



# Tewksbury Police Department

Timothy B. Sheehan  
Chief of Police

RESERVE

INTERMITTENT

REGULAR

DISPATCHER

## **NOTICE TO POLICE OFFICER CANDIDATE:**

In order to be given consideration for the position indicated above, candidates must follow the instructions listed below.

Candidates must complete the entire enclosed Tewksbury Police Department Employment Application and have it notarized. In addition, candidates must attach the below listed items before submitting employment applications for consideration. Failure to comply with either instruction may result in disqualification from the process.

1. The completed Tewksbury Police Department Employment Application.
2. A copy of the candidate's Social Security Card.
3. A copy of the candidate's Massachusetts Driver's License.
4. A copy of the candidate's High School Diploma or G.E.D.
5. A copy of the candidate's College Degree(s) or transcripts for matriculating student.
6. A certified copy of the candidate's Birth Certificate.
7. A copy of the candidate's DD-214 (veteran only)
8. A copy of the candidate's Mass. License to Carry Firearms (if applicable).

**Candidates should not consider this application a conditional offer of employment. Employment decisions will be reached after the Tewksbury Police Department's formal employment process has been completed in its entirety.**

Questions about the Tewksbury Police Department Employment Application should be directed to the Deputy Chief of Police at (978) 851-7373 ext. 213.

## **RECRUIT APPLICATION PACKAGE**

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**Instructions**

Information provided must be clearly printed in black ink. All questions must be answered. Questions which are not applicable should be answered with an N/A response. Applications 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, make copies of the Additional Response Form located at the back of this publication. Make certain to number the answers to correspond with the appropriate question. Be as accurate as possible: willful false statements or omissions made by an applicant are subject to the penalties of perjury and removal from the Civil Service List.

**Personal Information**

- 1.) Full Name (Last, First, Middle)  
\_\_\_\_\_
  
- 2.) Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
  
- 3.) Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_
  
- 4.) List all other names used including nicknames; females, if married, should list maiden name. List any surnames used, other than the candidate's true name. Candidates who have legally changed their name should provide previous name here.

Name	Date(s) when used
Circumstances	

Name	Date(s) when used
Circumstances	

- 5.) Date of Birth (Month, Day, Year) \_\_\_\_\_ Place of Birth \_\_\_\_\_

**Check Yes or No**

- U. S. Citizen?       Yes       No
- Naturalized Citizen?       Yes       No      Naturalization Number \_\_\_\_\_

**Marital Status**

**Check one**

6.)  Single       Married       Widowed       Divorced       Separated

**Current Spouse**

Full Name:	Date of Birth:
Place of Birth:	Soc. Sec. #:
Country of Citizenship:	Date of Marriage:
If Separated, Date of Separation:	Court:
Number of Children:	Place of Marriage:
Current Address of Spouse:	

**Former Spouse**

Full Name:	Date of Birth:
Place of Birth:	Soc. Sec. #:
Country of Citizenship:	Date of Marriage:
Divorced <input type="checkbox"/> Yes <input type="checkbox"/> No	Widowed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Address of Former Spouse:	

If Married, Divorced or Separated more than once, use Additional Response Form. Make certain to number the answers to correspond with the appropriate question.



## **Education**

9.) List all schools you have attended, beginning with the most recent and working back 10 years. List college or university degrees and the dates they were received. If your most recent degree or diploma was received more than 10 years ago, list it below no matter when it was received.

