chief of Police or his designee.

10. After your application has been returned, you may be contacted by an investigator regarding this application.

I have read and understand the above instructions.

Candidate: _____

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. 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 and marital status.

Massachusetts law requires that employers include a statement advising applicants that they may include in their work history "any verified work performed on a volunteer basis."

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 with an asterisk (*) immediately to the left of the questions are optional. Although the information is useful on 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

1. Name: _____
(First) (Middle) (Last) (Suffix)

Address: _____
(Number & Street)

(City /Town) (State) (Zip)

Phone: _____
(Home) (Cell) (Business)

Email: _____

2. Date of Birth _____ Social Security No. _____ Gender _____

3. Driver's License No. & State _____

4. Passport No. & Expiration date _____

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

Name: _____ Date(s) When Used: _____

Name: _____ Date(s) When Used: _____

6. Mother (include maiden name):

Father:

7. List any identifying marks, scars, tattoos, burns or birthmarks.

II. Residence

List all places you have lived in the past five years or back to the age of eighteen, whichever is closest to today's date, starting with your most recent address. Include residency in college dormitories and military stations. Be sure to account for all time during the past ten years. If you need additional room, please use additional blank pages of the same size as this application and follow the template given.

1. From _____ To _____ Owned or Rented? _____

Address: _____

(Number & Street)

(City /Town)

(State)

(Zip)

Landlord Name: _____ Telephone: _____

Landlord Address: _____

(Number & Street)

(City /Town)

(State)

(Zip)

Please provide names and contact information for two neighbors who can corroborate your residency during this time.

A. Neighbor Name: _____ Telephone: _____

Neighbor Address: _____

(Number & Street)

(City /Town)

(State)

(Zip)

B. Neighbor Name: _____ Telephone: _____

Neighbor Address: _____

(Number & Street)

(City /Town)

(State)

(Zip)

II. Residence (con't)

2. From _____ To _____ Owned or Rented? _____

Address: _____
(Number & Street)

(City /Town) (State) (Zip)

Landlord Name: _____ Telephone: _____

Landlord Address: _____
(Number & Street)

(City /Town) (State) (Zip)

Please provide names and contact information for two neighbors who can corroborate your residency during this time.

A. Neighbor Name: _____ Telephone: _____

Neighbor Address: _____
(Number & Street)

(City /Town) (State) (Zip)

B. Neighbor Name: _____ Telephone: _____

Neighbor Address: _____
(Number & Street)

(City /Town) (State) (Zip)

II. Residence (Con't)

3. From _____ To _____ Owned or Rented? _____

Address: _____
(Number & Street)

(City /Town) (State) (Zip)

Landlord Name: _____ Telephone: _____

Landlord Address: _____
(Number & Street)

(City /Town) (State) (Zip)

Please provide names and contact information for two neighbors who can corroborate your residency during this time.

A. Neighbor Name: _____ Telephone: _____

Neighbor Address: _____
(Number & Street)

(City /Town) (State) (Zip)

B. Neighbor Name: _____ Telephone: _____

Neighbor Address: _____
(Number & Street)

(City /Town) (State) (Zip)

III. EMPLOYMENT HISTORY

In reverse chronological order; list all employments for the past five years or to the age of eighteen, whichever is closest to today's date. Include summer and part-time employments while attending school. All time must be accounted for. If unemployed for a period, account for the dates of unemployment. (use additional sheets of paper if necessary). Applicants may also include verifiable work performed on a volunteer basis.

1. Dates From: _____ To: _____

Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ - _____ Email: _____

Supervisor Name: _____ Title: _____

Telephone: () _____ - _____ Email: _____

Please provide a name and contact information for a co-worker who knew you at this job.

Co-Worker Name: _____

Telephone: () _____ - _____ Email: _____

Co-Worker Address: _____
(Number & Street)

(City /Town) (State) (Zip)

Reason for leaving:

Did you ever receive any warnings or discipline from this employer? Yes [] No []
If so explain fully:

Are you eligible for re-hire at this employer? Yes [] No []

III. EMPLOYMENT HISTORY (con't)

2. Dates From: _____ To: _____

Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ - _____ Email: _____

Supervisor Name: _____ Title: _____

Telephone: () _____ - _____ Email: _____

Please provide a name and contact information for a co-worker who knew you at this job.

Co-Worker Name: _____

Telephone: () _____ - _____ Email: _____

Co-Worker Address: _____

(Number & Street)

(City /Town)

(State)

(Zip)

Reason for leaving:

Did you ever receive any warnings or discipline from this employer? Yes [] No []

If so explain fully:

Are you eligible for re-hire at this employer? Yes [] No []

III. EMPLOYMENT HISTORY (CON'T)

3. Dates From: _____ To: _____

Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ - _____ Email: _____

Supervisor Name: _____ Title: _____

Telephone: () _____ - _____ Email: _____

Please provide a name and contact information for a co-worker who knew you at this job.

