



# Southwick Police Department Application for Employment Form



Instructions: This form must be clearly printed in ink. **ALL QUESTIONS MUST BE ANSWERED COMPLETELY. IF NOT APPLICABLE INDICATE N/A. NO QUESTION SHOULD BE LEFT BLANK.** If space provided is not sufficient for complete answers, or you wish to furnish additional information, use pages 17 and 19, and number the answers to correspond with questions. **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.**

## PERSONAL HISTORY:

1. Name in full (Last, First, Middle Name)

2. Social Security Number

3. List all other names you have used. 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.

4. Birth Date (Month, Day, Year):

6. Are you a U.S. citizen? Yes ☐ No ☐

6a. Naturalized citizen? Yes ☐ No ☐

Naturalization Number: \_\_\_\_\_

5. Place of Birth (City, State, Country)

## MARITAL STATUS:

7. Single ☐  
Married ☐  
Widowed ☐  
Divorced ☐  
Legally Separated ☐  
Number of Children: \_\_\_\_\_

7a. Date and place of marriage:

\_\_\_\_\_

7b. Date and place of divorce or separation:

\_\_\_\_\_

Court:

\_\_\_\_\_

**THE SOUTHWICK POLICE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER**

## RESIDENCES:

8. Present residence address (street, apartment #, city, state, zip code):

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9. Contact Information

Residence # (    ): \_\_\_\_\_ Business # (    ): \_\_\_\_\_

Cell phone # (    ): \_\_\_\_\_

E-mail address: \_\_\_\_\_

All social media account info: \_\_\_\_\_

10. Name and address of two neighbors who know you at your current address:

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11. Mailing address (include zip code) if different than present residence:

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12. List chronologically **all past residences**. Be as accurate as possible. (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. For **military list all residential addresses** (Not unit addresses).

From Month/Day Year	To Month/Day Year	Apt.	Number & Street	City	State


## EDUCATION:

13. List all educational institutions that you have attended starting with high school:

Name of School	Location	Dates Attended From      To Month/Year Month/Year	Courses	Degree or Diploma

14. Were you ever dismissed from school for any reason during your scholastic career? Yes ☐ No ☐

15. Were you ever suspended or had disciplinary action of any kind taken against you during your scholastic career? Yes ☐ No ☐

16. Have you ever been compelled to withdraw from a class or course for any reason? Yes ☐ No ☐

If YES, explain in detail. School: \_\_\_\_\_ Date: \_\_\_\_\_

Reason: \_\_\_\_\_

16a. Missing Persons: Have you ever been reported to a law enforcement agency as a missing person or runaway? Yes ☐ No ☐

If YES, explain in detail (Include City/Town) \_\_\_\_\_

## FOREIGN LANGUAGE/TRAVEL:

17. List any languages other than English in which you are proficient and describe the type of proficiency as "none," "good," or "fluent."

Language	Speak	Understand	Read	Write

## FOREIGN COUNTRIES YOU HAVE VISITED

18. List foreign countries you have visited beginning with the most recent and work backward.

Country	From Month / Year	To Month / Year	Reason for Visit

## DRIVING RECORD:

19. Provide your Massachusetts Driver's License number and Expiration Date:

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

- 19a. Have you ever been involved in a motor vehicle accident? If so explain below. Yes ☐ No ☐

20. Do you own or have access to an automobile? Yes ☐ No ☐

Year, Make & Model: \_\_\_\_\_ Registration: \_\_\_\_\_ State: \_\_\_\_\_

21. Did you ever possess a Driver's License from another state? Yes ☐ No ☐

If yes, give dates, State and license number (if known): \_\_\_\_\_

22. Has your license to operate motor vehicles ever been revoked or suspended, in this state or any other?

Yes ☐ No ☐

If YES, explain in detail (include dates, city/town): \_\_\_\_\_

## EMPLOYMENT:

23. List chronologically all employment beginning with the most recent. Include summer and part-time employment while attending school, any period of unemployment and any military service.

