



AYER POLICE DEPARTMENT

54 Park Street · Ayer, Massachusetts 01432-1161
Tel. (978) 772-8200 · Fax (978) 772-8202



William A. Murray
Chief of Police

APPLICATION FOR FULL TIME POLICE OFFICERS

In order to begin the processing of this application, it is necessary that you follow all the instructions below.

INSTRUCTIONS:

You must complete the enclosed APPLICANT INFORMATION QUESTIONNAIRE and have it notarized. The RELEASE OF INFORMATION AUTHORIZATION form must be signed and witnessed at the same time the application package is notarized.

You must submit, with this application, the items listed below:

1. The completed Applicant Information Questionnaire.
2. The completed Release of Information Authorization form.
3. A photocopy of your Social Security card.
4. A photocopy of your Drivers License.
5. A photocopy of your High School Diploma or Equivalency Certificate.
6. A photocopy of your Higher Education Diploma.
7. A photocopy of your Birth Certificate.
8. A photocopy of your Service Discharge DD 214 (if a veteran).
9. A photocopy of your MCJTC or MPTC Academy Certificate.



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RELEASE OF INFORMATION AUTHORIZATION

In making application for the position of Police Officer for the Town of Ayer, I understand that the Town of Ayer will undertake an investigation whereby information will be obtained through personal interviews with my employer(s), educators, co-workers, neighbors, friends or others with whom I am acquainted. These inquiries will include information as to my work performance, school performance, general reputation, and personal characteristics. This information will also include a check into any criminal offender record information available. This investigation may also include credit report requests.

I authorize the Town of Ayer to contact my former and present employer(s) to inspect my personnel files, and to obtain copies of documents contained within such personnel files, regarding my employment with former or present employer(s) and credit rating bureaus. I also authorize the Town of Ayer to contact my past and present educational institutions to inspect and obtain copies of my scholastic record. I agree to indemnify and hold harmless any former or present employer(s), educational institutions, credit rating bureaus and the Town of Ayer in connection with the release of any information, discussions, or evaluations regarding my former or present employment, education or credit rating history.

I hereby agree to remise, release and forever discharge the Town of Ayer, the Town of Ayer Board of Selectmen, and the Town of Ayer's employers agents and attorneys of and from all actions, causes of actions, suits, covenants, damages, and any and all claims, demands and liability whatsoever of every name and nature, both in law and equity, I may have in any court or any forum under my jurisdiction and under any law regarding or in connection with the Town of Ayer's procurement and the use of the investigative report described above.

I understand I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

Applicants Signature

Witness Signature

Date

Date



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William A. Murray
Chief of Police

TO: All Ayer Police Department Applicants

SUBJECT: Truthfulness

One of the most critically important issues that define the effectiveness of any organization is the perception that it is a credible organization. Central to that image is the integrity and truthfulness of the department's employees, from the newest entrant through the top-level managers.

The need for honest, impartial and accurate representation of facts is nowhere more vital than within a law enforcement agency where success or failure rests with the degree of public support it receives. Public support can quickly erode where there is a lack of credibility in existence within the organization.

The very basis of an individual's integrity, as perceived by the public, friends and fellow workers is at stake whenever the truth is not told. The loss of integrity by an individual or group of individuals can quickly spread throughout the department.

As Chief, it is my responsibility to maintain the effectiveness of the Ayer Police Department as a viable law enforcement agency. This document serves notice that I will not tolerate lying of any kind by any member of this department, including applicants. You are therefore advised that all information disclosed or gleaned during the application process will be verified by means of a thorough integrity-based background investigation.

Any statements or omissions, either written or verbal, given by an applicant, which prove to be false or misleading, will result in the applicant being disqualified from further consideration and/or termination from employment with the Ayer Police Department. There is no substitute for the truth.

Applicants Signature

Date

APPLICANT INFORMATION QUESTIONNAIRE

POSITION APPLIED FOR: _____ **DATE:** _____

Instructions: This form must be typewritten or clearly printed in black ink. All questions must be answered, if applicable. If not applicable, indicate by using N/A. Forms that are not complete and legible will not be considered. If space provided is not sufficient for complete answers, or if you wish to furnish additional information, attach sheets the same size as this form and number the answer to correspond with the question.