Co-Worker Name: _____

Telephone: () _____ - _____ Email: _____

Co-Worker Address: _____

(Number & Street)

(City /Town)

(State)

(Zip)

Reason for leaving:

Did you ever receive any warnings or discipline from this employer? Yes [] No []

If so explain fully:

Are you eligible for re-hire at this employer? Yes [] No []

III. EMPLOYMENT HISTORY (con't)

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

5. Have you ever left a job after being told you would be fired or that your performance was unsatisfactory? Yes [] No []. If yes, give details:

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

7. Have you ever, intentionally or negligently or without right, released any employer's proprietary or confidential information?

8. May we contact your current employer? If no, please explain why.

IV. EDUCATION

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

	School Name and Address	Graduated Yes/No	Number of Years Attended	Degree	Major
High School					
College					
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, and citations, positions held in school organizations, athletic endeavors, and 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 indicate the religion, race or national origin of its members.)*

V. MILITARY SERVICE

a. Have you ever served on active duty in the Armed Forces of the United States?

Yes No If yes, what was the highest rank attained? _____

Branch of Military Service

Serial Number

Dates of Active Duty

From: _____

Type of Discharge

Date of Discharge

To: _____

Member of Reserve? Yes No Branch: _____

b. What was your specialty in the armed forces? _____

c. What was your last duty station in the armed forces? _____

d. Who was your last commanding officer? _____

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

Yes No If yes, explain: _____

f. 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 of the unit and location.

Summer Camp Attendance: From: _____ To: _____

Location: _____

g. Do you claim Veterans Preference under the Civil Service Law?

Yes No Basis:

VI. REFERENCES

- a. List three references (not relatives, in-laws, former or present employers, fellow employees or school teachers) who are responsible adults, have reputable standing in 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. Provide address, phone and length of time you've known each reference.

Reference #1

Name: _____

Address: _____

Phone: _____ Email: _____

Relationship to applicant: _____

Reference #2

Name: _____

Address: _____

Phone: _____ Email: _____

Relationship to applicant: _____

Reference #3

Name: _____

Address: _____

Phone: _____ Email: _____

Relationship to applicant: _____

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 for 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 a felony or misdemeanor convictions which have been sealed pursuant to Massachusetts Law,*
- (7) *You have juvenile delinquency or child in need of 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 five years, other than the first conviction for 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 five years ago that resulted in a jail sentence from which you were released within the last 5 years?
Yes [] No []
- d. If you answered yes to any of the three preceding questions (a., b., c.), 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:

(continued next page)

Full Description of Offense	Dates of Offence	Court & Docket No.	Disposition, Finding, Sentence & Probation

e. Have you ever been convicted of a sexual offense? Yes [] No []

If you have answered yes, please state the following:

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

f. Have you ever been convicted of a narcotic drug offense? Yes [] No []

If you have answered yes, please state the following:

Date	Police Department	Charge/Court Disposition	Docket No.

g. Have you ever been sentenced to imprisonment after conviction of a crime?

Yes [] No [] If you have answered yes, please state the following:

Date	Place/Department	Charge/Court Disposition	Docket No.	Location Served

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:

Date	Place/Department	Charge/Court Disposition	Docket No.

i. Have you ever been or are you currently the subject of any petition for restraining order requesting or issued pursuant to c. 209A (abuse prevention), of the Massachusetts General Laws? Yes [] No [] If you have answered yes, please explain when and where.

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, give the nature of action and court.

Nature of Action	Court	Docket No.

VII. OTHER

1. Do you use tobacco products? Yes No

2. Do you have a relative in our employ? Yes No If yes, please give name and relationship:

3. Do you personally know any police officers working in this department?
Yes No If yes, name and rank (if known):

4. Are you willing to work any shift, including midnight to 8:00 a.m. during the week, and holidays if required? Yes No If no, why not? _____

5. If your application is considered favorably, on what date can you start work? _____

6. Do you possess a valid Massachusetts driver's license?

Yes No Driver's License No. _____

7. Was your driver's license in this state, or any state, ever suspended or revoked?

Yes No If yes, give details:

8. Have you previously submitted an application for any employment with this or any other municipality?

Yes No If yes, give the name of the agency and when.

9. Have you ever worked for this or any other municipality before? If yes please give details.

10. Within the past five years, have you illegally used any controlled substance as define in MGL Chapter 94C? Yes [] No [] If your answer is yes, described the drug used and when last used (do not describe frequency of use).