**ALL time must be accounted for and ALL employment must be provided.**

**CLEARLY STATE THE REASON FOR LEAVING**

Name and Address of Employer		Dates From: To:			
Name					Name of Supervisor & Email Address
Address	Position		Reason for leaving		
City & State	Comments		Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>		Hours Per week
	Tel. # _____		Days <input type="checkbox"/> Nights <input type="checkbox"/>		
Name					Name of Supervisor and Email Address
Address	Position		Reason for leaving		
City & State	Comments		Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>		Hours Per week
	Tel. # _____		Days <input type="checkbox"/> Nights <input type="checkbox"/>		
Name					Name of Supervisor and Email Address
Address	Position		Reason for leaving		
City & State	Comments		Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>		Hours Per week
	Tel. # _____		Days <input type="checkbox"/> Nights <input type="checkbox"/>		
Name					Name of Supervisor and Email Address
Address	Position		Reason for leaving		
City & State	Comments		Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>		Hours Per week
	Tel. # _____		Days <input type="checkbox"/> Nights <input type="checkbox"/>		

List chronologically all employment beginning with the most recent. Include summer and part-time employment while attending school, any period of unemployment and any military service.

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	Tel. # _____		Days <input type="checkbox"/> Nights <input type="checkbox"/>		
Name					Name of Supervisor and Email Address
Address	Position		Reason for leaving		
City & State	Comments		Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>		Hours Per week
	Tel. # _____		Days <input type="checkbox"/> Nights <input type="checkbox"/>		

**24.** Have you ever been dismissed, terminated or asked to resign from any position or employment you have held?

YES ☐ NO ☐

**24a.** Have you ever been counseled either verbally or in writing for poor job performance, inappropriate behavior, attendance or any other work related issue?

YES ☐ NO ☐

**24b.** Have you ever been reprimanded or received a written warning from an employer or supervisor for poor job performance, inappropriate behavior, attendance or any other work related issue?

YES ☐ NO ☐

**24c.** Have you ever been suspended or received disciplinary action of any kind for poor job performance, inappropriate behavior, attendance or any other work related issue?

YES ☐ NO ☐

**23d.** Have you ever quit any job or position without giving notice?

YES ☐ NO ☐

**23e.** Extended Absences from employment: Have you had any extended work absences for reasons other than earned vacation (exclude medical)? If YES, please explain include employer & reason.

**If YES, explain in detail.** Employer's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Reason: \_\_\_\_\_

## MILITARY RECORD:

25. Are you registered for Selective Service?

Yes ☐ No ☐

If "YES" Selective Service Number: \_\_\_\_\_

26. 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	Member of Reserve? Yes <input type="checkbox"/> No <input type="checkbox"/> Branch: _____

27. Are you or were you ever a member of the National Guard or Armed Forces Reserves?

If YES, Dates Served: \_\_\_\_\_ Present ☐ Former ☐ None ☐

29. Do you claim Veterans Preference?

Yes ☐ No ☐

30a. While in the Military were you ever the subject of any disciplinary proceeding?

Yes ☐ No ☐

30b. Was any type of disciplinary action taken against you in the service?

Yes ☐ No ☐

30c. Were you ever reduced in rank?

Yes ☐ No ☐

30d. Did you ever receive any loss of pay?

Yes ☐ No ☐

30e. Were you ever assigned to restricted duty?

Yes ☐ No ☐

30f. Were you ever transferred or reassigned for disciplinary reasons?

Yes ☐ No ☐

30g. Were you ever transferred or reassigned for performance reasons?

Yes ☐ No ☐

If YES to question 30a-30g explain in detail:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## LICENSES:

31. Have you ever been issued any type of firearm license? Yes ☐ No ☐

If YES, Type, Date Issued & Place: \_\_\_\_\_ License Number: \_\_\_\_\_

32. Have you ever applied for and been denied a firearm's license? Yes ☐ No ☐

33. Have you ever had a firearm license revoked or suspended? Yes ☐ No ☐

If YES, please provide details, including date of denial, agency denying application and reason:

34. Have you ever been issued a Hackney License? Yes ☐ No ☐

Date Issued: \_\_\_\_\_ City or Town: \_\_\_\_\_

35. Have you ever applied for a private investigator's license? Yes ☐ No ☐

36. Have you ever applied for a bond or a job that requires a bond? Yes ☐ No ☐

## CIVIL SERVICE EMPLOYMENT:

37. Have you ever applied for any police position or any other civil service position in Massachusetts or another state? If yes, list ALL departments you applied to and the YEAR you applied. Yes ☐ No ☐