Name of School	Major	From Month / Year	To Month / Year
Address		Degree	

Name of School	Major	From Month / Year	To Month / Year
Address		Degree	

Name of School	Major	From Month / Year	To Month / Year
Address		Degree	

Name of School	Major	From Month / Year	To Month / Year
Address		Degree	

Name of School	Major	From Month / Year	To Month / Year
Address		Degree	

Name of School	Major	From Month / Year	To Month / Year
Address		Degree	



**Driving Record**

- 16.) Provide your Massachusetts Driver's License Number and Expiration Date.  
 Drivers License # \_\_\_\_\_ Expiration Date \_\_\_\_\_
- 17.) Do you own or have access to an automobile?  Yes  No  
 Registration Number \_\_\_\_\_ Make \_\_\_\_\_ State \_\_\_\_\_
- 18.) Have you ever received a written warning from a police officer?  Yes  No
- 19.) Have you ever received a citation from a police officer in Massachusetts?  Yes  No
- 20.) Have you ever received a citation from a police officer outside of Massachusetts?  Yes  No
- 21.) Have you ever been involved in an automobile accident in any state?  Yes  No
- 22.) If **YES** to question 21, list how many automobile accidents have you been involved in? \_\_\_\_\_
- 23.) Have you ever been charged or convicted of driving a vehicle while under the influence of alcohol or drugs?  Yes  No
- 24.) Have you ever been charged or convicted of any criminal motor vehicle offense?  Yes  No
- 25.) Do you currently owe money for traffic fines?  Yes  No
- 26.) Do you currently owe any money for parking tickets?  Yes  No
- 27.) Do you currently owe any money for excise taxes?  Yes  No
- 28.) Has your license to operate a motor vehicle ever been suspended or revoked in this State or any other?  Yes  No

If you answered **YES** to any of the above questions, list the City/Town/State, and/or Court/Jurisdiction and/or Amount.

City/Town/State	Court/Jurisdiction	Amount
City/Town/State	Court/Jurisdiction	Amount
City/Town/State	Court/Jurisdiction	Amount
City/Town/State	Court/Jurisdiction	Amount

## **Employment Record**

- 29.) List chronologically all employment, including summer and part-time employment. All time must be accounted for. If unemployed for a period indicate the period, setting forth dates of unemployment.

Note: List your present position first.

<b>Name of Employer</b>	From	To	Salary	Name of Supervisor
Address				
Position		Reason for Leaving		
Telephone Day		Telephone Night		
<b>Name of Employer</b>	From	To	Salary	Name of Supervisor
Address				
Position		Reason for Leaving		
Telephone Day		Telephone Night		
<b>Name of Employer</b>	From	To	Salary	Name of Supervisor
Address				
Position		Reason for Leaving		
Telephone Day		Telephone Night		
<b>Name of Employer</b>	From	To	Salary	Name of Supervisor
Address				
Position		Reason for Leaving		
Telephone Day		Telephone Night		

**Employment Record (continued)**

<b>Name of Employer</b>	From	To	Salary	Name of Supervisor
Address				
Position		Reason for Leaving		
Telephone Day			Telephone Night	
<b>Name of Employer</b>	From	To	Salary	Name of Supervisor
Address				
Position		Reason for Leaving		
Telephone Day			Telephone Night	

- 30.) Have you ever, (or have you ever been accused of)
- a. Stolen from an employer?  Yes  No
  - b. Lied to an employer about the number of hours you worked?  Yes  No
  - c. Been paid for hours that you did not work?  Yes  No
  - d. Punched another employee's time card?  Yes  No
  - e. Reported for work under the influence of either drugs or alcohol?  Yes  No
  - f. Had an accident while working?  Yes  No
  - g. Fought physically or verbally with other workers?  Yes  No
  - h. Been disciplined by an employer for any reason?  Yes  No
  - i. Resigned from a job to avoid being fired?  Yes  No

If you answered **YES** to any part of question 30, write or type your version of the incident on an Additional Response Form. Be sure to number your response to match the number of the particular applicable question.

- 31.) Have you been admitted to the Bar in any jurisdiction?  Yes  No

If **YES** to question 31, please list the date admitted and state.

Date Admitted \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ State \_\_\_\_\_

Date Admitted \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ State \_\_\_\_\_

## **Military Record**

32.) Have you ever served on active duty in the Armed Forces of the United States?  Yes  No  
If **YES**, what is the highest rank attained? \_\_\_\_\_

Branch of Military Service \_\_\_\_\_ Serial Number \_\_\_\_\_

Dates of Active Duty From: \_\_\_\_\_ To: \_\_\_\_\_

Type of Discharge \_\_\_\_\_ Basis of Discharge \_\_\_\_\_

33.) Member of Reserve?  Yes  No Branch: \_\_\_\_\_

34.) Was **ANY** type of disciplinary action taken against you while in the military service?  Yes  No

If you answered **YES** to question 34, write or type your version of the incident on an Additional Response Form. Be sure to number your response to match the number of the particular applicable question.

