



An Equal Opportunity,
Affirmative Action
Employer

TRURO POLICE DEPARTMENT

344 Route 6, P.O. Box 995
Truro, Massachusetts 02666-0995
(508) 487-8730

Application For Employment
Civilian Positions – Communications, Matrons

| |
|---|
| Police Dept Use Only <input type="checkbox"/> App Accepted <input type="checkbox"/> App Rejected <input type="checkbox"/> Education <input type="checkbox"/> Experience <input type="checkbox"/> Late <input type="checkbox"/> Other |
|---|

EXACT TITLE OF POSITION YOU ARE APPLYING FOR: _____

1. PERSONAL DATA

| | | | | | |
|-----------------------------|-------|-----------------|------------------------|---------------|-------------|
| NAME (Last, First, Middle) | | | | Area Code | Home Phone |
| ADDRESS (Number and Street) | | | | Area Code | Work Phone |
| (Town, State, Zip) | | | | Area Code | Cell Number |
| License Number | State | Expiration Date | Social Security Number | Date of Birth | |

2. PHYSICAL CONDITONS OR LIMITATIONS

| |
|--|
| DO YOU HAVE ANY PHYSICAL CONDITION OR LIMITATION THAT WOULD PREVENT YOU FROM PERFORMING ALL THE DUTIES OF THIS POSITION ON A REGULAR AND CONTINUING BASIS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT CAN BE DONE TO ACCOMODATE YOUR LIMITATION? PLEASE EXPLAIN IN SECTION 9 |
|--|

3. PREVIOUS TOWN EMPLOYMENT AND CURRENT EMPLOYMENT OF A RELATIVE

| | |
|---|--|
| Have you previously been employed by the Town of Truro? <small>If you answered "yes" list dates of employment, classification, department in section 9</small> | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are you currently participating in a Public Employees Retirement System? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Have you ever participated in a Public Employees Retirement System? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| List any relatives currently employed by the Town of Truro and their relationship to you: _____ | |

4. EDUCATION AND TRAINING

| | | | |
|---|---|--------------|------------|
| <input type="checkbox"/> I possess a high school diploma from a US institution. <input type="checkbox"/> I passed the GED test meeting the required scores. <input type="checkbox"/> I possess a two-year college degree from a college. <input type="checkbox"/> I possess a four-year degree from a college or university. <input type="checkbox"/> I possess a postgraduate degree from a college or university. | | | |
| NAME AND ADDRESS OF HIGH SCHOOL ATTENDED | DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO | FROM (mo/yr) | TO (mo/yr) |
| If you have successfully completed a General Equivalency Diploma Examination (GED), provide the following information. LOCATION OF EXAMINATION | | DATE | |

| NAME OF COLLEGE AND/OR UNIVERSITIES ATTENDED | TYPE OF DEGREE EARNED | FROM (mo/yr) | TO (mo/yr) |
|--|---|--------------|------------|
| | | | |
| | | | |
| NAME OF TRADE, VOCATIONAL OR BUSINESS SCHOOL ATTENDED | DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO | FROM (mo/yr) | TO (mo/yr) |
| <p>HAVE YOU EVER BEEN DISMISSED, SUSPENDED OR EXPELLED FROM ANY HIGH SCHOOL, COLLEGE, UNIVERSITY OR OTHER EDUCATIONAL INSTITUTION? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>HAVE YOU EVER BEEN PLACED ON SCHOLASTIC/ACADEMIC PROBATION? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>HAVE YOU EVER BEEN THE SUBJECT OF ANY TYPE OF DISCIPLINE IMPOSED BY A STUDENT JUDICIAL BOARD OR ITS EQUIVALENT? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>HAVE YOU EVER COMMITTED PLAGIARISM? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>HAVE YOU EVER ASSISTED ANOTHER OR RECEIVED ASSISTANCE FROM ANOTHER DURING AN EXAMINATION? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>IF YOU ANSWERED YES TO ANY OF THE PRECEDING FIVE QUESTIONS, YOU MUST ATTACH A REQUIRED WRITTEN RESPONSE. BE SPECIFIC IN REGARDS TO DATES, INSTITUTIONS, INDIVIDUALS AND ACTIONS TAKEN.</p> | | | |
| <p>LIST ALL AWARDS, HONORS, CITATIONS, POSITIONS HELD IN SCHOOL ORGANIZATIONS, ATHLETIC ENDEAVORS, AND ANY SPECIAL RECOGNITION YOU RECEIVED WHILE ATTENDING SCHOOL.</p> | | | |
| <p>PLEASE DESCRIBE ADDITIONAL COURSE WORK OR TRAINING (INCLUDING MILITARY) WHICH WOULD QUALIFY YOU FOR THIS POSITION</p> | | | |
| <p>PLEASE LIST CERTIFICATES OR LICENSES OF PROFESSIONAL OR VOCATIONAL COMPETENCE YOU POSSESS WHICH RELATE TO THIS POSITION</p> | | | |
| <p>PLEASE LIST LANGUAGES OTHER THAN ENGLISH WHICH YOU SPEAK FLUENTLY:</p> | | | |
| <p>LIST ANY SPECIAL ABILITIES, INTERESTS, SPORTS OR HOBBIES ALONG WITH DEGREES OF PROFICIENCY:</p> | | | |

