Nantucket Police Department

2016 Community Service Officer

EMPLOYMENT APPLICATION

Notice to Applicant:

DATE: _____

Attach an Original Passport Size Photograph cut to fit Here

NO PHOTOCOPIES

This Application MUST BE pre-filled on your computer, typewritten, or clearly printed in blue or black ink. The completeness, readability and your ability to follow instructions are weighed in determining your eligibility for hire. Applications which are not legible, not complete, or fail to include all required information may not be considered. If the space provided is not sufficient for complete answers, attach a separate letter sized sheet to this application and number answers to correspond with each question. If a question is not applicable, so state with N/A. You are applying for a responsible public safety position. It is essential that you follow instructions specifically as directed. Ensure that all dates and other information provided is absolutely accurate. When you have completed this application, you MUST mail this form with original signatures, photograph and other attachments. FAX and email copies will not be accepted.

DEADLINE FOR RECEIPT OF APPLICATIONS IS February 28, 2016

All Applicants must submit the following documents with this Application:

- Certified transcript from your College/University
- Copy of your High School Diploma or Transcriprt from your High School indicating your attendance and final grades.
- Copy of your Birth Certificate
- Writing Sample: *Submit with this application a 150 word essay in your own HAND WRITING (not typed) explaining why you want to be a Nantucket Police Officer. You may also include in this writing sample other topic areas, such as your career goals or qualifications. This is a writing sample to determine your ability to write and compose a paragraph.*
- Copy of your Social Security Card
- Copy of your Drivers License
- Copy of your Military DD-214 *(if applicable)*

Personal Data

Applicants Full Name: _____
Last Name, First Name, Middle Name

Legal Residental Address: _____
Number Street Name, City, State, Zip Code

Mailing Address *(if different from above)*: _____
Number Street Name, City, State, Zip Code

Date of Birth: _____ Height: _____ Weight: _____ Sex: ☐ Male ☐ Female

Social Security Nbr: _____ US Citizen? ☐ YES ☐ NO

Drivers License Nbr: _____ Home Telephone Nbr: _____

Drivers License State of Issue: _____ Work Telephone Nbr: _____

Vehicle License Plate Number: _____ Cellular Telephone Nbr: _____

Vehicle License Plate State of Issue: _____ Email Address: _____

Medical Data

1. List any past or present physical defects or disabilities, including the extent of defective vision, with and without glasses, and deficiencies in color vision or hearing.

2. List any physical limitations or handicaps, including any which would prevent you from properly performing the work required for the position that you have applied for.

3. List any serious illnesses or operations, including hospitalization for any reason. Provide dates with each description.

4. List any mental illnesses, including out-patient or in-patient care by a psychiatrist or psychologist.

5. List the number of days lost from work or school due to due to illness of any kind over the past five (5) years. List the reasons for those absences.

Credit History

1. List any circumstances in which you have been refused credit or where your credit record has been considered unsatisfactory.

2. List any creditors to whom you are indebted to in excess of one thousand dollars ($1,000).

Creditor Name	*Address*	*Accoount Number*	*Amount Owed*

Residential Addresses

1. In chronological order, starting first with your present residential address, state every place that you have resided within the past ten (10) years. Include addresses while attending school (if away from home), and all military addresses.

From Month/Year	*To Month/Year*	*Street Address*	*City, State*	*Landlords Name and Telephone Number*
	PRESENT			

Miscellaneous

1. Are you willing to work any shift, for example, 11 p.m. to 7 a.m. or midnight to 8 a.m., during the week, weekends and holidays if required? ☐ Yes ☐ No (If No, why?) _____

2. List all current and previous applications submitted or on file with other police agencies.

_____

_____

_____

_____

3. If your application is considered favorably, on what date can you start work? _____

IMPORTANT NOTE REGARDING YOUR START DATE: The required starting date for this position is Monday, June 6, 2016. If you are not available by this date, your application will be rejected. If you have a final exam conflict or you require a day or two to finish classes, allowances may be made on a case by case basis. If you are requesting an exception to the start date, you must explain in writing why you require a change.