35.) National Guard (check if applicable)  Former  Present  None

If you ever received any type of disciplinary action while in the National Guard write or type your version of the incident on an Additional Response Form. Be sure to number your response to match the number of the particular applicable question.

If you attend drills, meetings, or camps give the unit and location.  
Unit / Location \_\_\_\_\_

36.) Do you claim veteran's preference?  Yes  No

Basis:

Active duty prior to June 6, 1976

Active duty in Grenada

Active duty in Lebanon

Active duty in Desert Storm

Active duty in Panamanian Intervention Force  Active duty in Operation Iraqi Freedom

Active duty in Operation Enduring Freedom

37.) Are you claiming disabled veterans preference?  Yes  No

If **YES**, date of disability: \_\_\_\_\_

## **References**

38.) **Please do not use police officers or correctional officers as acquaintances or references.**

Acquaintances (people you have known for less than five (5) years.):

Complete Name	Occupation	Years acquainted
Residence Address		Phone

Complete Name	Occupation	Years acquainted
Residence Address		Phone

Complete Name	Occupation	Years acquainted
Residence Address		Phone

References (people you have known for five (5) years or more):

Complete Name	Occupation	Years acquainted
Residence Address		Phone

Complete Name	Occupation	Years acquainted
Residence Address		Phone

## Court Record

- 39.) Have you ever been summonsed into court for any criminal offense?  Yes  No
- 40.) Have you ever been arrested for violation of a criminal offense?  Yes  No
- 41.) Have you ever been arrested but have never been tried for a criminal offense?  Yes  No
- 42.) Have you ever been tried for a criminal offense but were not convicted?  Yes  No
- 43.) Have you had a first conviction for any of the following?
- A. Drunkenness  Yes  No
  - B. Simple Assault  Yes  No
  - C. Speeding  Yes  No
  - D. Minor Traffic Violations  Yes  No
  - E. Affray  Yes  No
  - F. Disturbing the Peace  Yes  No
  - G. Disorderly Conduct  Yes  No
- 44.) Have you been convicted of a criminal offense within the five years before the date of this application?  Yes  No
- 45.) Have you ever been convicted of any misdemeanor where the date of conviction or the termination of incarceration, if any, occurred more than five years before the date of this application?  Yes  No
- 46.) Do you have a felony or misdemeanor conviction that has been sealed pursuant to Massachusetts General Law?  Yes  No
- 47.) Have you ever had a juvenile delinquency or child in need of service complaint?  Yes  No
- 48.) Do you have any criminal or civil court cases that are awaiting final disposition?  Yes  No
- 49.) Have you ever been, or are you now, a defendant in any civil court action?  Yes  No

If **YES** to any of the above listed questions, explain fully your version of the incident on an Additional Response Form. Be sure to number your response to match the number of the particular applicable question and give nature of action and court.

**Drug Use / Experimentation**

- 50.) Have you ever used or possessed any of the following substances or their derivatives?
- |                    |                              |                             |                     |                              |                             |
|--------------------|------------------------------|-----------------------------|---------------------|------------------------------|-----------------------------|
| a. Marijuana       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | g. Hallucinogens    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Cocaine         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | h. LSD              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Ecstasy         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | i. Heroin           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Hashish         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | j. Khat             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Methamphetamine | <input type="checkbox"/> Yes | <input type="checkbox"/> No | k. Tobacco          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Psilocybin      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | l. Any Illegal Drug | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

51.) Have you ever used or possessed the following prescription drugs or their derivatives without a prescription?