-
1. **FULL NAME:**
LAST: _____ FIRST: _____ MI: _____ SUFFIX: _____
 2. **DATE OF BIRTH:** _____ **SS#:** _____
 3. **PLACE OF BIRTH:**
CITY: _____ STATE: _____ COUNTRY: _____
 4. **OTHER NAMES USED** (nicknames, maiden names, names from other marriages, etc.)
NAME: _____ DATES USED: _____
NAME: _____ DATES USED: _____
NAME: _____ DATES USED: _____
 5. **HEIGHT:** _____ **WEIGHT:** _____ **EYES:** _____ **HAIR:** _____
SEX: _____ **SCARS, MARKS, TATTOOS:** _____
 6. **TELEPHONE:** HOME: _____ WORK: _____

7. **RESIDENCES:** List chronologically the address of all places you have lived, beginning with current, in the last 10 years (include addresses while attending school if away from home and all military addresses including any off base). For all addresses within the past 5 years list a neighbor who knew you. If you rented give name and address of landlord.

#1	Dates	Street, Apt	City	State/Zip
Neighbor	Address			
#2	Dates	Street, Apt	City	State/Zip
Neighbor	Address			
#3	Dates	Street, Apt	City	State/Zip
Neighbor	Address			
#4	Dates	Street, Apt	City	State/Zip
Neighbor	Address			

THE AYER POLICE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER

8. EDUCATION: Fill in information about schools you have attended, beyond Junior High School, beginning with the most recent (#1) and working backward. For schools you attended in the past three (3) years, list a person who knows you at school, such as an instructor or student. For correspondence schools and extension classes, list records location and address. In the "Code" Block, use one of the following codes: 1 = HIGH SCHOOL, 2 = COLLEGE/UNIVERSITY, 3 = VOCATIONAL/TRADE SCHOOL.

_____ to _____ #1 Month/Year	_____ Code	_____ Name of School	_____ Degree/Diploma (include date)
_____ Street address and city			_____ State/Zip
_____ Name of person who knew you	_____ Street address, apt., etc.	_____ City/State/Zip	_____ Telephone

_____ to _____ #2 Month/Year	_____ Code	_____ Name of School	_____ Degree/Diploma (include date)
_____ Street address and city			_____ State/Zip
_____ Name of person who knew you	_____ Street address, apt., etc.	_____ City/State/Zip	_____ Telephone

_____ to _____ #3 Month/Year	_____ Code	_____ Name of School	_____ Degree/Diploma (include date)
_____ Street address and city			_____ State/Zip
_____ Name of person who knew you	_____ Street address, apt., etc.	_____ City/State/Zip	_____ Telephone

_____ to _____ #4 Month/Year	_____ Code	_____ Name of School	_____ Degree/Diploma (include date)
_____ Street address and city			_____ State/Zip
_____ Name of person who knew you	_____ Street address, apt., etc.	_____ City/State/Zip	_____ Telephone

8a. YOUR ACADEMIC RECORD. Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include two and four year colleges, universities, and business and vocational schools – any formal education beyond the high school level) If YES, please explain (include school name, date(s) of incident(s), and circumstances).
 YES _____ NO _____

9. EMPLOYMENT: Chronologically list employment activities, beginning with the present, for the past 10 years. Include all full-time, all part-time, all paid, self-employment, periods of unemployment, active military, and volunteer work.

_____ to _____
#1. Month/Year Employer Title/Position Supervisor

Employer Street Address City/State/Zip Telephone

Reason for Leaving (Exclude medical reasons)

_____ to _____
#2. Month/Year Employer Title/Position Supervisor

Employer Street Address City/State/Zip Telephone

Reason for Leaving (Exclude medical reasons)

_____ to _____
#3. Month/Year Employer Title/Position Supervisor

Employer Street Address City/State/Zip Telephone

Reason for Leaving (Exclude medical reasons)

_____ to _____
#4. Month/Year Employer Title/Position Supervisor

Employer Street Address City/State/Zip Telephone

Reason for Leaving (Exclude medical reasons)

_____ to _____
#5. Month/Year Employer Title/Position Supervisor

Employer Street Address City/State/Zip Telephone

Reason for Leaving (Exclude medical reasons)

12. FOREIGN COUNTRIES YOU HAVE VISITED. List foreign countries you have visited, beginning with the most recent and working backward ten (10) years. In the Code block, use one of the following: 1= Business, 2 = Pleasure, 3 = Education, 4 = Other.

1. _____ to _____ Code Country
 2. _____ to _____ Code Country
 3. _____ to _____ Code Country
 4. _____ to _____ Code Country

13. YOUR MILITARY HISTORY.

A. Are you registered for Selective Service? YES _____ NO _____

If "YES", Selective Service Number _____
 Local Board Number _____ City _____ State _____

B. Have you served in the United States Military? YES _____ NO _____
 Have you served in the United States Merchant Marine? YES _____ NO _____

IF YOUR ANSWER TO BOTH QUESTIONS IS "NO", GO TO QUESTION 14.
 IF YOUR ANSWER TO EITHER QUESTION IS "YES", CONTINUE TO C.