5. EMPLOYMENT

| | | | |
|----------------------|------------|---|--------|
| DATES OF EMPLOYMENT | | NAME OF EMPLOYER | |
| FROM (mo/yr) | TO (mo/yr) | COMPLETE ADDRESS | |
| | | WORK SCHEDULE (for example, Monday-Friday, 9 to 5, etc) | SALARY |
| DESCRIBE YOUR DUTIES | | | |
| REASON FOR LEAVING | | | |
| SUPERVISORS NAME | | | PHONE |

| | | | |
|----------------------|------------|---|--------|
| DATES OF EMPLOYMENT | | NAME OF EMPLOYER | |
| FROM (mo/yr) | TO (mo/yr) | COMPLETE ADDRESS | |
| | | WORK SCHEDULE (for example, Monday-Friday, 9 to 5, etc) | SALARY |
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| | | | |
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| | | WORK SCHEDULE (for example, Monday-Friday, 9 to 5, etc) | SALARY |
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| | | | |
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| FROM (mo/yr) | TO (mo/yr) | COMPLETE ADDRESS | |
| | | WORK SCHEDULE (for example, Monday-Friday, 9 to 5, etc) | SALARY |
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| FROM (mo/yr) | TO (mo/yr) | COMPLETE ADDRESS | |
| | | WORK SCHEDULE (for example, Monday-Friday, 9 to 5, etc) | SALARY |
| DESCRIBE YOUR DUTIES | | | |
| REASON FOR LEAVING | | | |
| SUPERVISORS NAME | | | PHONE |

6. LEGAL

AN APPLICANT FOR EMPLOYMENT MAY ANSWER "NO RECORD" ON THE FOLLOWING QUESTION IF ANY OF THE FOLLOWING CIRCUMSTANCES ARE APPLICABLE: YOU HAVE NEVER BEEN ARRESTED, YOU HAVE BEEN ARRESTED BUT NEVER BEEN TRIED FOR A CRIMINAL OFFENSE, YOU HAVE BEEN TRIED FOR A CRIMINAL OFFENSE BUT NEVER CONVICTED, YOU HAVE A FIRST CONVICTION FOR ANY OF THE FOLLOWING MISDEMEANORS, A) DRUNKENNESS B) SIMPLE ASSAULT C) SPEEDING D) MINOR TRAFFIC VIOLATIONS E) AFFRAY F) DISTURBANCE OF THE PEACE, YOU HAVE NOT BEEN CONVICTED OF AN OFFENSE WITHIN THE FIVE YEARS BEFORE THE DATE OF THIS APPLICATION AND/OR YOU HAVE BEEN CONVICTED OF MISDEMEANORS WHERE THE DATE OF CONVICTION OR THE COMPLETION OF ANY PERIOD OF INCARCERATION RESULTING THERE FROM, WHICHEVER DATE IS LATER, OCCURRED FIVE OR MORE YEARS PRIOR TO THE DATE OF THIS APPLICATION. (SEE MGL CH. 151B SEC. 4) AN APPLICANT FOR EMPLOYMENT WITH A SEALED RECORD ON FILE WITH THE COMMISSIONER OF PROBATION MAY ANSWER "NO RECORD" WITH RESPECT TO ANY INQUIRY HEREIN RELATIVE TO PRIOR ARRESTS, CRIMINAL COURT APPEARANCES, OR CONVICTIONS. IN ADDITION, ANY APPLICANT FOR EMPLOYMENT MAY ANSWER "NO RECORD" WITH RESPECT TO PRIOR ARREST, COURT APPEARANCES AND ADJUDICATION IN ALL CASES OF DELINQUENCY OR AS A CHILD IN NEED OF SERVICES, WHICH DID NOT RESULT IN A COMPLAINT TRANSFERRED TO THE SUPERIOR COURT FOR CRIMINAL PROSECUTION. (SEE MGL CH. 276 SEC. 100A & SEC. 100C)