Education

1. In chronological order, list each school attended.

School Name	*Address, City, State*	*Dates of Attendance*		*Course of Study*	*Degree Date or Graduation Date*
		From	*To*		
HIGH SCHOOL					
COLLEGE - UNIVERSITY					
GRADUATE SCHOOL					
MILITARY TRAINING					
POLICE ACADEMY					
OTHER EDUCATION					

2. List any dismissals from school, or disciplinary actions, including scholastic probation, which occurred during your scholastic career.

3. List any awards, honors, citations, and other special recognition that you received while attending school.

4. List any special abilities, interests, or hobbies, and your proficiency in them, which might be related to the job you are applying for.

Employment Record

1. List chronologically from your present or the most recent employer, all employment for the past ten (10) years.

Name and Address of Employer	*Dates of Employment*		*Position*	*Name of Supervisor*	*Reason for Leaving*
	From	*To*			
Name Address City, State, Zip					
Name Address City, State, Zip					
Name Address City, State, Zip					
Name Address City, State, Zip					
Name Address City, State, Zip					
Name Address City, State, Zip					

2. Have you ever been dismissed, asked to resign, suspended, reprimanded, censured or received any other type of discipline or job action from any employer? ☐ No ☐ Yes - (If yes, provide specific details below)

3. Are you eligible for rehire with each of your former employers? ☐ Yes ☐ No - (If No, provide specific details below)

Military Record

1. Active duty military service, provide a copy of your DD-214 with this application.

Branch: _____ Rate/Specialty: _____ Rank: _____ Dates of Service From: _____ To: _____

2. National Guard or Reserve service

Branch: _____ Rate/Specialty: _____ Rank: _____ Dates of Service From: _____ To: _____

3. Type of Discharge: _____ Date of Discharge: _____

4. List any disciplinary actions that were taken against you as a member of the active duty armed forces, the reserve, or the National Guard.

_____

_____

_____

_____

5. If you are currently a member of the reserve or the National Guard, list for the next 12 months any scheduled or planned drills, training sessions, camps, meetings, or active duty training requirements, and list the name and location of your current unit.

Activity	*Location*	*Dates of Training*	
		From	*To*

Emergency Contacts

1. List the names, telephone number, relationship to you and address of persons who may be contacted by the Department in the event of an emergency.

Name	*Street Address, City, State*	*Relationship*	*Telephone Number*

Court Record

1. List any criminal charges, arrests or convictions, include a description of the offenses, date of offense, disposition and the court or criminal justice agency in whose jurisdiction the incident occurred.

☐ **CHECK THIS BOX IF YOU HAVE NO COURT RECORD**

Charge	*Date of Offense*	*Police Agency or Court*	*Finding / Disposition*

2. Have you ever been a party to a civil suit or has there ever been a judgment or lien placed against you?

☐ No ☐ Yes - (If yes, provide specific details below)

3. Have you ever been or are you the subject of any petition for restraining order requested or issued pursuant to Chapter 209A or other abuse statutes of the Massachusetts General Laws or similar laws of other states?

☐ No ☐ Yes - (If yes, provide specific details below)

Traffic Record

1. List all motor vehicle violations that you have been stopped for and or received a violation notice/citation:

☐ **CHECK THIS BOX IF YOU HAVE NO TRAFFIC RECORD**

Charge - Offense	*Date*	*Police Agency or Court*	*Fine Paid / Disposition*

Motor Vehicle Crash - Accident Record

1. List all motor vehicle violations that you have been stopped for and or received a violation notice/citation:

Location	*Date*	*Police Agency*	*At Fault?*		*Disposition*
			◯ Yes	◯ No	
			◯ Yes	◯ No	
			◯ Yes	◯ No	
			◯ Yes	◯ No	
			◯ Yes	◯ No	

References

1. List three references (not relatives, in-laws, former or present employers, fellow employees or school teachers) who are responsible adults, have a 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.