C. Starting with the most current and working backward enter information for all periods of Active/Reserve Service into the table below. In the CODE block use one of the following: 1 = Air Force, 2 = Army, 3 = Navy, 4 = Marine Corps, 5 = Coast Guard, 6 = merchant Marine, 7 = National Guard. (For Reserves place an "R" after the appropriate Code) MARK AN "X" IN THE APPROPRIATE BLOCKS TO INDICATE STATUS – USE STATE CODE FOR NATIONAL GUARD.

MONTH/YR	CODE	RANK	NONE	ACTIVE DUTY	ACTIVE RESERVE	NATIONAL GUARD	INACTIVE RESERVE	RETIRED
1. to								
2. to								
3. to								
4. to								

D. If you have been discharged from military service, what type of discharge did you receive?

Type of Discharge _____ Date of Discharge _____

E. Was any type of disciplinary action taken against you while in the service? YES _____ NO _____

If "YES", complete the following:

_____	_____	_____
Date	Charge/Action taken	City/County/Country (if outside US)
_____	_____	_____
Date	Charge/Action taken	City/County/Country (if outside US)
_____	_____	_____
Date	Charge/Action taken	City/County/Country (if outside US)

14. RELATIVES. All applicants must give complete information concerning their relatives (Mother, father, siblings). If you have been married more than once, give the requested information concerning each former spouse. Even though a relative is deceased, give all the information requested and indicate last residence and date of death. If someone has reared you other than your parents, the requested information should be furnished concerning them, as well as your biological parents. If you are engaged to be married or contemplating marriage in the near future, completed information must be included for your future spouse. In addition to married name give mother's maiden name.

_____ Name	_____ Relationship	_____ Birth Date	_____ Birthplace
_____ Street Address	_____ City/State/Zip		_____ Telephone
_____ Occupation and Employer			

_____ Name	_____ Relationship	_____ Birth Date	_____ Birthplace
_____ Street Address	_____ City/State/Zip		_____ Telephone
_____ Occupation and Employer			

_____ Name	_____ Relationship	_____ Birth Date	_____ Birthplace
_____ Street Address	_____ City/State/Zip		_____ Telephone
_____ Occupation and Employer			

_____ Name	_____ Relationship	_____ Birth Date	_____ Birthplace
_____ Street Address	_____ City/State/Zip		_____ Telephone
_____ Occupation and Employer			

_____ Name	_____ Relationship	_____ Birth Date	_____ Birthplace
_____ Street Address	_____ City/State/Zip		_____ Telephone
_____ Occupation and Employer			

_____ Name	_____ Relationship	_____ Birth Date	_____ Birthplace
_____ Street Address	_____ City/State/Zip		_____ Telephone
_____ Occupation and Employer			

_____ Name	_____ Relationship	_____ Birth Date	_____ Birthplace
_____ Street Address	_____ City/State/Zip		_____ Telephone
_____ Occupation and Employer			

15. MARITAL STATUS. Mark your current status:

Never Married____ Married____ Separated____ Legally Separated____ Divorced____ Widowed____

A. CURRENT SPOUSE:

Full Name Date of Birth Place of Birth SS#

Other names used (Specify maiden, names by other marriages, etc., and show all dates for each one used)

Country of Citizenship Date Married Place married (Location/City/State)

If separated, Date If legally separated, where is record located (City/State/Country)

Address of current spouse (Street, City, State and Country (if outside US))

B. FORMER SPOUSE

Full Name Date of Birth Place of Birth SS#

Country of Citizenship Date Married Place married (Location/City/State)

Check One: Divorced____ Widowed____
Date If divorced, location of record

Address of former spouse (Street, City, State, and Country (id outside US))

16. PERSONS RESIDING WITH YOU. Does anyone reside with you, other than your spouse and relatives indicated in question 14? If "YES", provide the information below: YES____ NO____

Name Date of birth Relationship

Name Date of birth Relationship

Name Date of birth Relationship

Name Date of birth Relationship

Name Date of birth Relationship

17. PREVIOUS DATING PARTNERS. List all dating partners you have had within the last seven years.

Name:_____ Address:_____

Telephone:_____ How long have you known this person:_____

Name:_____ Address:_____

Telephone:_____ How long have you known this person:_____

Name:_____ Address:_____

Telephone:_____ How long have you known this person:_____

18. POLICE RECORD. An applicant with a sealed record on file with the Commissioner of Probation may answer “NO RECORD” with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An 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 that did not result in a complaint transferred to the Superior Court for criminal prosecution (see MGL c276, §100a, §100c).