37a. Have you ever been denied any police position or civil service position in Massachusetts or another state? Yes ☐ No ☐

37b. Have you ever applied for and then withdrawn from consideration from any other police position or any other civil service position in Massachusetts or another state? Yes ☐ No ☐

37c. Has any law enforcement agency ever investigated your background for purposes of employment? Yes ☐ No ☐

If YES to 37a-c, give details, year, and agency:

38a. Are you now, or have you in the past been employed by the Town of Southwick, or any other city/town in the state or by the Commonwealth of Massachusetts Yes No ☐ ☐

38b. Do you have experience as an intern, volunteer, cadet or explorer, auxiliary with any law enforcement/public safety agency? Yes ☐ No ☐



38c. Are you currently in a state, county or local retirement system? Yes ☐ No ☐  
 Have you withdrawn funds? Yes ☐ No ☐  
 If YES to 38a-c, give dates, agency/dept or retirement board: \_\_\_\_\_

## RELATIVES:

40. Complete Name (first, middle, last) and Address: (Complete even if parent(s) is deceased)

Father	Occupation	Mother (Maiden Name)	Occupation
Address		Address	
Date of Birth		Date of Birth	
Place of Birth		Place of Birth	
Spouse or Partner (give Maiden Name If Applicable)		Ex-Spouse if divorced (give Maiden Name if Applicable)	
Address		Address	
Date of Birth		Date of Birth	
Place of Birth		Place of Birth	

41. List **all** children, family members, friends or roommates with whom you have resided.

Name	Relation	Name	Relation
Address		Address	
Date of Birth		Date of Birth	
Place of Birth		Place of Birth	
Name	Relation	Name	Relation
Address		Address	
Date of Birth		Date of Birth	
Place of Birth		Place of Birth	
Name	Relation	Name	Relation
Address		Address	

Date of Birth	Date of Birth
Place of Birth	Place of Birth

## COURT RECORD:

### 42. Have you ever been convicted of a criminal offense?

*Under Massachusetts Law, you may answer "no record" if any of the following circumstances are applicable:*

- You have never been arrested for violation of a criminal statute.
- You have been arrested but never tried for a criminal offense.
- You have been tried for a criminal offense but were not convicted.
- You have a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbing the peace.
- You have not been convicted of a criminal offense within the 3 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 3 years before the date of this application.
- You have felony or misdemeanor convictions which have been sealed pursuant to Massachusetts Law.
- You have juvenile delinquency or child in need of services complaints, which were not transferred to Superior Court for prosecution.

### YOU MUST ANSWER YES BELOW WITH REGARD TO ALL OTHER CRIMINAL VIOLATIONS.

YES ☐ NO ☐ If YES, complete the following:

Date of Arrest	Police Department	Charge
Court Date	Specific Court	Final Disposition
Date of Arrest	Police Department	Charge
Court Date	Court Specific	Final Disposition
Explain Details:		

43. Do you have a pending matter for **ANY** Criminal offense on which you are awaiting trial or final disposition? YES ☐ NO ☐

44. Have you ever been or are you now a plaintiff or defendant in any Civil Court action or a WITNESS in any Criminal Matter in any court? YES ☐ NO ☐

If YES, to question 43 & 44 provide date, docket number place, court, names of parties involved, nature of action, current status and/or disposition:

## PROTECTIVE/RESTRAINING ORDERS:

45. Have you ever had a temporary or permanent Restraining Order issued against you under the Provisions of the following statutes:

- |  |  |
|--|--|
| 1. M.G.L. c208, s. 18, 34B, 34C (Divorce)  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. M.G.L. c209, s. 32 (Abandonment in Marriage)  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. M.G.L. c209A, s. 3, 4, 5 (Abuse Prevention)   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Protective/Restraining Order from another State?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Have you been involved in a domestic situation (spouse/roommate/family member/boyfriend or girlfriend), where the police responded? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

**If the answer to any of the following is YES, please provide court docket #, where order was issued and circumstances, including current status of order and law enforcement agency involved:**

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## REFERENCES:

46. List three references (not relatives, former or present employers, fellow employees or school teachers) that are responsible adults or have a reputable standing in their community.