- |                |                              |                             |                           |                              |                             |
|----------------|------------------------------|-----------------------------|---------------------------|------------------------------|-----------------------------|
| a. Valium      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | i. Sleeping Pill          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Barbiturate | <input type="checkbox"/> Yes | <input type="checkbox"/> No | j. Prescription Diet Pill | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Codeine     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | k. Amphetamine            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Percocet    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | l. Adderall               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Oxycontin   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | m. Xanax                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Suboxone    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | n. Steroids               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Methadone   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | o. Any Other              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Morphine    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Prescription Name: _____  |                              |                             |

For each **YES** answer for questions 50 and 51, you are required to answer on an Additional Response Form, the following questions:

- What form of the drug did you take?  Crack  Powder  Pill
- How was it administered?  Smoked  Sniffed  Injected  Swallowed
- What was the last date you used the drug? \_\_\_\_\_

**Use of Alcohol**

- 52.) Have you ever?
- Been involved in a fight while under the influence of alcohol?  Yes  No
  - Been involved in an accident while under the influence of alcohol?  Yes  No
  - Been taken into protective custody while under the influence of alcohol?  Yes  No

A **YES** to any of the above requires you to submit a written version of the incident(s) on an Additional Response Form. Be sure to number your response to match the number of the particular applicable question.

- Consumed alcohol beverages?  Yes  No  
 \_\_\_\_\_ Number of alcoholic beverages consumed per day?  
 \_\_\_\_\_ Number of alcoholic beverages consumed per week?  
 \_\_\_\_\_ Number of alcoholic beverages consumed per month?

**General Behavior**

- 53.) Do you now, or have you ever, gambled?  Yes  No
- a. What types of gambling have you participated in? (Check all that apply)
- Horse / Dog Track  Lottery  Professional or College Sports
- Casino Games  Card Games  Football Cards
- b. How much do you spend on gambling in a year? \_\_\_\_\_
- c. What is the largest sum of money you have won while gambling? \_\_\_\_\_
- d. What is the largest sum of money you have lost while gambling? \_\_\_\_\_
- e. How many times do you gamble per year?
- 1 to 5  6 to 10  more than 10  more than 30  more than 50
- f. Have you ever borrowed money to cover a gambling debt?  
When? \_\_\_\_\_ How much? \_\_\_\_\_
- g. Have you ever used an ATM machine withdrawal to pay a gambling debt?  
When? \_\_\_\_\_ How much? \_\_\_\_\_
- h. Have you ever lied about a gambling win or loss?  Yes  No

- 54.) Have you ever been ordered, or agreed to pay child support?  Yes  No
- If the answer to question 54 is **YES**, are you current in your payments?  Yes  No

- 55.) Is there anything about your life that could subject you to extortion?  Yes  No

- 56.) Have you ever sued someone or have you ever been sued?  Yes  No

- 57.) Are there any incidents in your life (not previously mentioned), which you desire to explain?  
 Yes  No

If you answered **YES**, write your version of the incident on an Additional Response Form. Be sure to number your response to match the number or the particular applicable question.

- 58.) Have you ever been rejected for any other police position?  Yes  No

If **YES**, provide an explanation, frequency, dates and Departments.

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- 59.) Have you ever submitted an application for another Police Department?  Yes  No

If **YES**, list all departments and dates of application.

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- 60.) Have you ever been rejected for any Civil Service Position?  Yes  No

If **YES**, provide an explanation, position rejected for and dates.

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- 61.) Are you **currently** being considered for a police officer position with another police department or law enforcement agency?  Yes  No

If **YES**, List Agency(s) \_\_\_\_\_

62.) Have you ever been sued or had your wages garnished?  Yes  No

If **YES**, submit a written version of the incident(s) on an Additional Response Form. Be sure to number your response to match the number of the particular applicable question.

