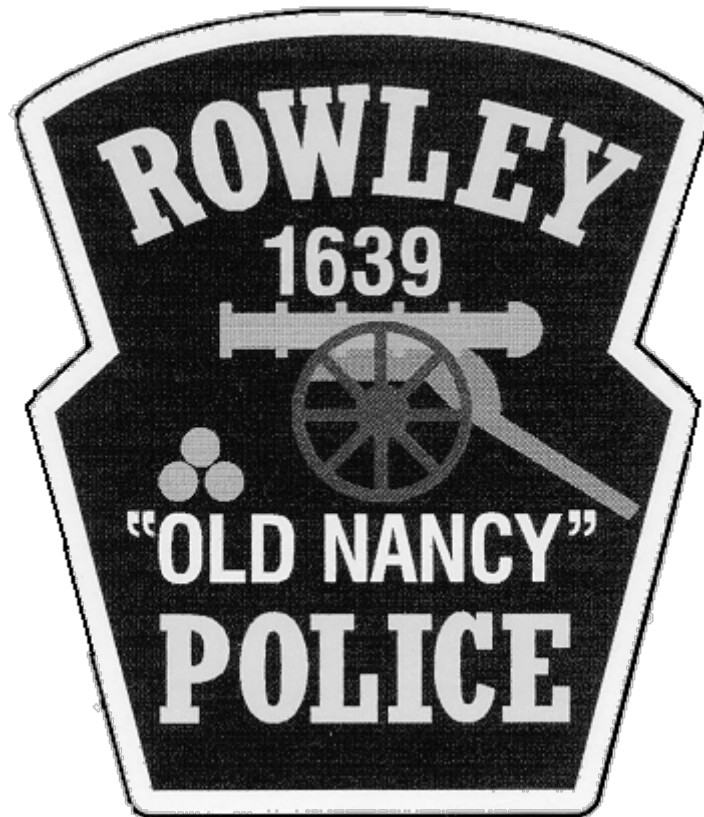


# **Police Department Town of Rowley**



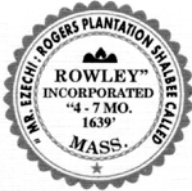
## **APPLICATION FOR EMPLOYMENT**

## **IMPORTANT**

### **Instructions for completing the application form.**

1. Type or print clearly in black or blue ink.
2. Answer every question fully and accurately.
3. As an applicant for employment the Rowley Police Department will review, if applicable:
  - Criminal Offender Record Information (C.O.R.I) and;
  - The Central Registry of Child Abuse/Neglect reports maintained in accordance with M.G.L. Chapter 119, Section 51 B.
4. If an offer of employment is made to you, the Rowley Police Department may identify that it is contingent upon the results of a medical exam and/or a tax and background check.
5. FALSE OR MATERIALLY INACCURATE INFORMATION ON THIS APPLICATION WILL BE CAUSE FOR DISQUALIFICATION FOR EMPLOYMENT OR DISMISSAL AT ANY TIME AFTER EMPLOYMENT.
6. Read certification and releases carefully before signing.
7. Return completed application.

**This application will be kept on file for at least 30 days.**



# Town of Rowley Police Department

## APPLICATION FOR EMPLOYMENT

### WE ARE AN EQUAL OPPORTUNITY EMPLOYER

**It is the policy of the Commonwealth of Massachusetts to afford equal employment opportunity to all qualified persons regardless of race, color, religion, national origin, age, military status, sexual orientation, disability, or gender, except where age or sex is a bonafide occupational qualification as allowed by the Civil Rights Act of 1964.**

| <b>PERSONAL INFORMATION</b>  |   |
|--|---|
| Name (First) (Middle) (Last) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.   | Home Telephone Number   |
| Mailing Address (Street) (City) (State) Zip(Postal) Code   | Business or Message Phone:  |
| Home Address (if different from mailing address)   | E-Mail Address:   |
| Are you authorized to work in the U.S. on an unrestricted basis? YES <input type="checkbox"/> NO <input type="checkbox"/>  | National ID (SS #) (optional)   |
| Are you over age 18? YES <input type="checkbox"/> NO <input type="checkbox"/>  | Who referred you to us?<br>Agency <input type="checkbox"/> Employee <input type="checkbox"/><br>Newspaper advertisement <input type="checkbox"/><br>Other |
| Have you been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> (Conviction will not necessarily disqualify an applicant from employment.) If yes, please explain.*<br><br>_____   | _____   |
| Have you been convicted of a misdemeanor other than a first misdemeanor conviction for drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace within the last 5 years? YES <input type="checkbox"/> NO <input type="checkbox"/> (Conviction will not necessarily disqualify an applicant from employment.) If yes, please explain.*<br><br>_____ | _____   |
| <p>*"Any applicant for employment may answer 'no record' with respect to any inquiry relative to prior arrests, court appearances and adjudications 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."<br/> <i>MGL Ch. 276, Section 100A.</i></p>                                  |   |

