Boxborough Police Department
520 Massachusetts Avenue
Boxborough, MA 01719

Instructions to the Applicant

- The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position of Police Officer, in accordance with the Rules and Regulations of the Boxborough Police Department.
- Upon completion of this form, please scan and e-mail to wobrien@boxborough-ma.gov (preferred) or print the form and send the signed original to the above address; Attention: Lieutenant Warren J. O'Brien. Type or neatly print in ink, responses to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.
- If you need more space for any response, use page 25 of this form and identify the additional information by the question number.

Disqualification

There are *some automatic* reasons for rejection. However, even issues of prior misconduct, such as prior illegal drug use, theft or even arrest or conviction are usually not, in and of themselves, automatically disqualifying. However, *deliberate misstatements or omissions* will result in your application being rejected, regardless of the nature or reason for the misstatements or omissions. In fact, the number one reason individuals "fail" background investigations are because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

BOTTOM LINE*: *Be as complete, honest and specific as possible in your responses.

Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act at this stage of the hiring process applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form.

Under M.G.L. Chapter 149, Section 19B it is unlawful for an employer to require any person to take a lie detector (polygraph) as a condition of employment.

Under M.G.L. Chapter 41, Section 101A, no person who smokes any tobacco product shall be eligible for appointment as a police officer.

_____

Signature of Candidate acknowledging the above two references to lie detectors and smoking

Initial this page to indicate that you have read the instructions: _____

SECTION 1: PERSONAL

1. YOUR FULL NAME

LAST FIRST MIDDLE

2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY

3. ADDRESS WHERE YOU RESIDE

NUMBER / STREET APT / UNIT

CITY STATE ZIP

4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE

5. CONTACT NUMBERS

HOME ( ) WORK ( ) EXT OTHER ( ) ☐ CELL ☐ FAX ☐ PAGER

6. EMAIL ADDRESS

HOME BUSINESS

7. If you were born outside of the United States, are you a U.S. citizen? ..... ☐ Yes ☐ No
If no, are you a resident alien who is eligible and has applied for U.S. citizenship?..... ☐ Yes ☐ No

8. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)	9. BIRTHDATE	10. SOCIAL SECURITY NUMBER
		– –

11. DRIVER'S LICENSE	12. PHYSICAL DESCRIPTION
NO. STATE EXP	HEIGHT WEIGHT HAIR COLOR EYE COLOR

SECTION 2: RELATIVES AND REFERENCES

13. IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable or if the individual is deceased.
- If more space is needed, continue your response on page 25.

☐ N/A **A. Father**

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

☐ N/A **B. Step-father**

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

☐ N/A **C. Mother**

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 2: RELATIVES AND REFERENCES *continued*

13.IMMEDIATE FAMILY *continued*

☐ N/A **D. Step-mother**

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

☐ N/A **E. Spouse / Registered Domestic Partner**

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

YEARS OF MARRIAGE	Is there, or has there been, a restraining or stay-away order in effect for this individual?
	☐ Yes ☐ No

☐ N/A **F. Father-in-law**

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

☐ N/A **G. Mother-in-law**

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

☐ N/A **H. Former Spouse(s) / Former Registered Domestic Partner(s)**

1) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

YEAR OF DISSOLUTION	Is there, or has there been, a restraining or stay-away order in effect for this individual?
	☐ Yes ☐ No

2) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

YEAR OF DISSOLUTION	Is there, or has there been, a restraining or stay-away order in effect for this individual?
	☐ Yes ☐ No

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 2: RELATIVES AND REFERENCES *continued*

13. IMMEDIATE FAMILY *continued*

☐ N/A **I. Brothers and Sisters –** list all living siblings, including half-siblings, step-siblings, foster siblings, etc.

1) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
☐ M ☐ F ☐ UNDER AGE 18	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
2) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
☐ M ☐ F ☐ UNDER AGE 18	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
3) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
☐ M ☐ F ☐ UNDER AGE 18	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
4) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
☐ M ☐ F ☐ UNDER AGE 18	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
5) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
☐ M ☐ F ☐ UNDER AGE 18	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
6) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
☐ M ☐ F ☐ UNDER AGE 18	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		

☐ N/A **J. Children**

List all of your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you.

1) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
☐ M ☐ F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ( )	EMAIL		
2) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
☐ M ☐ F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ( )	EMAIL		

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 2: RELATIVES AND REFERENCES *continued*

13. IMMEDIATE FAMILY (Section J. Children) *continued*

3) NAME | CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)
☐ M ☐ F | CHILD'S AGE | ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP
CONTACT NUMBER ( ) | EMAIL

4) NAME | CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)
☐ M ☐ F | CHILD'S AGE | ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP
CONTACT NUMBER ( ) | EMAIL

5) NAME | CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)
☐ M ☐ F | CHILD'S AGE | ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP
CONTACT NUMBER ( ) | EMAIL

6) NAME | CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)
☐ M ☐ F | CHILD'S AGE | ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP
CONTACT NUMBER ( ) | EMAIL

SECTION 2: RELATIVES AND REFERENCES *continued*

14. CURRENT & FORMER PARTNERS (GIRLFRIENDS/BOYFRIENDS) (Section K. Partners)

1) NAME | Current Former
☐ M ☐ F | ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP
CONTACT NUMBER ( ) | EMAIL

2) NAME
☐ M ☐ F | ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP
CONTACT NUMBER ( ) | EMAIL

3) NAME
☐ M ☐ F | ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP
CONTACT NUMBER ( ) | EMAIL

4.) NAME
☐ M ☐ F | ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP
CONTACT NUMBER ( ) | EMAIL

Initial this page to indicate that you have provided complete and accurate information: _____

15. REFERENCES

List 7–10 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or housemates, or other individuals listed elsewhere.

A) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY		STATE	ZIP
HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY		STATE	ZIP
WORK PHONE ( )	CELL PHONE ( )	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)			HOW LONG HAVE YOU KNOWN THIS PERSON?		

B) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY		STATE	ZIP
HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY		STATE	ZIP
WORK PHONE ( )	CELL PHONE ( )	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)			HOW LONG HAVE YOU KNOWN THIS PERSON?		

C) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY		STATE	ZIP
HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY		STATE	ZIP
WORK PHONE ( )	CELL PHONE ( )	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)			HOW LONG HAVE YOU KNOWN THIS PERSON?		

D) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY		STATE	ZIP
HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY		STATE	ZIP
WORK PHONE ( )	CELL PHONE ( )	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)			HOW LONG HAVE YOU KNOWN THIS PERSON?		

E) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY		STATE	ZIP
HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY		STATE	ZIP
WORK PHONE ( )	CELL PHONE ( )	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)			HOW LONG HAVE YOU KNOWN THIS PERSON?		

F) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY		STATE	ZIP
HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY		STATE	ZIP
WORK PHONE ( )	CELL PHONE ( )	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)			HOW LONG HAVE YOU KNOWN THIS PERSON?		

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 3: EDUCATION

NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims.

16. Check applicable: ☐ High School Diploma from an accredited U.S. institution ☐ GED

17. List high schools attended:

A) NAME		FROM	TO	DID YOU GRADUATE? ☐ Yes ☐ No
	CITY		STATE	
B) NAME		FROM	TO	DID YOU GRADUATE? ☐ Yes ☐ No
	CITY		STATE	

18. List all colleges or universities attended:

A) NAME		FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
	CITY		STATE		
B) NAME		FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
	CITY		STATE		
C) NAME		FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
	CITY		STATE		

19. List any trade, vocational, or business schools/institutes attended:

A) NAME			FROM	TO	DID YOU COMPLETE THE COURSE? ☐ Yes ☐ No
	TYPE OF SCHOOL OR TRAINING	CITY		STATE	
B) NAME			FROM	TO	DID YOU COMPLETE THE COURSE? ☐ Yes ☐ No
	TYPE OF SCHOOL OR TRAINING	CITY		STATE	
C) NAME			FROM	TO	DID YOU COMPLETE THE COURSE? ☐ Yes ☐ No
	TYPE OF SCHOOL OR TRAINING	CITY		STATE	

20. Have you ever attended a Police Academy? ☐ Yes ☐ No
If yes, provide the following information:

A) ACADEMY NAME		FROM	TO	DID YOU GRADUATE? ☐ Y ☐ N
LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR			CONTACT NUMBER ( )
B) ACADEMY NAME		FROM	TO	DID YOU GRADUATE? ☐ Y ☐ N
LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR			CONTACT NUMBER ( )

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 3: EDUCATION *continued*

21. Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business or trade school? ..... ☐ Yes ☐ No

If yes, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

SECTION 4: RESIDENCE

22. LIST OF RESIDENCES

- List all residences during the last ten years or since age 15. Provide *complete* addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state and zip code. DO NOT LIST military barracks mates unless you shared individual quarters.
- If more space is needed continue on page 25.

A) ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)		FROM	TO **Present**
CITY	STATE ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)		CONTACT NUMBER ( )	
CITY	STATE ZIP	EMAIL	
Names of those with whom you live:			

B) FORMER ADDRESS (NUMBER / STREET / APT)		FROM	TO
CITY	STATE ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)		CONTACT NUMBER ( )	
CITY	STATE ZIP	EMAIL	
Names of those with whom you lived:			
Reason for moving:			

C) FORMER ADDRESS (NUMBER / STREET / APT)		FROM	TO
CITY	STATE ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)		CONTACT NUMBER ( )	
CITY	STATE ZIP	EMAIL	
Names of those with whom you lived:			
Reason for moving:			

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 4: RESIDENCE *continued*

22. LIST OF RESIDENCES *continued*

D) FORMER ADDRESS (NUMBER / STREET / APT) | FROM | TO

CITY | STATE | ZIP | IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER

ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT) | CONTACT NUMBER ( )

CITY | STATE | ZIP | EMAIL

Names of those with whom you lived:

Reason for moving:

E) FORMER ADDRESS (NUMBER / STREET / APT) | FROM | TO

CITY | STATE | ZIP | IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER

ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT) | CONTACT NUMBER ( )

CITY | STATE | ZIP | EMAIL

Names of those with whom you lived:

Reason for moving:

F) FORMER ADDRESS (NUMBER / STREET / APT) | FROM | TO

CITY | STATE | ZIP | IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER

ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT) | CONTACT NUMBER ( )

CITY | STATE | ZIP | EMAIL

Names of those with whom you lived:

Reason for moving:

G) FORMER ADDRESS (NUMBER / STREET / APT) | FROM | TO

CITY | STATE | ZIP | IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER

ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT) | CONTACT NUMBER ( )

CITY | STATE | ZIP | EMAIL

Names of those with whom you lived:

Reason for moving:

SECTION 4: RESIDENCE *continued*

23. Provide contact information for all housemates listed in Question 22 with whom you have resided during the past 10 years, or since the age of 15. DO NOT list anyone for whom you have already provided contact information. If more space is needed, continue your response on page 25.

A) NAME | CONTACT NUMBER ( )
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY) | EMAIL

B) NAME | CONTACT NUMBER ( )
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY) | EMAIL

C) NAME | CONTACT NUMBER ( )
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY) | EMAIL

D) NAME | CONTACT NUMBER ( )
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY) | EMAIL

E) NAME | CONTACT NUMBER ( )
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY) | EMAIL

F) NAME | CONTACT NUMBER ( )
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY) | EMAIL

24. Have you ever been evicted or asked to leave a residence? ☐ Yes ☐ No

25. Have you ever left a residence owing rent? ☐ Yes ☐ No

If you answered yes to **Questions 24 and/or 25**, explain (include when, where and circumstances):

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 5: EXPERIENCE AND EMPLOYMENT

26. JOB EXPERIENCE

- List **ALL** jobs you have had, including part-time, temporary, military, self-employment and volunteer. (Begin with your most current. If more space is needed continue your response on page 25.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List **ALL** periods of unemployment in excess of 30 days.

A) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
JOB TITLE			EMAIL	
DUTIES / ASSIGNMENTS			☐ F-T ☐ P-T ☐ Temp ☐ Self-employed ☐ Volunteer	
NAMES OF CO-WORKERS 1)		2)	REASON FOR WANTING TO LEAVE	
Would there be a problem if we contact your current employer? ☐ Yes ☐ No	IF YES, EXPLAIN:			

B) PERIOD OF UNEMPLOYMENT Check applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other	FROM	TO

C) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
JOB TITLE			EMAIL	
DUTIES / ASSIGNMENTS			☐ F-T ☐ P-T ☐ Temp ☐ Self-employed ☐ Volunteer	
NAMES OF CO-WORKERS 1)		2)	REASON FOR LEAVING	

D) PERIOD OF UNEMPLOYMENT Check applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other	FROM	TO

E) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
JOB TITLE			EMAIL	
DUTIES / ASSIGNMENTS			☐ F-T ☐ P-T ☐ Temp ☐ Self-employed ☐ Volunteer	
NAMES OF CO-WORKERS 1)		2)	REASON FOR LEAVING	

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

26. JOB EXPERIENCE *continued*

F) PERIOD OF UNEMPLOYMENT
Check applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other | FROM | TO

G) NAME OF EMPLOYER OR MILITARY UNIT | FROM | TO

ADDRESS (NUMBER / STREET OR BASE) | SUPERVISOR

CITY | STATE | ZIP | CONTACT NUMBER ( ) | EXT

JOB TITLE | EMAIL

DUTIES / ASSIGNMENTS | ☐ F-T ☐ P-T ☐ Temp ☐ Self-employed ☐ Volunteer

NAMES OF CO-WORKERS
1) 2) | REASON FOR LEAVING

H) PERIOD OF UNEMPLOYMENT
Check applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other | FROM | TO

I) NAME OF EMPLOYER OR MILITARY UNIT | FROM | TO

ADDRESS (NUMBER / STREET OR BASE) | SUPERVISOR

CITY | STATE | ZIP | CONTACT NUMBER ( ) | EXT

JOB TITLE | EMAIL

DUTIES / ASSIGNMENTS | ☐ F-T ☐ P-T ☐ Temp ☐ Self-employed ☐ Volunteer

NAMES OF CO-WORKERS
1) 2) | REASON FOR LEAVING

J) PERIOD OF UNEMPLOYMENT
Check applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other | FROM | TO

K) NAME OF EMPLOYER OR MILITARY UNIT | FROM | TO

ADDRESS (NUMBER / STREET OR BASE) | SUPERVISOR

CITY | STATE | ZIP | CONTACT NUMBER ( ) | EXT

JOB TITLE | EMAIL

DUTIES / ASSIGNMENTS | ☐ F-T ☐ P-T ☐ Temp ☐ Self-employed ☐ Volunteer

NAMES OF CO-WORKERS
1) 2) | REASON FOR LEAVING

L) PERIOD OF UNEMPLOYMENT
Check applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other | FROM | TO

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

26. JOB EXPERIENCE *continued*

M) NAME OF EMPLOYER OR MILITARY UNIT | FROM | TO

ADDRESS (NUMBER / STREET OR BASE) | SUPERVISOR

CITY | STATE | ZIP | CONTACT NUMBER ( ) | EXT

JOB TITLE | EMAIL

DUTIES / ASSIGNMENTS

☐ F-T ☐ P-T ☐ Temp
☐ Self-employed ☐ Volunteer

NAMES OF CO-WORKERS
1) 2)

REASON FOR LEAVING

N) PERIOD OF UNEMPLOYMENT | FROM | TO
Check applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other

O) NAME OF EMPLOYER OR MILITARY UNIT | FROM | TO

ADDRESS (NUMBER / STREET OR BASE) | SUPERVISOR

CITY | STATE | ZIP | CONTACT NUMBER ( ) | EXT

JOB TITLE | EMAIL

DUTIES / ASSIGNMENTS

☐ F-T ☐ P-T ☐ Temp
☐ Self-employed ☐ Volunteer

NAMES OF CO-WORKERS
1) 2)

REASON FOR LEAVING

P) PERIOD OF UNEMPLOYMENT | FROM | TO
Check applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other

Q) NAME OF EMPLOYER OR MILITARY UNIT | FROM | TO

ADDRESS (NUMBER / STREET OR BASE) | SUPERVISOR

CITY | STATE | ZIP | CONTACT NUMBER ( ) | EXT

JOB TITLE | EMAIL

DUTIES / ASSIGNMENTS

☐ F-T ☐ P-T ☐ Temp
☐ Self-employed ☐ Volunteer

NAMES OF CO-WORKERS
1) 2)