HAVE YOU EVER BEEN ARRESTED OR ARRAIGNED FOR A CRIMINAL OFFENSE? YES NO

TO THE BEST OF YOUR KNOWLEDGE ARE YOU CURRENTLY, OR HAVE YOU EVER BEEN, UNDER INVESTIGATION BY ANY LOCAL, STATE, COUNTY, FEDERAL OR FOREIGN LAW ENFORCEMENT AGENCY? YES NO

HAVE YOU EVER HAD AN EMERGENCY, TEMPORARY, OR PERMANENT PROTECTIVE ORDER ISSUED AGAINST YOU UNDER THE PROVISIONS OF THE FOLLOWING STATUTES:

MGL CH. 208 SEC. 18, 34B, 34C (DIVORCE) YES NO

MGL CH. 209 SEC. 32 (ABANDONMENT IN MARRIAGE) YES NO

ARE YOU NOW OR HAVE YOU EVER BEEN INVOLVED AS A PLAINTIFF OR DEFENDANT IN ANY CIVIL COURT, LAND COURT OR SMALL CLAIMS ACTION? YES NO

DO YOU HAVE KNOWLEDGE OF ANY FORTHCOMING CIVIL SUITS IN WHICH YOU WILL BE EITHER A PLAINTIFF OR DEFENDANT? YES NO

IF YES TO EITHER QUESTION, PLEASE PROVIDE THE FOLLOWING INFORMATION.

| | | | |
|------|-------|---------------|---|
| DATE | COURT | DOCKET NUMBER | PLAINTIFF <input type="checkbox"/> DEFENDANT <input type="checkbox"/> |
|------|-------|---------------|---|

DETAILS

ARE YOU NOW OR HAVE YOU EVER BEEN INVOLVED AS A PLAINTIFF OR DEFENDANT IN ANY CIVIL COURT, LAND COURT OR SMALL CLAIMS ACTION? YES NO

DO YOU HAVE KNOWLEDGE OF ANY FORTHCOMING CIVIL SUITS IN WHICH YOU WILL BE EITHER A PLAINTIFF OR DEFENDANT? YES NO

IF YES TO EITHER QUESTION, PLEASE PROVIDE THE FOLLOWING INFORMATION.

| | | | |
|------|-------|---------------|---|
| DATE | COURT | DOCKET NUMBER | PLAINTIFF <input type="checkbox"/> DEFENDANT <input type="checkbox"/> |
|------|-------|---------------|---|

DETAILS

7. GENERAL BEHAVIOR

HAVE YOU EVER USED, POSSESSED, SUPPLIED, OR MANUFACTURED ANY OF THE FOLLOWING SUBSTANCES? MARIJUANA, HASHISH, COCAINE, PCP, METHAMPHETAMINE, PSILOCYBIN, LSD, HEROIN, MORPHINE, STEROIDS, OR ANY OTHER ILLEGAL DRUG. YES NO

HAVE YOU EVER USED, POSSESSED, SUPPLIED OR MANUFACTURED ANY PRESCRIPTION DRUGS WITHOUT A PRESCRIPTION? YES NO

IF YOU ANSWERED YES TO EITHER OF THE PRECEDING QUESTIONS, YOU MUST ATTACH A **REQUIRED WRITTEN RESPONSE IN SECTION 9**. PLEASE BE SPECIFIC IN REGARDS TO THE DATE, LOCATION, TYPE OF DRUG AND HOW IT WAS ADMINISTERED. EACH INDIVIDUAL USE OF A DRUG MUST BE DETAILED.