63.) Have you ever had a temporary or permanent Protective Order issued against you under the provisions of the following statutes.

a. M.G.L., c208, §18, 34B, 34C (Divorce)  Yes  No

b. M.G.L., c209, §32, (Abandonment in marriage)  Yes  No

c. M.G.L., c209A, §3, 4, 5 (Abuse Prevention)  Yes  No

64.) Do you object to wearing a uniform?  Yes  No

65.) Do you object to working nights, weekends, or holidays?  Yes  No

66.) Are you capable of employing lawful deadly force or lesser physical force in the course of your duties as a police officer?  Yes  No

67.) Are you willing to and capable of functioning in a paramilitary environment?  Yes  No

68.) Can and will you be able to accept and carry out orders that are not necessarily consistent with your personal wants and desires?  Yes  No

69.) Have you ever been issued a passport?  Yes  No

If **YES** to question 69, please list countries of origin.

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70.) Are you now, or have you ever been, a member of the Communist Party USA, or any Communist or Fascist Organization?  Yes  No

If **YES** explain fully your involvement in the organization on an Additional Response Form. Be sure to number your response to match the number of the particular applicable question.

71.) Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, communist 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 by unconstitutional means?  Yes  No

If **YES** explain fully your involvement in the organization on an Additional Response Form. Be sure to number your response to match the number of the particular applicable question.

## Relatives

72.) Have you claimed any preference because you are the son or daughter of a police officer or firefighter killed or permanently disabled in the line of duty?  Yes  No

73.) All candidates must provide complete information concerning members of their immediate family (including former spouses), even if a relative is deceased (you must give the requested information and indicate the deceased's last residence and year of death). Include step parents, legal guardians, others who may have reared you in place of your biological parents, step brothers, step sisters, as well as half brothers and sisters.

<b>Father</b>		Address	
Step Father? <input type="checkbox"/> Yes <input type="checkbox"/> No	Foster Father? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Birth Date	Place of Birth	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Naturalization Number	Date	Place	
Occupation	Employer's Address		
<b>Mother</b>		Address	
Step Mother? <input type="checkbox"/> Yes <input type="checkbox"/> No	Foster Mother? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Birth Date	Place of Birth	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Naturalization Number	Date	Place	
Occupation	Employer's Address		
<b>Spouse (Include Maiden Name)</b>		Address	
Birth Date	Place of Birth	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Naturalization Number	Date	Place	
Occupation	Employers Address		
<b>Child</b>		Address	
Step Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Foster Child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Birth Date	Place of Birth	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Naturalization Number	Date	Place	
Occupation	Employer's Address		
<b>Child</b>		Address	
Step Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Foster Child? Yes	No	
Birth Date	Place of Birth	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Naturalization Number	Date	Place	
Occupation	Employer's Address		

<b>Child</b>		Address	
Step Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Foster Child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Birth Date	Place of Birth	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Naturalization Number	Date	Place	
Occupation	Employer's Address		
<b>Child</b>		Address	
Step Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Foster Child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Birth Date	Place of Birth	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Naturalization Number	Date	Place	
Occupation	Employer's Address		
<b>Brother</b>		Address	
Step Brother? <input type="checkbox"/> Yes <input type="checkbox"/> No	Half-Brother? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Birth Date	Place of Birth	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Naturalization Number	Date	Place	
Occupation	Employer's Address		
<b>Brother</b>		Address	
Step Brother? <input type="checkbox"/> Yes <input type="checkbox"/> No	Half-Brother? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Birth Date	Place of Birth	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Naturalization Number	Date	Place	
Occupation	Employer's Address		
<b>Brother</b>		Address	
Step Brother? <input type="checkbox"/> Yes <input type="checkbox"/> No	Half-Brother? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Birth Date	Place of Birth	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Naturalization Number	Date	Place	
Occupation	Employer's Address		
<b>Brother</b>		Address	
Step Brother? <input type="checkbox"/> Yes <input type="checkbox"/> No	Half-Brother? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Birth Date	Place of Birth	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Naturalization Number	Date	Place	
Occupation	Employer's Address		