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

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

13. 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 []

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

14. Are you now, or have you ever been a member of any foreign or domestic organization, association, movement or group of persons that has adopted or expressed a policy of advocating or approving of the commission of acts of force or violence as a means to deny other persons their rights under the Constitution of the United States? Yes [] No [] If your answer is yes, identify the organization and explain fully.

15. Do you have anything in your background that might disqualify you from becoming a dispatcher?
Yes [] No [] If yes, please explain.

16. Is there anything in your past or present life that, if discovered, might suggest a conflict of interest with your duties as a dispatcher or which might cause you to be susceptible to coercion, duress or extortion?

17. Have you ever committed a crime for which you were not caught or prosecuted? Yes [] No []
If yes, please explain:

18. Do you now or have you ever lived with a convicted felon or convicted sex offender?
Yes [] No [] If yes, please identify the individual with whom you lived and when.

20. List any special abilities, interests, sports or hobbies along with degrees of proficiency that might bear on your suitability to be a dispatcher:

21. List any professional licenses (give #) or certificates you possess

22. Has any regulatory board, agency or professional organization ever taken official action against you with regard to any licenses listed in #21 above? If so, explain.

23. Indicate your proficiency in each phase of each foreign language as "**none**", "**good**", or "**fluent**".

Language	Speak	Understand	Read	Write
Spanish				
French				
Italian				
German				
Russian				
Greek				
Chinese				
Portuguese				
Other				

24. Are you a member of the Massachusetts Bar Association? Yes [] No []

25. Please list any office machines, special equipment or computer systems on which you have experience. Also include your degree of proficiency with each on a scale of one to ten. (With 1 being the lowest, and 10 being the highest).

VIII. Drug Questionnaire

QUESTION	YES	NO
Have you ever injected an illegal drug into your body?		
Have you ever sold an illegal drug?		
Have you ever purchased any controlled substance other than by means of a doctor's prescription?		
Have you ever participated in the manufacturing, cultivation or production of any illegal drug or controlled substance?		
Have you ever acted as a courier by transporting any illegal drug or controlled substance?		
Have you ever acted as a middleman or go-between, or "done a favor for a friend" by becoming involved in or expediting the illegal sale of a controlled substance?		
Have you ever held controlled substances for yourself or another person?		
Have you ever purchased, sold, possessed or used illegal drugs while at work?		
Do you now have any illegal drugs in your home or vehicle?		

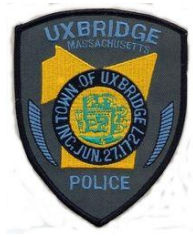


CREDIT CHECK AUTHORIZATION

I, _____ residing at _____,

Massachusetts, authorize the Police Chief or his designee access to my Credit Report for pre-employment purposes.

Date: _____ Signed: _____



PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW INDICATING THAT YOU UNDERSTAND AND AGREE TO THE TERMS AS STATED.

I understand that this is not a contract of employment and the municipality or I may sever the employment relationship at any time for any reason. Any oral or written statement to the contrary, including any which are made by a City/Town representative are disavowed and may not be relied upon by any prospective or existing employee.

I understand also that this Department has established day and night tours for which I must be available as required. 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 willfully withholding information or making false statements on this application will be the basis for rejection of my application or dismissal from the Department. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge. I hereby give the **Uxbridge Police Department** authorization to contact any person reasonably related to the character and fitness investigation and to request that an independent credit report be prepared as to my financial condition. I also authorize any person contacted to share written and oral information, which is reasonably related to the public safety position for which I am applying.

Finally, I hereby release, discharge and exonerate this municipality, its agents and representatives, and any person so furnishing information, from any and all liability of every nature and kind arising out of the furnishings or inspection of such documents, records, or other information or investigations made by or on behalf of this municipality. This authority shall continue until revoked in writing by the undersigned.

Date

Signature of Applicant

COMMONWEALTH OF MASSACHUSETTS

_____, SS.

I, _____, being duly sworn, depose and state I am the above named person. I signed the foregoing statement. I personally read and printed by hand or typewriter 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 Applicant

Sworn before me this _____ day of _____, 20____.

Notary Public or Commissioner of Deeds
My Commission Expires: _____



GENERAL RELEASE

Date: _____

I, _____, born at _____

on _____, having filed an application for employment with the Uxbridge 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 in reference to my past record.

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

Specifically, I hereby authorize the release of the data or records to any authorized representative of the Uxbridge Police Department.

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

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

Signed

Witness

Address



CORI CHECK ACKNOWLEDGMENT

I, _____ residing at _____

_____, Massachusetts, 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

Additional Work Area