REASON FOR LEAVING

27. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions) ..... ☐ Yes ☐ No

28. Have ever you ever been fired, released from probation, or asked to resign from any place of employment? ..... ☐ Yes ☐ No

29. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? ..... ☐ Yes ☐ No

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

30. Have you ever quit without giving proper notice? ☐ Yes ☐ No

31. Have you ever resigned in lieu of termination? ☐ Yes ☐ No

32. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer? ☐ Yes ☐ No

33. Were you ever the subject of a written complaint at work? ☐ Yes ☐ No

34. Have you ever been counseled at work due to lateness or absences? ☐ Yes ☐ No

35. Did you ever receive an unsatisfactory performance review? ☐ Yes ☐ No

36. Have you ever sold, released, or given away legally confidential information? ☐ Yes ☐ No

37. Have you ever called in sick when you were neither sick nor caring for a sick family member? ☐ Yes ☐ No

If yes, how many sick days have you used in the past five years which were not due to illness?

If you answered yes to any of **Questions 27–37**, explain (include when, where and circumstances; indicate corresponding number):

38. In the past three years, have you missed days or been late to work due to drug or alcohol consumption? ☐ Yes ☐ No

If yes, how often?

39. Has your work performance ever been affected by your use of alcohol or drugs? ☐ Yes ☐ No

WHEN?	NAME OF EMPLOYER

40. In the past three years, have you been warned by an employer about your drinking or drug habits and their impact on your performance? ☐ Yes ☐ No

WHEN?	NAME OF EMPLOYER

41. Have you **ever** applied to any other law enforcement agency (city, county, state or federal)? ☐ Yes ☐ No

- If yes, list EVERY agency you have applied to, starting with the most recent (give complete and accurate addresses).
- **All agencies MUST be listed** regardless **of the outcome or current status. Check all boxes that apply for each agency.**
- If more space is needed, continue your response on page 25.

A) NAME OF AGENCY			DATE APPLIED	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
POSITION APPLIED FOR			EMAIL	

Check each step in the process that you completed, and your status:

STEPS: ☐ Application ☐ Written ☐ Physical agility ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's oral ☐ Conditional job offer

STATUS: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

41. Have you **ever** applied to any other law enforcement agency… *continued*

B) NAME OF AGENCY | DATE APPLIED

ADDRESS (NUMBER / STREET) | BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)

CITY | STATE | ZIP | CONTACT NUMBER ( ) | EXT

POSITION APPLIED FOR | EMAIL

Check each step in the process that you completed, and your status:

STEPS: ☐ Application ☐ Written ☐ Physical agility ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's oral ☐ Conditional job offer

STATUS: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified

C) NAME OF AGENCY | DATE APPLIED

ADDRESS (NUMBER / STREET) | BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)

CITY | STATE | ZIP | CONTACT NUMBER ( ) | EXT

POSITION APPLIED FOR | EMAIL

Check each step in the process that you completed, and your status:

STEPS: ☐ Application ☐ Written ☐ Physical agility ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's oral ☐ Conditional job offer

STATUS: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified

SECTION 6: MILITARY EXPERIENCE

42. Are you required to register for the Selective Service? ☐ Yes ☐ No
If yes, have you registered? ☐ Yes ☐ No
If no, explain:

43. BRANCH OF SERVICE | 44. DATES OF SERVICE From To

45. TYPE OF DISCHARGE: ☐ Entry Level ☐ Honorable ☐ General ☐ OTH (Other than Honorable) ☐ Bad Conduct ☐ Dishonorable
Re-entry Code (1–4) if applicable – *refer to your DD-214:*

46. Are you currently participating in one of the following? ☐ Military Reserve ☐ National Guard If checked, date obligation ends:

47. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? ☐ Yes ☐ No

48. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded? ☐ Yes ☐ No

If you answered yes to **Questions 47 and/or 48**, explain (include dates and circumstances):

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 7: FINANCIAL

49. INCOME AND EXPENSES
For each of the following questions fill in the amounts to the nearest dollar.

A) From your employer(s), what is your take-home monthly income? ..... $ _____ per month

B) Do you have income other than from your salary or wages? ..... ☐ Yes ☐ No

If yes, fill in amount: ..... $ _____ per month

Explain:

C) How much do you spend each month? ..... $ _____ per month

Estimate your monthly living expenses; include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligation(s) you may have.

50. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?	☐ Yes	☐ No
51. Have any of your bills ever been turned over to a collection agency?	☐ Yes	☐ No
52. Have you ever had purchased goods repossessed?	☐ Yes	☐ No
53. Have your wages ever been garnished?	☐ Yes	☐ No
54. Have you ever been delinquent on income or other tax payments?	☐ Yes	☐ No
55. Have you ever failed to file income tax or cheated/lied on an income tax form?	☐ Yes	☐ No
56. Have you ever had an employment bond refused?	☐ Yes	☐ No
57. Have you ever avoided paying any lawful debt by moving away?	☐ Yes	☐ No
58. Have you ever defaulted on (failed to pay) a loan?	☐ Yes	☐ No
60. Have you ever borrowed money to pay for a gambling debt?	☐ Yes	☐ No
If yes, do you currently have any outstanding debts as a result of gambling?	☐ Yes	☐ No
61. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)?	☐ Yes	☐ No
62. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?	☐ Yes	☐ No
63. Have you written three or more bad checks in a one-year period?	☐ Yes	☐ No

If you answered yes to any of **Questions 50–63**, explain (include when, where, and why; indicate corresponding number):

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 8: LEGAL

With regard to this section, under Massachusetts law, you may answer 'no record' if any of the following circumstances apply:

a) You have never been arrested for a violation of a criminal statue;
b) You have been arrested but have never been tried for a criminal offense;
c) You have been tried for a criminal offense but never convicted;
d) You have a first conviction of any of the following: drunkenness, simple assault, speeding, minor traffic violation, affray, disturbance of the peace;
f) You have felony or misdemeanor convictions which have been sealed pursuant to Massachusetts law;
g) You have a juvenile delinquency or child requiring assistance (formerly CHINS) complaint which was not transferred to Superior Court for prosecution.

64. **Either as an adult or a juvenile, have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)?** ☐ Yes ☐ No

If yes, explain each incident.

A) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

B) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

C) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

D) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

65. Have you ever been placed on court probation as an adult? ☐ Yes ☐ No

66. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? ☐ Yes ☐ No

67. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? ☐ Yes ☐ No

68. Have the police ever been called to your home for any reason? ☐ Yes ☐ No

69. Have you or your spouse/partner ever been referred to Child Protective Services? ☐ Yes ☐ No

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 8: LEGAL *continued*

70. Have you ever been the subject of an emergency protective order/restraining order/stay-away order?	☐ Yes	☐ No
71. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?	☐ Yes	☐ No
72. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?	☐ Yes	☐ No
73. Have you ever filed a false insurance or workers' compensation claim?	☐ Yes	☐ No

If you answered yes to any of **Questions 64–73**, explain (include court case or document, dates, and circumstances; indicate corresponding number):

74. UNDETECTED ACTS – PART 1

Within the past **seven** years **OR** at any time after you were first employed in law enforcement, have you ever committed any of the following misdemeanors?

A) Annoying / obscene phone calls	☐ Yes	☐ No
B) Battery (use of force or violence upon another)	☐ Yes	☐ No
C) Brandishing a weapon (any type of weapon)	☐ Yes	☐ No
D) Carrying a concealed weapon without a permit	☐ Yes	☐ No
E) Contributing to the delinquency of a minor	☐ Yes	☐ No
F) Defrauding an innkeeper (not paying for food or room at a hotel/motel)	☐ Yes	☐ No
G) Driving under the influence of alcohol and/or drugs	☐ Yes	☐ No
H) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	☐ Yes	☐ No
I) Hit & run collision (no injuries)	☐ Yes	☐ No
J) Hunting/fishing without a license	☐ Yes	☐ No
K) Illegal gambling	☐ Yes	☐ No
L) Impersonating a peace officer (pretending to be a police officer)	☐ Yes	☐ No
M) Indecent exposure (including flashing or mooning)	☐ Yes	☐ No
N) Joyriding (using a car or other vehicle without owner's permission)	☐ Yes	☐ No
O) Petty theft (value up to $400, including shoplifting/switching price tags)	☐ Yes	☐ No
P) Possession of alcohol as a minor	☐ Yes	☐ No