| <b>EMPLOYMENT DESIRED</b>   |  |
|---|--|
| POSITION APPLIED FOR:   | Date you can start   |
| Have you worked for the Town of Rowley before?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>                                  | Starting salary desired  |
| Are you available for full time work? YES <input type="checkbox"/> NO <input type="checkbox"/>  | Are you available for part time work? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Have you reviewed the essential functions of the job as listed on the job posting? YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| In addition to your work history, what other experiences, skills or qualifications would qualify you for work with our agency? _____        |  |

| EDUCATION      |   |                         |                  |        |
|----------------|---|-------------------------|------------------|--------|
| Name of School | Location<br>City                      State | Main Course of<br>Study | Did you Graduate | Degree |
|                |   |                         |                  |        |
|                |   |                         |                  |        |
|                |   |                         |                  |        |
|                |   |                         |                  |        |

List any additional education or training:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

| PROFESSIONAL REFERENCES (not personal): List 3 people not related to you who can comment on your work performance. |         |            |                     |                     |
|--|---------|------------|---------------------|---------------------|
| Name   | Address | Occupation | Telephone<br>Number | Years<br>Acquainted |
| 1  |         |            |                     |                     |
| 2  |         |            |                     |                     |
| 3  |         |            |                     |                     |

| MILITARY SERVICE INFORMATION                        |   |
|---|---|
| This information is furnished on a voluntary basis. |   |
| Check all that apply to you:                        | <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Vietnam Era Veteran |
| Dates of Service:                      to:          | Branch:   |

| IMMEDIATE FAMILY WORKING FOR THE TOWN OF ROWLEY |              |                         |              |
|---|--------------|-------------------------|--------------|
| Name of Relative                                | Relationship | Title of Relative's Job | State Agency |
|   |              |                         |              |
|   |              |                         |              |
|   |              |                         |              |

| EMPLOYMENT HISTORY   |  | COMPLETE ALL INFORMATION IN FULL<br>(A resume may not be substituted but may be included as a supplement)<br>Begin with your most recent employment, including any present employment. Your present employer <u>will not</u> be contacted without your permission. You may include any verifiable work performed on a volunteer basis. Any gaps in employment must be briefly explained. |  |
|--|--|--|--|
| Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |
| Company Name   |  | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| Street Address   |  | Telephone  |  |
| City & State   |  | Postal Code  |  |
| Job Title  |  | Specific Duties  |  |
| Supervisor   |  |  |  |
| Dates Employed:                      From                      To              |  | Salary   |  |
|  |  | Reason for Leaving   |  |