Reference #1 - Complete Name		Resident Address		Phone	
No. of Years Acquainted	Occupation	Email Address		Phone	
Reference #2 - Complete Name		Resident Address		Phone	
No. of Years Acquainted	Occupation	Email Address		Phone	
Reference #3 - Complete Name		Resident Address		Phone	
No. of Years Acquainted	Occupation	Email Address		Phone	

## FINANCIAL RECORD:

47. List all creditors to whom you currently owe \$500 or more, including all credit cards. **You are also required to submit a credit report as part of the application process.** (Experian/Equifax/Trans Union.) A lack of credit will not be held against you.

CREDITOR AND ADDRESS	AMOUNT OWED	ACCOUNT #

48. Are you now over 180 days delinquent on any loan or financial obligation? Yes ☐ No ☐

If you answered YES, provide the information requested below:

Month/Year	Type of Loan or Obligation (Acct. #)	Name and Complete Address of Creditor or Obligee

49. Have you ever been sued or had your wages garnished? Yes ☐ No ☐

If YES, give details: \_\_\_\_\_

50. Are you now or have you ever received any type of Public Assistance (unemployment compensation, Transitional Assistance, AFDC, etc.) Yes ☐ No ☐

**If YES: Type Received:** \_\_\_\_\_

Dates: \_\_\_\_\_

Location(s): \_\_\_\_\_

## **SUPPORT ORDERS:**

51. Are there any orders/agreements entered into regarding child support/alimony? Yes ☐ No ☐

52. If YES to question 51, are the order/agreements being fulfilled to their fullest? Yes ☐ No ☐

53. If YES to question 51, have there been any previous problems in fulfilling these orders/agreements?  
Yes ☐ No ☐

**If you answered YES above, explain your answer(s) in the space below (include court, judgement, penalties):**

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## **INCOME TAXES:**

54. Have your Massachusetts Tax Returns been filed on time for the last 7 years? Yes ☐ No ☐

55. Have your Federal Tax Returns been filed on time for the last 7 years? Yes ☐ No ☐

56. Are you delinquent on any State or Federal Tax Liabilities? Yes ☐ No ☐

56a. Have you ever held any job or position of employment in which you did not pay income taxes?  
Yes ☐ No ☐

**If you answered YES explain your answer(s) in the space below:**

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## **MISCELLANEOUS:**

57. Do you now owe money for traffic fines? Yes ☐ No ☐

58. Do you now owe money for parking tickets? Yes ☐ No ☐

59. Do you now owe money for excise taxes? Yes ☐ No ☐

**If you answered YES to any of the above, give complete details including amount owed and to whom owed:**

## INVESTIGATION RECORD:

60. Has the Commonwealth of Massachusetts, any Federal Agencies, Municipality, or other Police Agency (campus police) investigated your background? Yes ☐ No ☐

If YES, provide the information below:

Month / Year	Investigating Agency

60a. If you are a current or former police officer, answer the following questions. If not, go to question 61

- b. Have you ever been the subject of an internal investigation or citizen's complaint? Yes ☐ No ☐
- c. Have you ever been suspended from duty, with or without your police powers (except medical)? Yes ☐ No ☐
- d. Have you ever been subjected to departmental disciplinary action? Yes ☐ No ☐
- e. Have you ever been involved in any traffic accident while operating a department or government vehicle? Yes ☐ No ☐
- f. Have you received less than satisfactory performance reports or evaluations? Yes ☐ No ☐
- g. Have you ever been questioned/interviewed/interrogated by your department's internal affairs unit? Yes ☐ No ☐
- h. Have you ever discharged your service weapon on-duty or off-duty (excluding training/animal destruction)? Yes ☐ No ☐
- j. Have you ever been deemed untruthful in any judicial or administrative proceeding? Yes ☐ No ☐
- k. Have you ever been investigated for or charged with excessive force? Yes ☐ No ☐
- l. Have you ever been investigated for by current or past agency for an allegation of domestic abuse (spouse/family member/roommate/boyfriend or girlfriend)? Yes ☐ No ☐

