



TOWN OF DIGHTON COMMUNICATIONS DEPARTMENT

APPLICATION FOR EMPLOYMENT

Dighton Communications Department
1458 Somerset Avenue
Dighton, MA 02715

Attn. Chief George Nichols
1485 Somerset Avenue
Dighton, MA 02715
508-669-6711

1. These forms must be typewritten or printed in black ink by the applicant himself/herself.
2. All questions must be answered, if applicable. If not applicable, indicate "N/A".
3. Failure to answer any and all questions truthfully, accurately or completely shall result in the applicant's disqualification, or, if discovered after an individual is hired, termination from employment.
4. If the space provided is not sufficient for complete answers, or you wish to make additional comments, attach sheets the same size as these forms and indicate to which question those sheets pertain.
5. 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 absolutely accurate.
6. If, after submitting this application, you become no longer interested in appointment as a public safety dispatcher please notify the Chief of Police.
7. All applicants must submit the following documents with their applications:
 - a. One copy of your higher education diploma and all transcripts from any/all college and graduate study.
 - b. One copy of your birth certificate.
 - c. A copy of your driver's license.
 - d. Any and all certificates pertaining to the job you are applying for.

8. A Criminal Offender Record Information (CORI) check will be performed on each applicant who submits an application for employment with this police department.

I have read and understand the above instructions.

Candidate: _____

This application will be held on file for a period of 2 years.

Date Received: _____

To The Applicant. READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS.

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, national origin or disability. Federal Law also prohibits discrimination on the basis of age with respect to certain individuals. The Laws of Massachusetts also prohibit some or all of the above-stated discrimination as well as some additional types, such as discrimination based upon ancestry and marital status.

Questions with an asterisk (*) immediately to the left of the questions are optional. Although the information is useful on our examination of applicants, your decision not to answer any or all of the asterisk questions will not be held against you.

I. PERSONAL HISTORY

a.

Name: _____
(First) (Middle) (Last)

Address: _____
(Number & Street)

(City/Town) (State) (Zip)

b. Date of Birth _____ Social Security No.: _____

c. Other Names Used: Give any other names by which you have been legally known (if any):
Name: _____ Date(s) When Used: _____
Name: _____ Date(s) When Used: _____

d. How long have you lived at this address? _____

Phone: _____
(Home) (Business)

e. Neighbors Name, Address and Telephone Number who can verify above:

f. *Weight (without clothes) _____ Height (without shoes) _____

g. In 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.

(Note: Your present address should be listed on the first line below.)

From Month/ Year	To Month/ Year	Apt #	Number and Street	City/ Town	State	Landlord's Name and Telephone #

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

i. If you are under the age of 18 or over the age of 70, please state your age.

_____ years _____ n/a

j. Do you have a relative employed by the Town? Yes [] No [] If yes, please give name and relationship: _____

k. Do you personally know any police officers working in this department?
Yes [] No [] If yes, name and rank (if known): _____

l. Are you willing to work any shift, including 12:00 a.m. to 8:00 a.m. during the week, on weekends and holidays if required? Yes [] No [] If no, why not?

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

n. Do you possess a valid driver's license from the Commonwealth of Massachusetts?
Yes [] No [] Driver's License No.: _____

o. Was your driver's license in this state, or any state, ever suspended or revoked?
Yes [] No [] If yes, give details: _____

p. Have you previously submitted an application for any employment with this municipality? Yes [] No [] If yes, give the name of the agency and when.

q. Have you ever worked for this municipality before? If yes, give the name of the department and when? Yes [] No []

II. EDUCATION

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

	School/Institution Name and Address	Graduated Yes/No	Number of Years Attended	Degree Or Cert.	Major
High School					
College					
Graduate					
Other: Equivalency or Academy					
Courses Now Studying:					

b. 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, give school, date and action taken:

School: _____ Date: _____

Action Taken: _____

c. List any special abilities, skills, and/or qualifications acquired from employment or other experiences that may qualify you to work for the Town of Dighton along with degrees of proficiency:

d. Please list any CAD software, special equipment or computer systems on which you have experience. Also include your degree of proficiency with each on a scale of one to ten. (With 1 being the lowest, and 10 being the highest).

e. List any foreign language(s) and mark the box that best describes your skill level.

Language	Read & Write	Read & Speak	Read Only	Speak Only

f. Do you have any court judgments pending against you (civil or criminal)?
 Yes [] No [] If yes, give details:

g. 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 []

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

III. EMPLOYMENT HISTORY

a. In reverse chronological order, list all employments (including summer and part-time employments while attending school). All time must be accounted for. If unemployed for a

period, set forth the dates of unemployment. (Use additional sheets of paper if necessary.)

Applicants may also include verifiable work performed on a volunteer basis.