REFERENCE 1

Name - (Last, First) _____ Phone Number _____

Address _____

How long has this person known you? _____ How does this person know you? _____

REFERENCE 2

Name - (Last, First) _____ Phone Number _____

Address _____

How long has this person known you? _____ How does this person know you? _____

REFERENCE 3

Name - (Last, First) _____ Phone Number _____

Address _____

How long has this person known you? _____ How does this person know you? _____

2. List Parents, Spouse and Children.

Name	*Address*	*Telephone Number*	*Relationship*

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

I understand that a physical exam, which Includes a drug screening urinalysis, may be required after a conditional offer of employment has been made. I understand that this is not a contract of employment and I or the Town of Nantucket 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 any Town representative, are disavowed and may not be relied upon by any prospective or existing employee.

I understand also that this Department has established day, night and weekend 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 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 Nantucket 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 Town of Nantucket, 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 _____ Signature of Applicant _____

NOTARY CERTIFICATION

I, _____ , being duly sworn, depose and state I am the above named person. I signed the foregoing statement. I personally read and printed by hand or completed by compter/typewriter answers to each and every question therein and I do solemnly swear that each and every answer is full, true and correct in every respect.

Signature of Applicant _____

Sworn before me this _____ day of _____, 2016

_____
Notary Public
My Commission Expires: _____

Town of Nantucket
Police Department

William J. Pittman
Chief of Police

Charles Gibson
Deputy Chief of Police

4 Fairgrounds Road
Nantucket, Massachusetts
02554-2804

Telephone (508) 228-1212
Facsimile (508) 228-7246
www.nantucket-ma.gov/police

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I , _____ do hereby authorize a review of and full disclosure of all records, or any part thereof concerning myself, by and to a duly authorized agent of the Nantucket Police. The intent of this authorization is to give my consent for full and complete disclosure for the records of: educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and or savings accounts, loans, records of commercial or retail credit agencies, including credit reports and or ratings; medical and psychiatric treatment and or consultation, including hospitals, clinics private practitioners and the United States Veterans Administration; public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and salary records; real and personal property records and other financial statements and or records wherever filed; records of complaint, arrest, trial and or convictions for alleged or actual violations of law, including criminal and or traffic records; records of complaint of a civil nature made by me or against me wheresoever located, and to include the records and recollections of attorneys at law or of other counsel whether representing me or another person in any case in which I presently have or have had an interest.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which, may provide pertinent data for the Nantucket Police Department to consider in determining my suitability for employment by that Department. It is my specific intent to provide access to my personal information, however personal or confidential it may appear to be. Furthermore the sources of information specifically enumerated above is not intended to deny access to any records not specifically identified herein.

Date _____ Signature of Applicant _____

Applicants Full Name: _____

Legal Residental Address: _____

Date of Birth: _____ Social Security Nbr: _____

APPLICATION CHECK LIST

ALL of the below listed items must be complete prior to application submission. Failure to provide this information may result in rejection of your application. If an item is omitted, explain in detail the reason(s) why, and if the item will be forwarded at a later date.

- [ ] ALL 11 pages of the application are completed with required information or marked N/A as "Not Applicable".
- [ ] Page 10 is signed by you and filled out with your information.
- [ ] Page 9 is signed by you and your signature is notarized by a Notary Public.
- [ ] A current passport size **photograph** of yourself is stapled and cut to fit the application photo space on page 1 where noted. No photocopied photos or color ink or laser jet reproductions.
- [ ] Copies of your Drivers License and Social Security Card are attached.
- [ ] Writing Sample- A 150 word sample as instructed on page 1 is attached.
- [ ] If you were ever in Military Service, a copy of your DD-214 is attached.
- [ ] A current copy of your College or University transcript as issued by the Registrar. Online printouts are not acceptable.
- [ ] Copy of your High School Diploma or Transcript from your High School indicating your attendance and final grades.
- [ ] If you have indicated any criminal history information, employment, military or scholastic disciplinary action you should explain in writing on a separate page the particulars of the event.

Mail completed application with all documents attached to:

CSO SUMMER RECRUITMENT
Nantucket Police Department
4 Fairgrounds Rd
Nantucket, MA 02554-2804