|                         |  |                   |  |                 |
|-------------------------|--|-------------------|--|-----------------|
| Company Name            |  |                   | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
| Street Address          |  | Telephone         |  | Specific Duties |
|                         |  |                   |  |                 |
| City & State            |  | ZIP (Postal) Code |  |                 |
|                         |  |                   |  |                 |
| Job Title               |  |                   |  |                 |
|                         |  |                   |  |                 |
| Supervisor              |  |                   |  |                 |
|                         |  |                   |  |                 |
| Dates Employed: From To |  | Salary            | Reason for Leaving   |                 |
|                         |  |                   |  |                 |
| Company Name            |  |                   | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
| Street Address          |  | Telephone         |  | Specific Duties |
|                         |  |                   |  |                 |
| City & State            |  | ZIP (Postal) Code |  |                 |
|                         |  |                   |  |                 |
| Job Title               |  |                   |  |                 |
|                         |  |                   |  |                 |
| Supervisor              |  |                   |  |                 |
|                         |  |                   |  |                 |
| Dates Employed: From To |  | Salary            | Reason for Leaving   |                 |
|                         |  |                   |  |                 |
| Company Name            |  |                   | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
| Street Address          |  | Telephone         |  | Specific Duties |
|                         |  |                   |  |                 |
| City & State            |  | ZIP (Postal) Code |  |                 |
|                         |  |                   |  |                 |
| Job Title               |  |                   |  |                 |
|                         |  |                   |  |                 |
| Supervisor              |  |                   |  |                 |
|                         |  |                   |  |                 |
| Dates Employed: From To |  | Salary            | Reason for Leaving   |                 |
|                         |  |                   |  |                 |
| Company Name            |  |                   | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
| Street Address          |  | Telephone         |  | Specific Duties |
|                         |  |                   |  |                 |
| City & State            |  | ZIP (Postal) Code |  |                 |
|                         |  |                   |  |                 |
| Job Title               |  |                   |  |                 |
|                         |  |                   |  |                 |
| Supervisor              |  |                   |  |                 |
|                         |  |                   |  |                 |
| Dates Employed: From To |  | Salary            | Reason for Leaving   |                 |
|                         |  |                   |  |                 |

**IF YOU NEED ADDITIONAL SPACE PLEASE ATTACH A SEPARATE SHEET**

| <b>Living Relatives:</b> Please list all applicable living relatives (Use other for any non-listed relative with whom you have a close personal relationship including children if any) |         |                  |
|---|---------|------------------|
| Name of Relation  | Address | Telephone Number |
| Father:   |         |                  |
| Mother:   |         |                  |
| Spouse:   |         |                  |
| Former Spouse:  |         |                  |
| Former Spouse:  |         |                  |
| Brother / Sister  |         |                  |
| Brother / Sister  |         |                  |
| Brother / Sister  |         |                  |
| Brother / Sister  |         |                  |
| Brother / Sister  |         |                  |
| Brother / Sister  |         |                  |
| Father-in-Law   |         |                  |
| Mother-in-law   |         |                  |
| Step-Mother   |         |                  |
| Step-Father   |         |                  |
| Other:  |         |                  |
| Other:  |         |                  |
| Other:  |         |                  |

| <b>Previous Addresses:</b> Please list all previous addresses for the last 10 years. |                           |                   |                |
|--|---------------------------|-------------------|----------------|
| Address  | City, State, and Zip Code | Dates Lived There | Landlord/Owner |
|  |                           |                   |                |
|  |                           |                   |                |
|  |                           |                   |                |
|  |                           |                   |                |
|  |                           |                   |                |
|  |                           |                   |                |
|  |                           |                   |                |
|  |                           |                   |                |

| <b>Personal References:</b> List up to five individuals other than relatives and previous employers who are aware of your qualifications. |          |                   |
|---|----------|-------------------|
| Name:   | Address: | Telephone Number: |
|   |          |                   |
|   |          |                   |
|   |          |                   |
|   |          |                   |
|   |          |                   |

**RELEASE AND CERTIFICATION  
PLEASE READ BEFORE SIGNING**

I understand that the foregoing will be verified in order to expedite my application for employment with the Rowley Police Department. I hereby authorize the Rowley Police Department to conduct a full investigation into my background.

I authorize the Rowley Police Department to obtain my previous work records, employment records, character references and any other information concerning character, ability and habits and all other necessary information. Further I grant authority to the keeper of these records to release said records to the Rowley Police Department for the purpose of making its hiring decision. I agree that the Rowley Police Department shall not be liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statement, omissions or answers made by me on this application. I agree that my previous employers shall not be liable with regard to any information provided by them in connection with this release.

I certify under the pains and penalty of perjury that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing, which, if disclosed, would affect this application unfavorably. I understand that any false statements, omissions or answers made by me on this application can result in my immediate termination.

In compliance with the Immigration and Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment. I have received the list of approved documents with this application.

I hereby acknowledge that I have read in full and understand the above statements and conditions of employment.

---

Signature of Applicant

---

Date

---

Printed Name

THIS IS AN INSERT

## MISCELLANEOUS JOB-RELATED INFORMATION

### JOB INTEREST

Shift preferred

☐ 1<sup>st</sup> (Days) ☐ 2<sup>nd</sup> (Evenings) ☐ 3<sup>rd</sup> (approx. 11:00pm –7:00am)

Are you available to work EVERY Saturday and Sunday?

