



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 <u>notarized</u>. 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.



AYER POLICE DEPARTMENT

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



William A. Murray *Chief of Police*

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:	S	S#:	
3.	PLACE OF BIRTH: CITY:	STATE	E: COUNTRY:	
4.	· · · · · · · · · · · · · · · · · · ·	names, maiden names, names from DAT	0, ,	
		DA7		
		DAT		
5.		Г: EYES: RKS, TATTOOS:		
6	TELEPHONE HOME	WORK		

7. <u>**RESIDENCES**</u>: List chronologically the address of all places you have lived, beginning with current, in the last10 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	State/2	(include date)
to		Zip
#2 Month/Year Code Name of School I Street address and city	State/Zip	Telephone
Name of person who knew you Street address, apt., etc. City/S	Degree/Diploma ((include date)
to	State/2	Zip
#3 Month/Year Code Name of School I Street address and city	State/Zip	Telephone
Name of person who knew you Street address, apt., etc. City/S	Degree/Diploma ((include date)
to	State/2	Zip
#4 Month/Year Code Name of School I Street address and city Street address and city Street address, apt., etc. City/S 8a. YOUR ACADEMIC RECORD. Have you ever been suspended or expelled from a school? (Post-secondary schools include two and four year colleges, universities, and busi formal education beyond the high school level) If YES, please explain (include school nar circumstances).	State/Zip	Telephone
Name of person who knew youStreet address, apt., etc.City/S8a.YOUR ACADEMIC RECORD.Have you ever been suspended or expelled from a school? (Post-secondary schools include two and four year colleges, universities, and busi formal education beyond the high school level) If YES, please explain (include school nar circumstances).	Degree/Diploma ((include date)
8a. <u>YOUR ACADEMIC RECORD</u> . Have you ever been suspended or expelled from a school? (Post-secondary schools include two and four year colleges, universities, and busi formal education beyond the high school level) If YES, please explain (include school nar circumstances).	State/2	Zip
school? (Post-secondary schools include two and four year colleges, universities, and busi formal education beyond the high school level) If YES, please explain (include school nar circumstances).	State/Zip	Telephone
	siness and vocation	al schools – any

9. <u>EMPLOYMENT</u>: 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 Addr	ess	City/State/Zip		Telephone
Reason for Leaving (E	xclude medical reasons)			
to #2. Month/Year	Employer		Title/Position	Supervisor
Employer Street Addro	ess	City/State/Zip		Telephone
Reason for Leaving (E	xclude medical reasons)			
to #3. Month/Year	Employer		Title/Position	Supervisor
Employer Street Addre	255	City/State/Zip		Telephone
Reason for Leaving (E	xclude medical reasons)			
to #4. Month/Year	Employer		Title/Position	Supervisor
Employer Street Addre	ess	City/State/Zip		Telephone
Reason for Leaving (E	xclude medical reasons)			
to #5. Month/Year	Employer		Title/Position	Supervisor
Employer Street Addre	255	City/State/Zip		Telephone
Reason for Leaving (E	xclude medical reasons)			

9a. EXTENDED ABSENCES FROM EMPLOYMENT. Have you had any extended work absences (exclude medical reasons) for reasons other than earned vacation? If "YES", please explain (include when, name of employer, and circumstances). 10. EMPLOYMENT RECORD. Has any of the following happened to you in the last 10 years? If "YES", begin with most recent occurrence and go backward. 1 - Fired4 – Left a job by mutual agreement following 2 – Quit after being told you would be fired allegations of unsatisfactory performance. 3 – Left by mutual agreement under unfavorable 5 – Left for other reasons under unfavorable circumstances circumstances YES NO Month/Year Code Specify Reason Employer Name & Address 11. **OUTSIDE ACTIVITIES.** List any activities that you may wish to have considered as reflecting favorably on your reputation for leadership, responsibility, honesty, and integrity (response is optional). 1.____to___ Activity Location (City/County/State) 2. ____to___ Location (City/County/State) Activity 3. _____to__ Location (City/County/State) Activity

Activity

4. _____to____

Location (City/County/State)