<b>Sister</b>		Address	
Step Sister? <input type="checkbox"/> Yes <input type="checkbox"/> No	Half-Sister? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Birth Date	Place of Birth	U.S. Citizen	Yes No
Naturalization Number	Date	Place	
Occupation	Employer's Address		
<b>Sister</b>		Address	
Step Sister? <input type="checkbox"/> Yes <input type="checkbox"/> No	Half-Sister? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Birth Date	Place of Birth	U.S. Citizen	Yes No
Naturalization Number	Date	Place	
Occupation	Employer's Address		
<b>Sister</b>		Address	
Step Sister? <input type="checkbox"/> Yes <input type="checkbox"/> No	Half-Sister? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Birth Date	Place of Birth	U.S. Citizen	Yes No
Naturalization Number	Date	Place	
Occupation	Employer's Address		
<b>Sister</b>		Address	
Step Sister? <input type="checkbox"/> Yes <input type="checkbox"/> No	Half-Sister? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Birth Date	Place of Birth	U.S. Citizen	Yes No
Naturalization Number	Date	Place	
Occupation	Employer's Address		
<b>Other</b>		Address	
Birth Date	Place of Birth	U.S. Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No
Naturalization Number	Date	Place	
Occupation	Employers Address		
Relationship			
<b>Other</b>		Address	
Birth Date	Place of Birth	U.S. Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No
Naturalization Number	Date	Place	
Occupation	Employers Address		
Relationship			

**Licenses**

74.) Have you ever been issued any type of firearms license?  Yes  No  
Date Issued: \_\_\_\_\_ Firearm License Number: \_\_\_\_\_  
State: \_\_\_\_\_  
Was it ever revoked or suspended?  Yes  No  
If **YES**, explain.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

75.) Have you ever applied for and been denied a firearms license?  Yes  No  
If **YES**, please provide details, including date of denial, person denying application and reason.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

76.) Have you ever been issued a hackney license?  Yes  No  
Date issued: \_\_\_\_\_ What city or town? \_\_\_\_\_  
If **YES**, explain.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

77.) Have you ever applied for a special police officer's license or appointment?  Yes  No  
Date issued: \_\_\_\_\_ What city or town? \_\_\_\_\_  
If **YES**, explain.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

78.) Have you ever applied for a bond or a job that requires a bond?  Yes  No  
Date issued: \_\_\_\_\_ What city or town? \_\_\_\_\_  
If **YES**, explain.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature and Notarization Page**

I understand that all appointments are probationary for a period of one (1) year, during which period my employment may be terminated at any time without cause. I understand that I must successfully complete a pre-screening process conducted by the Municipal Police Training Committee, and also must successfully pass a Basic Recruit Training Academy. I also understand that I may be required to work days or nights 365 days a year including holidays and weekends. 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 withholding information or making false statements on this application will be the basis of rejection of my application, or dismissal from the Tewksbury Police Department and removal from the list of eligibility (Civil Service List). I agree to these conditions and hereby certify that all statements made by me on this application are true and complete, to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant  
(As usually written, do not use nicknames)

Notary Public Seal  
Commonwealth of Massachusetts  
County of \_\_\_\_\_

I, being duly sworn, depose and say I am the above named person. I signed the foregoing statement voluntarily and of my own free will. I do solemnly swear that each and every answer is full, true and correct in every respect.

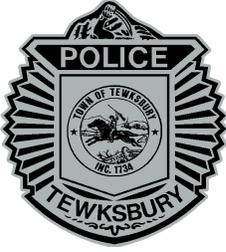
\_\_\_\_\_  
Candidate sign here

Then did appear the said \_\_\_\_\_ and upon oath did state that she/he signed the foregoing voluntarily and of his/her own free will, and further that each and every answer is fully answered, true, and correct in every respect.