YES ☐ NO ☐

### CERTIFICATIONS AND LICENSES

List any professional licenses, registrations or certifications you possess:

License \_\_\_\_\_ License Number \_\_\_\_\_ Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_  
License \_\_\_\_\_ License Number \_\_\_\_\_ Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_  
License \_\_\_\_\_ License Number \_\_\_\_\_ Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

### ENGLISH LANGUAGE

Describe your proficiency in  
the English Language

Simple conversation:  
YES ☐ NO ☐

Simple Reading:  
YES ☐ NO ☐

Read and speak fluently  
YES ☐ NO ☐

### LANGUAGE CAPABILITIES

List any language(s) other than English in which you are proficient including Sign Language and ability to read Braille. \*

| Language | Conversational           |                          |                          | Reading                  |                          |                          | Writing                  |                          |                          |
|----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|          | HIGH<br>(Fluent)         | MOD<br>(Good)            | LOW<br>(Fair)            | HIGH<br>(Fluent)         | MOD<br>(Good)            | LOW<br>(Fair)            | HIGH<br>(Fluent)         | MOD<br>(Good)            | LOW<br>(Fair)            |
|          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

\* If language proficiency is required, the Commonwealth may administer a Bilingual Certification Examination.

### IN CASE OF EMERGENCY, PLEASE NOTIFY

Name:

Relationship:

Tel. ( )

Address:

City:

State:

Zip:



THIS IS AN INSERT

**Criminal Offender Record Information (C.O.R.I.)**

**PLEASE READ BEFORE SIGNING**

If employed, I agree to abide by all rules and regulations of the Rowley Police Department. I understand if convicted of a felony, I will notify my supervisor immediately. I agree to furnish such additional information and complete such examination as may be required to complete an employment process and understand that this application for employment in no way obligates the Rowley Police Department to employ me. I acknowledge that the Rowley Police Department will, if applicable, review the Criminal Offender Record Information (C.O.R.I.) and the Central Registry of Child Abuse/Neglect reports in accordance with M.G.L., Chapter 119, Section 51B.

I hereby acknowledge that I have read in full and understand the above statement.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

THIS IS AN INSERT

**PRE-EMPLOYMENT PHYSICAL & DRUG SCREENING NOTICE**

**PLEASE READ BEFORE SIGNING**

If an offer of employment is made to you, the Rowley Police Department may specify that it is contingent upon the results of a medical exam. I freely and voluntarily agree to submit to a pre-employment physical and/or drug screen, as it relates to the requirements of a specific job, as part of my pre-employment application to the Rowley Police Department. I understand that either refusal to submit to such screening, or failure to qualify according to the minimum standards established by the Rowley Police Department for this screening may disqualify me from further consideration for employment. Further, I understand that any positive drug test results will be communicated in a confidential manner.

I hereby acknowledge that I have read in full and understand the above statements.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

## IMMIGRATION REFORM AND CONTROL ACT REQUIREMENT

In compliance with the Immigration and Reform and Control Act of 1986, you will be required to provide approved documentation that verifies your right to work in the United States prior to beginning work here at this agency. Please be prepared to provide any of the following documentation if you are offered and accept a position with us:

Any **one** of the following: (These establish both identity and employment authorization)

1. U.S. Passport
2. Certificate of U.S. citizenship (issued by Immigration & Naturalization Service)
3. Certificate of Naturalization (issued by INS)
4. Current foreign passport with valid endorsement authorizing employment
5. Resident alien card or other alien registration card, with photo or other approved identifying information, which evidences employment authorization

**OR** one from List A and one from List B:

**LIST A** These establish employment authorization:

1. Social Security Card (unless it specifies that it does not authorize employment)
2. Certificate of U.S. birth or other documentation which establishes U.S. nationality or birth
3. Other approved documentation

**LIST B** These establish identity:

1. Driver's license or similar state I.D. card with photo or other approved identifying information
2. Other approved documentation of identity for applicants under age 16 or from a state which does not issue an I.D. card (other than a driver's license)

**THIS VERIFICATION PROCESS IS REQUIRED FOR ALL EMPLOYEES HIRED ON OR AFTER NOVEMBER 6, 1986.**