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 8: LEGAL *continued*

74. UNDETECTED ACTS – PART 1 *continued*

Q)	Possession of falsified or altered identification, including use of another person's ID (for any reason)	☐ Yes	☐ No
R)	Possession of stolen property (including vehicles)	☐ Yes	☐ No
S)	Prostitution or soliciting a prostitute	☐ Yes	☐ No
T)	Resisting arrest (including running from the police)	☐ Yes	☐ No
U)	Trespassing	☐ Yes	☐ No
V)	Vandalism (including "tagging," malicious mischief and/or property damage)	☐ Yes	☐ No
W)	Intentionally writing a bad check	☐ Yes	☐ No
X)	Filing a false police report	☐ Yes	☐ No
Y)	Any other act amounting to a misdemeanor within the past seven years	☐ Yes	☐ No

If you answered yes to ***any*** item(s) in **Question 74**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter *(74-A, etc.)* for each explanation.

75. UNDETECTED ACTS – PART 2

At any time in your life have you ***ever*** committed any of the following?

A)	Arson (intentionally destroying property by setting a fire)	☐ Yes	☐ No
B)	Assault with a deadly weapon	☐ Yes	☐ No
C)	Theft of a vehicle and/or vehicle parts	☐ Yes	☐ No
D)	Burglary (entering a structure or vehicle to commit theft or other crime)	☐ Yes	☐ No
E)	Child molestation (performing unlawful acts with a child)	☐ Yes	☐ No
F)	Accessing and/or possessing child pornography	☐ Yes	☐ No

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 8: LEGAL (Question 75) *continued*		
G) Elder abuse/neglect	☐ Yes	☐ No
H) Embezzlement (theft of money or other valuables entrusted to you)	☐ Yes	☐ No
I) Felony drunk driving (involving injuries)	☐ Yes	☐ No
J) Forcible rape or other act of unlawful intercourse	☐ Yes	☐ No
K) Forgery (falsifying any type of document, check certificate, license, currency, etc.)	☐ Yes	☐ No
L) Hit & run (with injuries)	☐ Yes	☐ No
M) Hate crime	☐ Yes	☐ No
N) Insurance fraud	☐ Yes	☐ No
O) Theft (value of over $250, or any firearm)	☐ Yes	☐ No
P) Murder, homicide, or attempted murder	☐ Yes	☐ No
Q) Perjury (lying under oath)	☐ Yes	☐ No
R) Possession of an explosive/destructive device	☐ Yes	☐ No
S) Robbery (theft from another person using a weapon, force, or fear)	☐ Yes	☐ No
T) Stalking	☐ Yes	☐ No
U) Blackmail or extortion	☐ Yes	☐ No
V) Any other act amounting to a felony	☐ Yes	☐ No

If you answered yes to ***any*** item(s) in **Question 75**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter *(75-A, etc.)* for each explanation.

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 8: LEGAL *continued*

Questions 76 and 77 ask about your current and past recreational drug use. This covers the use of ***any*** drug, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, ***but not be limited to***, your use of any of the following drugs:

- ☐ Amphetamines / Methamphetamines *(Uppers, Speed, Crank, etc)*
- ☐ Barbiturates (*Downers)*
- ☐ Cocaine / Crack Cocaine
- ☐ Designer Drugs *(Ecstasy, Synthetic Heroin, etc.)*
- ☐ GHB *(Date Rape Drug)*
- ☐ Glue
- ☐ Hallucinogens *(Peyote, LSD, Mushrooms)*
- ☐ Hashish / Hashish Oil
- ☐ Heroin / Opium
- ☐ Marijuana (If medically prescribed, attach copy of medical marijuana license)
- ☐ Mescaline
- ☐ Morphine
- ☐ PCP / Angel Dust
- ☐ Quaaludes
- ☐ Steroids
- ☐ Tetrahydrocannabinal (THC)

76. ***Within the past six months,*** have you used any drug(s) as indicated above? ..... ☐ Yes ☐ No

If yes, give details, including drug(s) used, number of times, over what time period(s), and circumstances:

77. ***Prior to the past six months*** (check all that apply):

☐ I have ***never*** used any drug recreationally.