HAVE YOU EVER BEEN IN A FIGHT AFTER HAVING RECENTLY CONSUMED DRUGS OR ALCOHOL? YES NO

HAVE YOU EVER BEEN IN AN ACCIDENT AFTER HAVING RECENTLY CONSUMED DRUGS OR ALCOHOL? YES NO

HAVE YOU EVER BEEN TAKEN INTO PROTECTIVE CUSTODY? YES NO

IF YOU ANSWERED YES TO ANY OF THE PRECEDING QUESTIONS, YOU MUST ATTACH A **REQUIRED WRITTEN RESPONSE IN SECTION 9**. PLEASE BE SPECIFIC IN REGARDS TO DATES, LOCATIONS, AGENCIES INVOLVED AND ACTIONS TAKEN.

DO YOU NOW, OR HAVE YOU EVER GAMBLED? YES NO

IF YES, YOU MUST ANSWER ALL THE FOLLOWING QUESTIONS:

| | | | |
|------------------------------------|---------------------------------|--------------------------------|--|
| AMOUNT SPENT ON GAMBLING IN A YEAR | LARGEST SUM LOST WHILE GAMBLING | LARGEST SUM WON WHILE GAMBLING | NUMBER OF TIMES A YEAR THAT YOU GAMBLE |
|------------------------------------|---------------------------------|--------------------------------|--|

WHAT TYPES OF GAMBLING HAVE YOU PARTICIPATED IN (CHECK ALL THAT APPLY)?

HORSE TRACK DOG TRACK STATE LOTTERY CASINO GAMES FOOTBALL CARDS
PROFESSIONAL OR COLLEGE SPORTS CARD GAMES SCRATCH TICKETS OTHER (LIST):

ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY CLUB, SOCIETY, PROFESSIONAL ASSOCIATION OR ORGANIZATION?

YES NO

IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION.

| ORGANIZATION | ADDRESS | POSITIONS HELD | DATES |
|--------------|---------|----------------|-------|
| | | | |

DO YOU OBJECT TO WEARING A UNIFORM? YES NO

DO YOU OBJECT TO SHIFT WORK, WORKING NIGHTS, HOLIDAYS AND WEEKENDS? YES NO

DO YOU FORESEE ANY CONFLICT OF INTEREST BETWEEN YOUR PERSONAL HABITS/BELIEFS AND THOSE OF TELECOMMUNICATOR WITH THE TRURO POLICE DEPT? YES NO

If yes to any of these questions, please explain fully below:

8. REFERENCES

Please list as references four individuals you have known for at least two years who have knowledge of you and your qualifications. **DO NOT** include relatives, family members, current or former employers or current fellow employees. All persons whom you list may be asked to appraise your character, ability, experience, personality and other qualities. Complete address information including zip code **must** be listed.

| | | | |
|------------|--------------|-------------|-----|
| NAME | ADDRESS | YEARS KNOWN | AGE |
| OCCUPATION | RELATIONSHIP | HOME PHONE | |
| NAME | ADDRESS | YEARS KNOWN | AGE |
| OCCUPATION | RELATIONSHIP | HOME PHONE | |
| NAME | ADDRESS | YEARS KNOWN | AGE |
| OCCUPATION | RELATIONSHIP | HOME PHONE | |
| NAME | ADDRESS | YEARS KNOWN | AGE |
| OCCUPATION | RELATIONSHIP | HOME PHONE | |

9. ADDITIONAL WRITTEN RESPONSE

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| |
|--|

10. CERTIFICATE OF APPLICANT – PLEASE READ CAREFULLY

I certify that the information and answers are true, complete and correct. I understand that any misrepresentation or omissions of material facts are cause for rejection of application, removal from the eligibility list, suspension or dismissal. I hereby authorize the Town of Truro to investigate all statements contained on this application.

SIGNATURE

DATE

IF APPOINTED, APPLICANTS WILL BE REQUIRED TO SUBMIT PROOF OF IDENTITY AND ELIGIBILITY TO WORK IN THE UNITED STATES. PRIOR TO HIRING, A CANDIDATE WILL BE FINGERPRINTED AND MEDICALLY EXAMINED AT OUR EXPENSE. CONVICTION RECORDS WILL BE CHECKED. ALL APPOINTMENTS ARE SUBJECT TO THE SUCCESSFUL COMPLETION OF A PROBATIONARY PERIOD OF SERVICE.