- A. Have you ever been convicted of a felony? YES___ NO___
- B. Have you been convicted of a misdemeanor within the past five years? YES___ NO___
- C. Are there currently any felony or misdemeanor charges pending against you? YES___ NO___

If you answered “YES” to any of the above questions, explain your answer(s):

Date	Offense	Action Taken/Disposition
Law Enforcement Agency and Court		
Date	Offense	Action Taken/Disposition
Law Enforcement Agency and Court		
Date	Offense	Action Taken/Disposition
Law Enforcement Agency and Court		

19. MISSING PERSON. Have you eve been reported to a law enforcement agency as a missing person or a runaway? If YES, please give details: YES___ NO___

Date	Law Enforcement Agency	Circumstances
Date	Law Enforcement Agency	Circumstances

20. ILLEGAL DRUGS. Do you currently use, or in the last five years, have you used, possessed, supplied or manufactured any illegal drugs? When used without a prescription, illegal drugs include marijuana, cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), stimulants (amphetamines, etc.), depressants (barbiturates, methaqualorte, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.). NOTE: The information you provide in response to this question **WILL NOT** be provided for use in any criminal proceedings against you. YES___ NO___

If “YES”, provide any information relating to the type of substance(s), the nature of the activity, and any other details relating to your involvement”

Date	to	Substance	Explanation
Date	to	Substance	Explanation
Date	to	Substance	Explanation
Date	to	Substance	Explanation
Date	to	Substance	Explanation

21. INVESTIGATIONS RECORD.

A. To the best of your knowledge, has the Commonwealth of Massachusetts, the United States Government, or any other police or law enforcement agency ever investigated your background? YES___ NO___

If "YES" list ALL of the departments you have applied to and the YEAR you applied. Check how much of the hiring process you completed.

Department/Year	Written Exam	Physical Exam	Oral Board	Background Invest	Hired
_____	___	___	___	___	___
_____	___	___	___	___	___
_____	___	___	___	___	___
_____	___	___	___	___	___
_____	___	___	___	___	___

B. Do you personally know any Ayer Police Officers? YES___ NO___
 If "YES", list names and length of time you known them:

Do you have any family members/relatives who are current or past members of a law enforcement agency?
 YES___ NO___ If "YES" list name, relationship, and their department/agency:

C. If you are a current of former police officer, answer the following questions. If not, go to question 22.

- Have you ever been the subject of an internal investigation or citizens complaint? YES___ NO___
- Have you ever been suspended from duty, with or without your police powers for any reason except medical? YES___ NO___
- Have you ever been involved in any traffic accidents while operating any departmental vehicles? YES___ NO___
- Have you ever received less than satisfactory performance reports or evaluations? YES___ NO___
- Have you ever been questioned/interviewed/interrogated by your department's internal affairs unit? YES___ NO___
- Have you ever discharged your service weapon either on-duty or off-duty, other than during training or for authorized animal destruction? YES___ NO___
- Have you ever given an untruthful statement in court or to your department's internal affairs unit? YES___ NO___
- Have you ever been charged with or investigated for use of excessive force? YES___ NO___
- Have you ever been investigated by your current or past agency for an allegation of domestic violence? YES___ NO___

If you answered "YES" to any of the above questions explain in full all circumstances below:

22. FINANCIAL RECORD.

A. In the last seven years, have you, or a company of which you own 10% or more, filed for bankruptcy, been declared bankrupt, been subject to a tax lien, or had legal judgment rendered against you or it for a debt? If "YES", provide the date of initial action and the other information requested below: YES___ NO___

Month/Yr	Type of Action	Business Name	Name/Address of Court handling
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Are you now over 180 days delinquent on any loan or financial obligation? Include loan or obligation funded or guaranteed by the Federal Government. If you answer "YES", provide the requested information: YES___ NO___

Month/Yr	Type & Account number	Name/Address of Creditor
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. List all loans whose principal outstanding balance exceeds \$1,000.00 and on which you are individually or jointly liable either directly or as a guarantor:

Lender	Loan #	Original Balance	Outstanding Balance	Purpose of Loan
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

D. SUPPORT ORDERS:

- 1. Are there any orders/agreements entered in court regarding child support/alimony? YES___ NO___
- 2. If "YES" to question 1, are the orders/agreements being fulfilled to their fullest? YES___ NO___
- 3. If "YES" to question 1, have there been any previous problems in fulfilling these? YES___ NO___

If you answered "YES" to any of the above, explain your answer(s) in the space below (include court, judgment, and penalties)