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	<u></u>	e Country		3	to_	<u>Cod</u>		
		Cod	e Country				Cod	e Country	
2	to				4	to_			
		Cod	e Country				Cod	e Country	
10		DI IIG							
13. A.	Are you regist		elective Service?	YES	N	10			
11.	The you regist			TLD_					
	If "YES", Sele	ective Serv	rice Number						
	Local Board N	lumber	(City		State	-		
B.	Have you serv	red in the I	Jnited Stated Mili	tarv?	Ŷ	YES	NO		
2.			United States Mer			YES	NO		
			H QUESTIONS IN ER QUESTION I						
11, 1	OUR ANSWER	IULIII	ER QUESTION I	5 ILS, (100.			
C.	Starting with t	he most cu	rrent and working	g backward	enter inform	ation for all pe	riods of Active	/Reserve Servic	e into
			CODE block use o						
			rchant Marine, 7						ode)
	MARK AN "2 NATIONAL (E APPROPRIATE	BLOCKS	TO INDICA	TE STATUS -	- USE STATE (CODE FOR	
	NATIONAL	JUARD.							
MONT	H/YR	CODE	RANK	NONE	ACTIVE	ACTIVE	NATIONAL	INACTIVE	RETIRED
		0022		TTOTILE .	DUTY	RESERVE	GUARD	RESERVE	101102
1.	to								
2.	to								
3.	to	-							
4.	to								
D.	If vou have be	en dischar	ged from military	service. wl	hat type of di	scharge did vo	u receive?		
	<u>j</u>		0		JI	,			
	Type of Disch	arge			Date of Di	ischarge			
E.	Was any type	of discipli	nary action taken	against you	while in the	service?	YES	NO	
<u> </u>	was any type	or unserprin	ind y detroit taken	uguinot you			125	110	
	If "YES", con	plete the f	following:						
Data	<u></u>	ango/A atio	n tolson			Str./Countr./Co	unter (if outsid		
Date	e Ch	arge/Actio	ii takeli		C	.ny/County/Co	ountry (if outsid	e ()S)	
Date	c Ch	arge/Actio	n taken		C	City/County/Co	untry (if outsid	e US)	
						-			
		/ * .•							
Date	e Ch	arge/Actio	n taken		C	City/County/Co	ountry (if outsid	e US)	

14. <u>RELATIVES</u>. 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

Never Married Married_	Separated	Legally Separated	Divorced	Widowed
A. <u>CURRENT SPOUSE</u> :				
Full Name	Date of Bi	rth Place of	fBirth	SS#
Other names used (Specify main	len, names by other ma	rriages, etc., and show al	l dates for each o	ne used)
Country of Citizenship	Date Married	Place married (L	ocation/City/State	e)
f separated, Date	If legally separated	, where is record located	(City/State/Coun	try)
Address of current spouse (Stree	et, City, State and Coun	try (if outside US)		
B. <u>FORMER SPOUSE</u>				
Full Name	Date of Bi	rth Place of	f Birth	SS#
Country of Citizenship	Date Married	Place married (L	ocation/City/State	e)
Check One: Divorced W	idowed			
	Date	If divor	ced, location of re	cord
6. PERSONS RESIDING W	ITH YOU. Does anyo	ne reside with you, other		
Address of former spouse (Stree 16. <u>PERSONS RESIDING W</u> question 14? If "YES", provide Name	ITH YOU. Does anyo	ne reside with you, other YES	than your spouse NO	e and relatives indi
16. <u>PERSONS RESIDING W</u>	ITH YOU. Does anyo	ne reside with you, other	than your spouse	e and relatives indi
16. <u>PERSONS RESIDING W</u> question 14? If "YES", provide Name	ITH YOU. Does anyo	ne reside with you, other YES Date of birth	than your spouse NO Relatio	and relatives indic
16. <u>PERSONS RESIDING W</u> question 14? If "YES", provide Name	ITH YOU. Does anyo	ne reside with you, other YES Date of birth Date of birth	than your spouse NO Relatio Relatio	and relatives indic
16. <u>PERSONS RESIDING W</u> question 14? If "YES", provide Name Name	ITH YOU. Does anyo	ne reside with you, other YES Date of birth Date of birth Date of birth	than your spouse NO Relatio Relatio	and relatives indic nship nship nship nship
16. <u>PERSONS RESIDING W</u> question 14? If "YES", provide Name Name Name	ITH YOU. Does anyo	ne reside with you, other YES Date of birth Date of birth Date of birth Date of birth Date of birth	than your spouse NO Relatio Relatio Relatio	and relatives indic nship nship nship nship
16. <u>PERSONS RESIDING W</u> question 14? If "YES", provide Name Name Name	ITH YOU. Does anyo the information below:	ne reside with you, other YES Date of birth Date of birth Date of birth Date of birth Date of birth Date of birth Date of birth	than your spouse NO Relatio Relatio Relatio Relatio Relatio	and relatives indic
16. PERSONS RESIDING W question 14? If "YES", provide Name	ITH YOU. Does anyo the information below:	ne reside with you, other YES Date of birth Date of birth Date of birth Date of birth Date of birth Date of birth Date of birth	than your spouse NO Relatio Relatio Relatio Relatio Relatio	and relatives indic
16. PERSONS RESIDING W question 14? If "YES", provide Name	ITH YOU. Does anyo the information below:	ne reside with you, other YES Date of birth Date of birth Date of birth Date of birth Date of birth Date of birth Date of birth	than your spouse NO Relatio Relatio Relatio Relatio Relatio Relatio	e and relatives indic
16. PERSONS RESIDING W question 14? If "YES", provide Name To PREVIOUS DATING PA Name: Present Particular Parti Partic	ITH YOU. Does anyo the information below:	ne reside with you, other YES Date of birth Date of birth Date of birth Date of birth Date of birth Date of birth Date of birth Address: Iow long have you know	than your spouse NO Relatio Relatio Relatio Relatio Relatio Relatio	e and relatives indic
16. PERSONS RESIDING W question 14? If "YES", provide Name	ITH YOU. Does anyo the information below:	ne reside with you, other YES Date of birth Date of birth Date of birth Date of birth Date of birth Date of birth Date of birth Address: Iow long have you know	than your spouse NO Relatio Relatio Relatio Relatio Relatio Relatio	e and relatives indic
16. PERSONS RESIDING W question 14? If "YES", provide Name I7. PREVIOUS DATING PA Name: Felephone: Name:	ITH YOU. Does anyo the information below: RTNERS. List all dati H	ne reside with you, other YES Date of birth Date of birth Date of birth Date of birth Date of birth Date of birth Date of birth Address: Iow long have you know	than your spouse NO Relatio Relatio Relatio Relatio Relatio Relatio Relatio n this person: n this person:	e and relatives indianship nship nship nship nship even years.
16. PERSONS RESIDING W question 14? If "YES", provide Name Telephone: Name: Celephone: Telephone:	ITH YOU. Does anyo the information below:	ne reside with you, other YES Date of birth Date of birth Date of birth Date of birth Date of birth Date of birth Date of birth Address: Iow long have you know	than your spouse NO Relatio Relatio Relatio Relatio Relatio Relatio Relatio n this person: n this person:	and relatives indi nship nship nship nship even years.