If YES, please provide department, year and findings of investigation: \_\_\_\_\_

## BUSINESS INVOLVEMENT:

61. Do you, your spouse or partner presently own more than 10% of the following:

- |                                       |  |
|---------------------------------------|--|
| A. A Company                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| B. A Partnership (General or Limited) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| C. Joint Venture                      | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| D. Joint Enterprise                   | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If you answered YES to any of the above, provide the required information below:

Name of Business	Location (Address/City, Zip Code)	% Owned

## PROPERTY OWNERSHIP:

62. List all real property in which you, your spouse or partner, or your minor children have an equity or financial interest.

Property Address	Owner	Relationship (self, spouse, etc.)

63. List all real property in which you or your spouse have purchased or sold in the past ten years.

Property Address	Owner	Type of Transaction and Date

If you rent property, provide the landlord's name and phone number \_\_\_\_\_

## OUTSIDE ACTIVITIES:

64. List any activities, which you may wish to have considered as reflecting favorably on your reputation for leadership, responsibility, honesty, and integrity. **(Response is Optional)**

From:	To: (month/year)	Activity	Location (City / State)

## PRIOR EMPLOYMENT APPLICATIONS:

65. Have you ever provided false information on any application for employment? Yes ☐ No ☐

66. Have you ever withheld information on any application for employment? Yes ☐ No ☐

67. Have you ever misrepresented your qualifications on any application for employment? Yes ☐ No ☐

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## CONTINUATION SPACE:

Use the space below to continue an answer or add additional information. Identify the page number and question. If more space is needed use the required additional responses form on page 19.

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After completing this form you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification.

**Certification That My Answers Are True:**

*I have read each question asked of me and understand each question. My statements on this form, and any attachments to this form, including but not limited to a resume, are true, and correct and are made in good faith.*

Signature (sign in black ink):

Date:

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Notary Public signature:

Date:

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## AGREEMENT

1. I swear (or affirm) that the information I have caused to be entered into the preceding pages of this application form for a police officer position in the Southwick Police Department is true and complete.
2. I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision.
3. I understand that this application is but one element of the selection process and that an acceptable background investigation does not guarantee my selection.
4. I understand that false or misleading information given herein or during interview(s) will result in my being disqualified from further consideration and /or termination from employment with the Southwick Police Department.
5. I understand that all appointments are probationary for a period of one (1) year during which I must demonstrate my fitness for continued employment by the Southwick Police Department. I also understand that in many parts of the Southwick Police Department, it has been necessary to establish regular night and midnight shifts, as well as unscheduled mandatory overtime, in view of which I must be available for such assignments as need might require. 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 Southwick Police Department. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete.
6. I certify that the answers to the foregoing questions are true and complete and I authorize the Town of Southwick to investigate all statements contained in the application as may be necessary to determine my fitness, skills and qualifications for employment. I understand that false or misleading information given here or in interview(s) may result in rejection of this application or in my dismissal if I am hired.
7. I understand that if I am untruthful I will be automatically disqualified from further consideration and my name shall be removed from the eligibility list.
8. I further understand that if there are any changes to my status or to the information I have provided I will immediately notify the Southwick Police Department in writing. Failure to notify the Department in a timely manner may result in my being disqualified from further consideration, rejection of my application or in my dismissal if I am hired.

Applicant's Full Name (Print Legibly): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

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

**SOUTHWICK POLICE DEPARTMENT**  
**Recruit Candidate Information Form**  
**Required Additional Response**

Candidate Name: \_\_\_\_\_

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

Additional Response to Question # \_\_\_\_\_ on page \_\_\_\_\_

**Your Statement:** \_\_\_\_\_

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*Your Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**WARNING**

*If you answer untruthfully and we discover this fact, you will automatically be disqualified from further consideration. Furthermore, your name may be removed from the eligibility list. A false or incomplete answer to any question in this application may be grounds for not employing you, or for dismissing you after you begin work and may be punishable by fine or imprisonment.*