

If other, please elaborate: _____

If you own a home, provide the name, address, and phone number of mortgage holder.

Mortgage Holder: _____ Phone: _____

Address: _____

i. Do you own any other real estate? Yes [] No [] If yes, provide details.

Address	State	Mortgage Held By	Mortgage Holder's Phone	Type of Property (Residential, Rental, Commercial, etc.)

j. List all credit card accounts for which you are responsible.

Card Name & Address	Account Number	Amount Owed

k. Do you have any relatives that are currently employed by the Fairhaven Police Department?

Yes [] No [] If yes, please provide name and relationship.

l. Do you have any relatives that were previously employed by the Fairhaven Police Department?

Yes [] No [] If yes, please provide name and relationship.

m. Do you personally know any police officers employed with the Fairhaven Police Department?

Yes [] No [] If yes, please provide name and rank (if known).

n. As a public safety agency, the Fairhaven Police Department operates 24 hours per day, seven days a week, including holidays. Are you willing and able to work on any shift, including holidays and weekends, to which you may be assigned? Yes [] No [] If no, please explain:

o. If your application is considered favorably, on what date are you available to start work?

p. Do you possess a valid driver's license from the Commonwealth of Massachusetts?
 Yes [] No [] If yes, what is your Driver's License #? _____

q. Has your driver's license in this state, or any other state, ever been suspended or revoked?
 Yes [] No [] If yes, provide details.

r. Have you previously submitted an application for any employment with the Town of Fairhaven?
 Yes [] No [] If yes, provide the name of the department and date.

s. Have you previously submitted an application for employment with another police department (local, county, state, and/or federal)? Yes [] No []
 If yes, provide the name and address of each agency and date of application.

Agency Name	Address	Application Date

Personal History Notes:

High School					
College					
Graduate					
Other: Equivalency, etc.					
Courses Now Studying:					

b. Attach a certified copy of your high school and college transcripts documenting your successful graduation.

c. 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, provide school, date and action taken.

School: _____ Date: _____
Action Taken: _____

d. *List awards, honors, citations, positions held in school organizations, athletic endeavors, 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.)

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

f. Indicate your proficiency in each phase of each foreign language as “none”, “good”, or “fluent”.

Language	None	Speak		Understand		Read		Write	
		Good	Fluent	Good	Fluent	Good	Fluent	Good	Fluent
Spanish									
French									

Italian									
German									
Russian									
Greek									
Japanese									
Chinese									
Portuguese									
Laotian									
Vietnamese									
Cambodian									
Other (specify)									

g. Are you a member of the Bar? Yes [] No [] If yes, list state(s) in which you are admitted.

h. Please list any office machines, special equipment or computer systems with which you have experience. Also include your degree of proficiency with each.

- i. 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 []
 Do you now owe money for income taxes? Yes [] No []

If you answered "Yes" to any of the above, please provide complete details including the amount owed and to whom it is owed.

Education Notes:

III. EMPLOYMENT HISTORY

- a. In reverse chronological order, list all employments, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth the dates of unemployment. Applicants may also include verifiable work performed on a volunteer basis.

Dates		Name and Address of Employment	Rates of Pay	
From Mo./Yr.	To Mo./Yr.		<u>Start</u>	<u>Finish</u>
Your Position or Title:		Supervisor's Name, Title, and Phone Number:		
Reason for Leaving:				

Dates		Name and Address of Employment	Rates of Pay	
From Mo./Yr.	To Mo./Yr.		<u>Start</u>	<u>Finish</u>
Your Position or Title:		Supervisor's Name, Title, and Phone Number:		
Reason for Leaving:				

Dates		Name and Address of Employment	Rates of Pay	
From Mo./Yr.	To Mo./Yr.		<u>Start</u>	<u>Finish</u>
Your Position or Title:		Supervisor's Name, Title, and Phone Number:		
Reason for Leaving:				

Dates		Name and Address of Employment	Rates of Pay	
From Mo./Yr.	To Mo./Yr.		<u>Start</u>	<u>Finish</u>
Your Position or Title:		Supervisor's Name, Title, and Phone Number:		
Reason for Leaving:				

Dates		Name and Address of Employment	Rates of Pay	
From Mo./Yr.	To Mo./Yr.		<u>Start</u>	<u>Finish</u>
Your Position or Title:		Supervisor's Name, Title, and Phone Number:		
Reason for Leaving:				

Dates		Name and Address of Employment	Rates of Pay	
From Mo./Yr.	To Mo./Yr.		<u>Start</u>	<u>Finish</u>
Your Position or Title:		Supervisor's Name, Title, and Phone Number:		
Reason for Leaving:				

Dates		Name and Address of Employment	Rates of Pay	
From Mo./Yr.	To Mo./Yr.		<u>Start</u>	<u>Finish</u>
Your Position or Title:		Supervisor's Name, Title, and Phone Number:		
Reason for Leaving:				

Dates		Name and Address of Employment	Rates of Pay	
From Mo./Yr.	To Mo./Yr.		<u>Start</u>	<u>Finish</u>
Your Position or Title:		Supervisor's Name, Title, and Phone Number:		
Reason for Leaving:				

Dates		Name and Address of Employment	Rates of Pay	
From Mo./Yr.	To Mo./Yr.		<u>Start</u>	<u>Finish</u>
Your Position or Title:		Supervisor's Name, Title, and Phone Number:		
Reason for Leaving:				

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

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

- a. Have you ever served on active duty in the Armed Forces of the United States or the National Guard?
 Yes No
 If yes, provide telephone number and name of supervisor(s) What was the highest rank attained?