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). Have you ever been convicted of a felony? YES NO A. Β. 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. <u>ILLEGAL DRUGS</u>. 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" to Explanation Date Substance to Date Substance Explanation

 Substance
 Explanation

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to

to

to

Date

Date

Date

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
	know any Ayer Police Of s and length of time you l		NO		
	mily members/relatives w If "YES" list name, rel			a law enforcement agency	y?
C. If you are a current Have you ever been the su Have you ever been suspe Have you ever been involv Have you ever been questi Have you ever discharged destruction? YES N Have you ever given an un Have you ever been charg Have you ever been invest If you answered "YES" to	nded from duty, with or w ved in any traffic accident ss than satisfactory perfor ioned/interviewed/interrog your service weapon eith O	tigation or citizens without your police as while operating mance reports or of gated by your departer on-duty or off-or rt or to your departer r use of excessive past agency for ar	complaint? YE e powers for any any departmenta evaluations? YE artment's internal duty, other than c tment's internal a force? YES a allegation of do	ES NO reason except medical? Y l vehicles? YES NO ES NO l affairs unit? YES 1 luring training or for author affairs unit? YES N NO NO NO NO MO NO MO MO NESCON MO MO MO MO MO MO MO MO MO MO MO MO MO MO MO MO MO MO MO MO MO MO MO MO MO MO MO MO MO MO MO MO MO MO MO MO MO MO MO) NO orized animal O

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

da Month/Y	te of initial action and the other in r Type of Action	nformation requested below: Business Name	YES Name/Address	NO s of Court l	
	e you now over 180 days delinqu aranteed by the Federal Governm r Type & Account numbe	nent. If you answer "YES", pro		ormation:	
	st all loans whose principal outsta her directly or as a guarantor: Loan #	-	00 and on which you a Outstanding B		ually or jointly liable Purpose of Loan
1. 2.	JPPORT ORDERS: Are there any orders/agreements If "YES" to question 1, are the or If "YES" to question 1, have ther	ders/agreements being fulfilled	to their fullest?	YES YES YES	NO
If you an	swered "YES" to any of the abov	e, explain your answer(s) in the	space below (include	court, jud	gment, and penalties)
A. Aı	IL LITIGATION. e there any civil actions pending the last seven years, have there b		against you?	YES YES	_ NO NO
If you an	swered "YES" to A or B above, e), nature of suit, and outcome):				
A. B.	OME TAXES. Have your Massachusetts Tax Re Have your Federal Tax Returns b Are you delinquent on any State o	been filed on time for the last se	•	YES YES YES	NO NO NO