23. CIVIL LITIGATION.

- A. Are there any civil actions pending against you? YES___ NO___
- B. In the last seven years, have there been any civil actions concluded against you? YES___ NO___

If you answered "YES" to A or B above, explain your answer in the space below (Include court(s), case name(s), docket number(s), nature of suit, and outcome):

24. INCOME TAXES.

- A. Have your Massachusetts Tax Returns been filed on time for the last seven years? YES___ NO___
- B. Have your Federal Tax Returns been filed on time for the last seven years? YES___ NO___
- C. Are you delinquent on any State or Federal Tax liabilities? YES___ NO___

If you answered "YES" to C, or "NO" to A or B, explain below:

25. LICENSES.

A. Are you a licensed motor vehicle operator? YES___ NO___

If "YES", provide the requested information below:

License Number _____ State _____ Expiration _____ Restrictions _____ Status _____

B. List other states where you have been a licensed motor vehicle operator:

License Number _____ State _____ Expiration _____ Restrictions _____ Status _____

License Number _____ State _____ Expiration _____ Restrictions _____ Status _____

C. Have you ever been refused a drivers license for non-medical reasons by any state? If "YES", explain (include when, where, and why) YES___ NO___

D. Has your license, in any state, ever been suspended or revoked for non-medical reason? If "YES" explain (include when, why, length of time taken): YES___ NO___

E. Have you received any traffic citations within the past seven years (exclude parking tickets)? If "YES" list all violations below and other requested information: YES___ NO___

Violation _____ Location (City/State) _____ Date _____ Action taken _____

F. Have you been involved, as an operator of a motor vehicle, in an accident within the last seven years? If "YES" give the requested details: YES___ NO___

Mo/Day/Yr _____ Location (City/State) _____ Injuries (Yes or No) _____ Investigating Agency _____

G. List all motor vehicles currently owned, registered to, or operated by you:

Make _____ Model _____ Reg. # _____ State _____

Insurance Company _____ Agent _____ Policy # _____

Make _____ Model _____ Reg. # _____ State _____

Insurance Company _____ Agent _____ Policy # _____

Make _____ Model _____ Reg. # _____ State _____

Insurance Company _____ Agent _____ Policy # _____

H. List all other licenses, permits, or registrations (Firearms, Professional, Trade, etc.) issued to you:

Type _____ Number _____ Date Issued _____ Expiration _____ State _____ Issuing Agency (include address) _____

Have you ever been denied or had a permit to carry a firearm or FID card suspended or revoked for non-medical reasons?

YES___ NO___ If "YES" explain: _____

26. REFERENCES. Provide ten references from at least four of the different categories listed below. People who are included in previous sections should not be used as reference.

A. Relatives

Name: _____ Relationship: _____
Address: _____
Telephone: _____ How long have you known this person? _____

Name: _____ Relationship: _____
Address: _____
Telephone: _____ How long have you known this person? _____

B. Teachers

Name: _____ Relationship: _____
Address: _____
Telephone: _____ How long have you known this person? _____

Name: _____ Relationship: _____
Address: _____
Telephone: _____ How long have you known this person? _____

C. Co-Workers:

Name: _____ Relationship: _____
Address: _____
Telephone: _____ How long have you known this person? _____

Name: _____ Relationship: _____
Address: _____
Telephone: _____ How long have you known this person? _____

D. Friends/Associates

Name: _____ Relationship: _____
Address: _____
Telephone: _____ How long have you known this person? _____

Name: _____ Relationship: _____
Address: _____
Telephone: _____ How long have you known this person? _____

E. Roommates (past and present)

Name: _____ Relationship: _____
Address: _____
Telephone: _____ How long have you known this person? _____

Name: _____ Relationship: _____
Address: _____
Telephone: _____ How long have you known this person? _____

F. Clergy

Name: _____ Relationship: _____

Address: _____

Telephone: _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

Telephone: _____ How long have you known this person? _____

G. Community Leaders

Name: _____ Relationship: _____

Address: _____

Telephone: _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

Telephone: _____ How long have you known this person? _____

H. Police/Government

Name: _____ Relationship: _____

Address: _____

Telephone: _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

Telephone: _____ How long have you known this person? _____

NOTARY PUBLIC'S SEAL

Commonwealth of Massachusetts

SS.

County of _____

I, _____, being duly sworn, depose and say I am the above named person. I have signed the foregoing statement. I personally prepared the answers to each question therein and I do solemnly swear that each and every answer is full, true and correct in every respect.

Signature of Candidate

Sworn before me this _____ day of _____, 20_____

Notary Public or Commissioner of Deeds