If yes, please complete each of the following.

<u>Branch of Military Service:</u>	<u>Serial Number:</u>	<u>Dates of Active Duty</u>
_____	_____	From: _____
		To: _____
<u>Type of Discharge:</u>	<u>Date of Discharge:</u>	<u>Member of Reserve?</u>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Branch: _____

- b. Was any type of disciplinary action taken against you in the Military Service?
 Yes No If yes, please explain.

- c. 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, provide the name of the unit and location.

Summer Camp or Similar Training Attendance From: _____ To: _____
 Location: _____

- d. Do you claim Veterans Preference under the Civil Service Law? Yes No

Basis: Active Duty prior to June 6, 1976 Active Duty in Grenada
 Active Duty in Lebanon Active Duty in Persian Gulf
 Active Duty in Panamanian Intervention Force
 Other (explain): _____

- e. If you were ever a member of the Armed Services, were you court-martialed?
 Yes No If yes, please explain.

Military Service Notes:

V. 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.

First Reference

Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

How Does This Person Know You? _____

How Long Has This Person Known You? _____

Second Reference

Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

How Does This Person Know You? _____

How Long Has This Person Known You? _____

Third Reference

Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

How Does This Person Know You? _____

How Long Has This Person Known You? _____



**TOWN OF FAIRHAVEN
MASSACHUSETTS**



DEPARTMENT OF POLICE

**1 Bryant Lane
Fairhaven, MA 02719
508-997-7421**

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

I understand that a physical, which includes a drug screening urinalysis, may be required after an employment offer has been made. I understand that this is not a contract of employment and I or the Fairhaven Police Department 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 the Fairhaven Police 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 Fairhaven Police 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 Fairhaven 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 the Fairhaven Police Department, its agents and representatives, and any person furnishing or receiving information, from any and all liability of every nature and kind arising out of the furnishing 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

Printed Name of Applicant

Signature of Applicant



**TOWN OF FAIRHAVEN
MASSACHUSETTS
DEPARTMENT OF POLICE**

**1 Bryant Lane
Fairhaven, MA 02719
508-997-7421**

GENERAL RELEASE



I, _____, born in _____
(first name, middle initial, last name) (city, state)

having filed an application for employment with the Fairhaven Police Department, consent to have an investigation made as to my moral character, reputation and fitness for the position to which I have applied. I also agree that such information as may be received, reported to and reviewed by 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 Fairhaven 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 Fairhaven Police Department or any of its agents or representatives to inspect and make copies of such documents, records and other information.

Specifically, in addition, I hereby authorize the release of the following data or records to the Fairhaven Police Department: _____ hereby release, discharge and exonerate the Fairhaven 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 Fairhaven Police Department.

I agree that, with the exception of an investigative consumer (credit) report, any information furnished may be declared "confidential" by the police department and need not be disclosed to me.

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

Printed Name of Applicant

Printed Name of Witness

Signature of Applicant

Signature of Witness

Street Address

City, State, Zip Code

Date



**TOWN OF FAIRHAVEN
MASSACHUSETTS
DEPARTMENT OF POLICE
1 Bryant Lane
Fairhaven, MA 02719
508-997-7421**



CREDIT CHECK AUTHORIZATION

The undersigned applicant certifies that he/she has duly authorized this credit check, and he/she acknowledges that all information requested is for the exclusive, official use of the Fairhaven Police Department and for use only in connection with such investigation; and the consumer report requested is for a permissible purpose under the Fair Credit Reporting Act, of which the undersigned is knowledgeable.

Pursuant to the provisions of the Fair Credit Reporting Act, any person who knowingly and willfully obtains information from a consumer reporting agency under false pretenses shall be fined not more than \$5000 or imprisoned for not more than one year, or both.

In addition, similar rights are provided under applicable Massachusetts statutes. For example, M.G.L. c.93, §53 requires that prior to requesting a consumer report, we secure your written permission. You should know that an investigative consumer report commonly includes information as to the consumer's character, general reputation, personal characteristics, and mode of living. The Fairhaven Police Department will request a consumer credit report on you and you have the right to have a copy of the report on request.

Printed Name of Applicant

Printed Name of Police Department Employee
Requesting This Report

Signature of Applicant

Title

Street Address

Fairhaven Police Department

Police Department Requesting Check

City, State, Zip Code

Date



Mark Rees
Town Administrator

**TOWN OF FAIRHAVEN
MASSACHUSETTS
DEPARTMENT OF POLICE
1 Bryant Lane
Fairhaven, MA 02719
508-997-7421**



Michael J. Myers
Chief of Police

REQUIRED FORMS

You are being considered for employment as a full-time Emergency Telecommunicator with the Fairhaven Police Department. Please complete the attached application packet and return it to the Detective Division ***immediately*** along with the following information:

1. Copy of Birth Certificate
2. Copy of Social Security Card
3. Transcripts from any schools you attended
4. Copy of Diplomas (High School, College, etc.)
5. Military DD214, If applicable
6. Copy of Drivers License
7. Copy of Marriage Certificate, If applicable
8. Credit Report (May be obtained from www.experian.com, www.equifax.com, or www.transunion.com)

Printed Name of Applicant

Date:

Signature of Applicant

Street Address

Fairhaven Police, Detective Division
Police Department Requesting Check

City, State, Zip Code