Dates		Name and Address of Employment	Rates of Pay		Supervisor's Name and Title
From Mo./Yr.	To Mo./Yr		Start	Finish	
Reason for Leaving:					

Dates		Name and Address of Employment	Rates of Pay		Supervisor's Name and Title
From Mo./Yr	To Mo./Yr		Start	Finish	
Reason for Leaving:					

Dates		Name and Address of Employment	Rates of Pay		Supervisor's Name and Title
From Mo./Yr	To Mo./Yr		Start	Finish	
Reason for Leaving:					

Dates		Name and Address of Employment	Rates of Pay		Supervisor's Name and Title
From Mo./Yr	To Mo./Yr		Start	Finish	
Reason for Leaving:					

Dates		Name and Address of Employment	Rates of Pay		Supervisor's Name and Title
From Mo./Yr	To Mo./Yr		Start	Finish	
Reason for Leaving:					

Dates		Name and Address of Employment	Rates of Pay		Supervisor's Name and Title
From Mo./Yr	To Mo./Yr		Start	Finish	

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 your former employers. Yes [] No [] If no, please explain:

IV. MILITARY SERVICE

a. Have you ever served on active duty in the Armed Forces of the United States?

Yes No If yes, what was the highest rank attained? _____

Branch of Military Service	Serial Number	Dates of Active Duty
_____	_____	From: _____
		To: _____
Type of Discharge	Dates of Discharge	Member of Reserve?
_____	_____	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, 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, give the name of the unit and location.

Summer Camp Attendance From: _____ To: _____

Location: _____

d. If you were ever a member of the Armed Services, were you court-martialed?

Yes No If yes, explain:

V. REFERENCES

a. List three references (excluding 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. Provide address, phone and length of time you've known each reference.

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,*
- (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., 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	Dates of Offense	Court & Docket No.	Disposition, Finding, Sentence & Probation

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

Date	Place/Department	Charge/Court/Disposition	Docket No.

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

Date	Place/Department	Charge/Court/Disposition	Docket No.

g. Have you ever been sentenced to imprisonment after conviction of a crime?

Yes [] No [] If you have answered yes, please state the following:

Date	Place/Department	Charge/Court/Disposition	Docket No.	Location Served

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:

Date	Place/Department	Charge/Court/Disposition	Docket No.

i. Have you ever been or are you currently the subject of any petition for restraining order requesting or issued pursuant to c. 209A (abuse prevention), of the Massachusetts General Laws, or any abuse prevention orders issued by any state? Yes [] No [] If you have answered yes, please explain when and where.

Date	Place/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, give the nature of action and court.

Nature of Action	Court	Docket No.

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 (LTC) 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 provide details, including the date of denial, person denying application and reason:

d. Have you ever been issued an FID card? Yes [] No [] If yes, please specify:

Issued By	Date Issued	Card Number

e. If the answer to "b" or "d" above is yes, was it ever revoked or suspended?

Yes [] No [] If yes, give 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 Dighton Communications Department.

*Make sure to take the time to ensure that this application and any and all documents that shall accompany it are **COMPLETED IN THEIR ENTIRETY** and to the best of your knowledge. **Incomplete applications WILL NOT be considered for further consideration.***

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

I understand that this is not a contract of employment and I, or the Town of Dighton, 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 Town representative, are disavowed and may not be relied upon by any prospective or existing employee.

I understand also that the Dighton Communications 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 Dighton Communications 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 Dighton Communications 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 Dighton, its agents and representatives, and any person so furnished information, from any and all liability of every nature and kind arising out of the furnishings 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

COMMONWEALTH OF MASSACHUSETTS

_____, SSN.

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 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 _____, 20____.

Notary Public or Commissioner of Deeds
My Commission Expires:_____

GENERAL RELEASE

Date: _____

I, _____, born at _____
on _____, having filed an application for employment with
the Dighton Communications Department, consent to have an investigation made as to my moral
character, reputation and fitness for the position to which I have applied and such information as
may be, received, reported to 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 Dighton 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 Dighton Police Department or
any of its agents or representatives to inspect and make copies of such documents, records and
other information.

Specifically, I hereby authorize the release of the following data or records to the Dighton
Communications Department.

I hereby release, discharge and exonerate the Dighton 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 Dighton Police Department.

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

Signed

Witness

Address

CREDIT CHECK AUTHORIZATION

The undersigned certifies that this Investigation has been duly authorized by his superior(s) that all information requested is for the exclusive, official use of the undersigned agency or department and for use only in connection with such investigation; and the consumer report requested is for a permissible purpose under Public Law 91-508 (Fair Credit Reporting Act), of which the undersigned is knowledgeable.

Public Law 91-508 provides that any person who knowingly and willfully obtains information on a consumer reporting agency under false pretenses shall be fined not more than \$5,000 or imprisoned not more than one year or both.

Agency or Department

Individual Requesting Report

Address

Title

Ident. or Code

FOR DEPARTMENT USE: Person Giving Report: _____

Price and Type of Report: _____

CORI CHECK ACKNOWLEDGMENT

I, _____ residing at _____
_____, Massachusetts, acknowledge that a Criminal
Offender Record Information (CORI) check will be performed as part of the municipality'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.

Signature