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

. .					~			
Licen	se Number	State	Expiration		Restrictions		Status	
В.	List other states where	you have b	een a licensed	motor vehicl	e operator:			
Licen	se Number	State	Expiration		Restrictions		Status	
Licen	se Number	State	Expiration		Restrictions		Status	
С.	Have you ever been ref where, and why)			non-medical	reasons by an	ny state?	If "YES", explai	n (include wh
D.	Has your license, in any when, why, length of ti					lical reaso	on? If "YES" ex	plain (include
E. Viola	Have you received any violations below and of tion Loca		ed information)	tickets)? If "YE	S" list all
	Have you been involve the requested details: Pay/Yr Location (City	d, as an ope YES //State)	_ NO Inju	tor vehicle, in		restigating	Agency	-
Mo/D G.	Have you been involve the requested details: pay/Yr Location (City List all motor vehicles	d, as an ope YES //State) currently ov	erator of a mot NO Inju wned, registere	tor vehicle, in uries (Yes or I ed to, or operative	No) Inv ated by you:	restigating	Agency	
Mo/D G. Make	Have you been involve the requested details: bay/Yr Location (City List all motor vehicles	d, as an ope YES //State) currently ov	erator of a mot NO 	tor vehicle, in 0 uries (Yes or 1	No) Inv ated by you:	restigating	Agency	
Mo/D G. Make Insura Make	Have you been involve the requested details: Pay/Yr Location (City List all motor vehicles	d, as an ope YES //State) currently ov	erator of a mot – NO Inju wned, registere Model Model	tor vehicle, in) uries (Yes or 1 ed to, or oper Agent_	No) Inv 	g. #	AgencyPolicy #	State
Mo/D G. Make Insura Insura	Have you been involve the requested details: Pay/Yr Location (City List all motor vehicles ance Company	d, as an ope YES //State) currently ov	erator of a mot NO Inju wned, registere Model Model	tor vehicle, in uries (Yes or 1 ed to, or oper Agent_ Agent_	No) Inv ated by you: Re Re	estigating g. # g. #	Agency Policy # Policy #	State
Mo/D G. Make Insura Make Insura	Have you been involve the requested details: Pay/Yr Location (City List all motor vehicles	d, as an ope YES //State) currently ov	erator of a mot NO Inju wned, registere Model Model	tor vehicle, in uries (Yes or 1 ed to, or oper Agent_ Agent_	No) Inv ated by you: Re Re	estigating g. # g. #	AgencyPolicy #	State
G. Make Insura Make Insura H. Type	Have you been involve the requested details: Pay/Yr Location (City List all motor vehicles ance Company ance Company List all other licenses, p Number	d, as an ope YES //State) currently ov currently ov corrently, or the second seco	erator of a mot NO Inju 	tor vehicle, in uries (Yes or] ed to, or oper Agent Agent Firearms, Pro- piration	No) Inv ated by you: Re Re Re fessional, Tra State Iss	g. # g. # g. # de, etc.) is uing Ager	Agency Policy # Policy # Policy # Policy # Policy # ssued to you: acy (include addition	State
Mo/D G. Make Insura Make Insura Have	Have you been involve the requested details: Pay/Yr Location (City List all motor vehicles ance Company ance Company List all other licenses, p Number you ever been denied or ha	d, as an ope YES //State) currently ov permits, or n Date Is: ad a permit	erator of a mot NO NO 	tor vehicle, in uries (Yes or 1 ed to, or oper Agent Agent Firearms, Pro- piration arm or FID ca	No) Inv ated by you: ated by you: Re Re Re fessional, Tra State Iss ard suspended	estigating g. # g. # de, etc.) is uing Ager	Agency Policy # Policy # Policy # Policy # Policy # ssued to you: acy (include addition	State

26. <u>**REFERENCES.**</u> 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.	<u>Relatives</u>
--	----	------------------

Name:	
Address:	
Telephone:	How long have you known this person?
Name:	Relationship:
Address:	
Telephone:	How long have you known this person?
B. Teachers	
Name:	
Address:	
Telephone:	How long have you known this person?
Name:	
Address:	
Telephone:	How long have you known this person?
C. <u>Co-Workers:</u>	
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:	
Name:	
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:	
Address:	
Telephone:	How long have you known this person?

F. <u>Clergy</u> Name: Address: Telephone:	
Name: Address: Telephone:	
-	How long have you known this person?
Name: Address: Telephone:	
H. Police/Government	
Name: Address: Talaphana:	
Telephone: Name: Address:	Relationship:
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