Sworn to me this  
Day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
(Notary Public or Commissioner of Deeds)





# TOWN OF TEWKSBURY

## Tewksbury Police Department

918 Main Street

Tewksbury, Massachusetts 01876

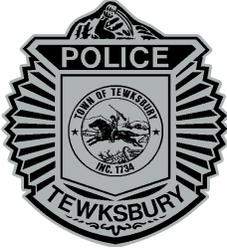
By signing below, I acknowledge that I have been advised of the Tewksbury Police Department's Policy regarding meeting the fitness for duty standards listed below. I also acknowledge that it is my responsibility to meet those standards as a condition of my employment, now, and as long as I am employed as a Police Officer for the Town of Tewksbury. I acknowledge that if at any time I do not meet these standards that I would not be considered fit for duty, because I would no longer be capable of meeting these standards, which are considered "essential functions" of my position as a sworn Police Officer in the employment of the Town of Tewksbury.

- 1) All Police Officers in the employment of the Town of Tewksbury must be able to obtain and have a current and valid Massachusetts driver's license. Possessing a current and valid driver's license issued by the Massachusetts Registry of Motor Vehicles is considered an essential function of the job and is required as a condition of employment.
- 2) All Police Officers in the employment of the Town of Tewksbury must be able to obtain and have a current and valid Massachusetts License to Carry Firearms issued by the city or town in which they reside or by the Tewksbury Police Department. Possessing a current and valid License to Carry Firearms is considered an essential function of the job and is required as a condition of employment.
- 3) All Police Officers in the employment of the Town of Tewksbury must reside within Commonwealth of Massachusetts during their entire period of employment with the Tewksbury Police Department. Residence within the Commonwealth of Massachusetts is a condition of employment under the Massachusetts Civil Service Law.
- 4) All Police Officers in the employment of the Town of Tewksbury must comply with the moral principles required by the Department's Mission statement listed below:

**The members of the Tewksbury Police Department are committed to provide for the safety and security of our community through the judicious enforcement of the laws of the Commonwealth of Massachusetts and the Constitution of the United States of America. We are dedicated to provide these services with the highest degree of professionalism, honesty, integrity and character as humanly possible. Every member of our organization shall be devoted to provide the highest quality of public service with respect, honor, fairness, pride, compassion and courage. We are committed to treating the public with respect, dignity, fairness and to serve as role models in both our public and private lives by adhering to the highest standards of ethical and moral principles and conduct. We are dedicated to the principles of honesty and truthfulness and will strive to do the right thing, the right way, at all times.**

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date



**TOWN OF TEWKSBURY**  
**Police Headquarters**  
 918 Main Street  
 TEWKSBURY, MASSACHUSETTS 01876

**Authorization for Release of Information**

I, \_\_\_\_\_ Date of Birth \_\_\_\_\_, having filed an application for employment with the Tewksbury 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 to assist in determining my past record.

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

Further, I authorize any and all hospitals, clinics, doctors, or others having control of any of my medical records, including laboratory reports, x-rays, ect. to release them or copies of them to the Tewksbury Police Department. Specifically, I understand that the information which I am authorizing release may contain drug or alcohol related information and is protected by Federal Regulation 42 CFR.

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

This authority shall continue until revoked in writing by the undersigned.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Town/City, State, and Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# TOWN OF TEWKSBURY

## Police Headquarters

918 Main Street  
TEWKSBURY, MASSACHUSETTS 01876

### Consent to Obtain C.O.R.I. Report

The Tewksbury Police Department has been certified by the Criminal History Systems Board for access to adjudication, conviction, and pending criminal case data. As an applicant for the position of

Full Time Police Officer     Reserve Police Officer     Intermittent Police Officer     Dispatcher

I, \_\_\_\_\_, hereby authorize the Town of Tewksbury, Tewksbury Police Department to conduct a criminal history record check for adjudication, conviction, and pending criminal case data.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

### Consent to Obtain Motor Vehicle Driver History Report

I, \_\_\_\_\_, hereby authorize the Town of Tewksbury, Tewksbury Police Department to obtain my driving history and records.

***All information must be provided.***

Drivers Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Last) (First) (M.I.)

Drivers Date of Birth \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Month) (Day) (Year)

Drivers License Number: \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

Witness Name: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**These authorizations shall be valid for a period of 120 days.**

**THE TOWN OF TEWKSBURY IS AN EQUAL OPPORTUNITY EMPLOYER**