



c. How long have you lived at the above address? \_\_\_\_\_

d. Provide neighbors' name, address and telephone number who can verify above.

Name	Address	Phone

e. \*Weight (without clothes): \_\_\_\_\_ Height (without shoes): \_\_\_\_\_  
Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
Scars, Tattoos, or other distinguishing body marks: \_\_\_\_\_  
\_\_\_\_\_

f. Are you lawfully eligible for employment in the United States? Yes [ ] No [ ]

g. In reverse chronological order, please state every place you have resided within the past ten years. Include addresses while attending school, if away from home, and all military addresses.

From Month/Year	To Month/Year	Address	(Apt. #)	City/Town	State	Landlord's Name and Telephone #

- h. Do you currently: own a home ☐ rent ☐ live with parents ☐ other ☐?

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

[illegible]

## II. EDUCATION

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

	School Name, Address and Phone Number	Graduated Yes/No	# of Years Attended	Degree	Major
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.

---



---



---



---



---



---

[illegible]



---

---

### 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:

---



---



---



---



---



---

Blank lined paper for writing.

#### IV. MILITARY SERVICE

- 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.

---

---

[illegible]

## 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? \_\_\_\_\_

## 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 felony or misdemeanor convictions which have been sealed pursuant to Massachusetts Law; or*
- (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 5 years other than the first conviction for drunkenness, 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 5 years ago which resulted in a jail sentence from which you were released within the last 5 years?  
Yes [   ]    No [   ]
- d. If your answer to any of the three preceding questions (a., b., or c.) is yes, 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:

Full Description of Offense	Date of Offense	Court & Docket No.	Disposition, (Finding, Sentence, & Probation) and any mitigating circumstances



- e. Have you ever been convicted of a sexual offense? Yes [ ] No [ ]  
If you have answered yes, please state the following.

Full Description of Offense	Date of Offense	Court & Docket No.	Disposition, (Finding, Sentence, & Probation) and any mitigating circumstances

- f. Have you ever been convicted of a narcotic drug offense? Yes [ ] No [ ]  
If you have answered yes, please state the following.

Full Description of Offense	Date of Offense	Court & Docket No.	Disposition, (Finding, Sentence, & Probation) and any mitigating circumstances

- g. Have you ever been sentenced to imprisonment after conviction of a crime? Yes [ ] No [ ]  
If you have answered yes, please state the following.

Full Description of Offense	Date of Offense	Court & Docket No.	Disposition, (Finding, Sentence, & Probation) and any mitigating circumstances

- 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 state the following.

Full Description of Offense	Date of Offense	Court & Docket No.	Disposition, (Finding, Sentence, & Probation) and any mitigating circumstances

- i. Have you ever been or are you currently the subject of any petition for restraining order requested or issued pursuant to c. 209A or other abuse prevention statutes, of the Massachusetts General Laws or any other domestic violence, abuse prevention or “no contact” order in this or any other state? 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, provide the nature of action, court, and docket number.

Nature of Action	Court	Docket No.

## This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, leaving small margins at the top and bottom. There is no handwriting or other markings on the paper.

## VII. LICENSES

- a. Do you have experience with firearms? Yes [ ] No [ ] If yes, please explain.

---



---



---

- b. Have you ever been issued a license to carry firearms? Yes [ ] No [ ]  
If yes, please specify.

Issued By	Date Issued	Reason	Firearm License Number

- c. Have you ever applied for and been denied a license to carry a firearm? Yes [ ] No [ ]  
If yes, please specify.

Denied By	Date Denied	Reason

- d. Have you ever been issued a Firearms Identification Card? Yes [ ] No [ ]  
If yes, please specify.

Issued By	Date Issued	Card Number

- e. Have you ever applied for and been denied a Firearms Identification Card? Yes [ ] No [ ]  
If yes, please specify.

Denied By	Date Denied	Reason

- f. If the answer to “b” or “d” above is yes, was the license to carry or Firearms Identification Card ever revoked or suspended? Yes [ ] No [ ] If yes, provide details.

---



---



---



---

**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.**

*Thank you for completing this application and your interest in employment with the Fairhaven Police Department.*

[illegible]



**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





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



***CORI CHECK ACKNOWLEDGMENT***

I, \_\_\_\_\_ residing at \_\_\_\_\_  
(first name, middle initial, last name) (street address)

\_\_\_\_\_, acknowledge that a Criminal Offender Record Information  
(city, state)  
(CORI) check will be performed as part of the Fairhaven Police Department'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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant



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



***TOBACCO PRODUCTS***

Please be advised that, in accordance with the provisions of Chapter 697, Section 117 of the Acts of 1987, no person who smokes tobacco products shall be eligible for appointment as a Police Officer or Fire Fighter from any Civil Service eligible list established after the effective date of this act, and no person appointed shall continue in such office or position if such person thereafter smokes any tobacco products.

---

Date

---

Printed Name of Applicant

---

Signature of Applicant



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



***MEDICAL AND PHYSICAL FITNESS STANDARDS***

Please be advised that once established you must meet Medical and Physical Fitness Standards while employed in order to maintain your employment. Every two years, you will be required to undergo a medical and physical fitness assessment. This assessment will consist of a related physical fitness test designed to simulate the physical demands of the duties that may be performed by police officer or fire fighters, and an assessment of your overall medical condition as it relates to your ability to perform the essential functions of your job. In order to assist you in meeting these standards, wellness programs will be made available to you that will provide you with information on maintaining your physical fitness and overall health and provide an assessment of key health indicators such as blood pressure and cholesterol levels. These standards are mandated by the provisions of Section 22D of Chapter 32 of the Massachusetts General Laws, as amended by Chapter 697 of the Acts of 1987.

---

Date

---

Printed Name of Applicant

---

Signature of Applicant



Town Administrator

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



Daniel M. Dorgan  
Chief of Police

***REQUIRED FORMS***

You are being considered for employment as a full-time Patrol Officer 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. Recruit Training Fee Agreement
9. Credit Report (May be obtained from [www.experian.com](http://www.experian.com), [www.equifax.com](http://www.equifax.com), or [www.transunion.com](http://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



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



Daniel M. Dorgan  
Chief of Police

***RECRUIT TRAINING FEE AGREEMENT***

Agreement made this \_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_, by and between the Town of Fairhaven, Massachusetts, acting by and through its Board of Selectman (the "Town") and \_\_\_\_\_ of \_\_\_\_\_, Massachusetts (the "Student Officer").

For good and valuable consideration, the receipt and sufficiency which is hereby acknowledged, the Town and Student agree as follows:

The Town agrees to assume and be responsible for the Three Thousand Two Hundred, (\$3,200) Dollar municipal police recruit training academy fee authorized by Chapter 38, Section 305 of the Acts of 1995 for the Academy (the "Academy"), provided, however, that the Student Officer remains in the employ the Town for a period of three (3) years following completion of the Academy.

Notwithstanding a lay-off or duty related disability retirement approved by the Bristol County Retirement Board, should said Student Officer leave the employ of the Town at any time during the Academy or within the first year after completing the Academy, then he/she shall be responsible to reimburse the Town one hundred percent (100%) of the Academy fee together with all costs incurred by the Town for medical examinations and Physical Ability Testing (PAT) of the Student Officer required by Massachusetts Human Resource Division (HRD) or its successor, and all cost for certain supplies, equipment, uniforms and ammunition, if any, furnished by the Town to the Student Officer for use at the Academy.

Notwithstanding a lay-off or duty related disability retirement approved by the Bristol County Retirement Board, should said Student Officer leave the employ of the Town at any time during the Academy or within the first year after completing the Academy, then he/she shall be responsible to reimburse the Town seventy-five percent (75%) of the Academy fee together with all costs incurred by the Town for medical examinations and Physical Ability Testing (PAT) of the Student Officer required by Massachusetts Human Resource Division (HRD) or its successor, and all cost for certain supplies, equipment, uniforms and ammunition, if any, furnished by the Town to the Student Officer for use at the Academy.

Notwithstanding a lay-off or duty related disability retirement approved by the Bristol County Retirement Board, should said Student Officer leave the employ of the Town at any time during the Academy or within the first year after completing the Academy, then he/she shall be responsible to reimburse the Town fifty percent (50%) of the Academy fee together with all costs incurred by the Town for medical examinations and Physical Ability Testing (PAT) of the Student Officer required by Massachusetts Human Resource Division (HRD) or its successor, and all cost for certain supplies, equipment, uniforms and ammunition, if any, furnished by the Town to the Student Officer for use at the Academy.

Executed as a sealed instrument.

Town of Fairhaven

By: \_\_\_\_\_  
(Printed Name of Police Department Administrator/Title)

\_\_\_\_\_  
(Printed Name of Student Officer)

\_\_\_\_\_  
(Police Administrator Signature and Date)

\_\_\_\_\_  
(Student Officer Signature and Date)