☐ I have tried or used one or more drugs, but only under ***limited*** circumstances *(for example, experimentation, at parties, concerts, special events, etc.).*

If checked, give details including drug(s) used, estimated number of times, over what time period(s), and circumstances.

☐ I used drugs on a ***regular*** basis *(from one to several times a week or more).*

If checked, ONLY indicate the time period(s) of drug use. DO NOT include the drug(s) used or frequency of use.

78. Have you ***ever*** engaged in any of the activities listed below for drugs, narcotics or illegal substances, including marijuana?

- ☐ Sold
- ☐ Purchased
- ☐ Cultivated
- ☐ Manufactured
- ☐ Furnished
- ☐ Carried or held for another

If you checked any items above, give details including drug(s) involved, over what time period(s), and circumstances.

SECTION 9: MOTOR VEHICLE OPERATION

79. CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED

80. LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:

State of issue	Type of license	Name under which license was granted and license number, if known

81. Have you ever been refused a driver's license by any state? ☐ Yes ☐ No

If yes, explain (include when, where, and circumstances):

82. Has your driver's license ever been suspended or revoked? ☐ Yes ☐ No

If yes, explain (include when, where, and circumstances):

83. List your current liability insurance on your vehicle(s):

A) TYPE OF COVERAGE ☐ Insured ☐ Bonded ☐ Cash Deposit | VEHICLE MAKE | YEAR | VEHICLE LICENSE

INSURANCE COMPANY | POLICY NUMBER | EXPIRES

ADDRESS (NUMBER / STREET | CITY | STATE | ZIP | CONTACT NUMBER ( )

B) TYPE OF COVERAGE ☐ Insured ☐ Bonded ☐ Cash Deposit | VEHICLE MAKE | YEAR | VEHICLE LICENSE

INSURANCE COMPANY | POLICY NUMBER | EXPIRES

ADDRESS (NUMBER / STREET | CITY | STATE | ZIP | CONTACT NUMBER ( )

C) TYPE OF COVERAGE ☐ Insured ☐ Bonded ☐ Cash Deposit | VEHICLE MAKE | YEAR | VEHICLE LICENSE

INSURANCE COMPANY | POLICY NUMBER | EXPIRES

ADDRESS (NUMBER / STREET | CITY | STATE | ZIP | CONTACT NUMBER ( )

D) TYPE OF COVERAGE ☐ Insured ☐ Bonded ☐ Cash Deposit | VEHICLE MAKE | YEAR | VEHICLE LICENSE

INSURANCE COMPANY | POLICY NUMBER | EXPIRES

ADDRESS (NUMBER / STREET | CITY | STATE | ZIP | CONTACT NUMBER ( )

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 9: MOTOR VEHICLE OPERATION *continued*

84. List all traffic citations, excluding parking citations, you have received within the past seven years:

A) NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE

DATE VIOLATION OCCURRED Month Year

ACTION TAKEN ☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed

B) NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE

DATE VIOLATION OCCURRED Month Year

ACTION TAKEN ☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed

C) NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE

DATE VIOLATION OCCURRED Month Year

ACTION TAKEN ☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed

D) Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all that apply.)

☐ Failed to appear ☐ Failed to complete traffic school ☐ Failed to pay the required fine

If checked, explain circumstances:

85. Have you been involved as the driver in a motor vehicle accident within the past seven years? ..... ☐ Yes ☐ No
If yes, give details.

A) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP

POLICE REPORT ☐ YES ☐ NO

LAW ENFORCEMENT AGENCY

☐ INJURY ☐ NON-INJURY

B) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP

POLICE REPORT ☐ YES ☐ NO

LAW ENFORCEMENT AGENCY

☐ INJURY ☐ NON-INJURY

C) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP

POLICE REPORT ☐ YES ☐ NO

LAW ENFORCEMENT AGENCY

☐ INJURY ☐ NON-INJURY

86. Have you ever driven a vehicle without auto insurance, as required by law? ..... ☐ Yes ☐ No

IF YES, GIVE REASON:

DATE Month Year

LOCATION (NUMBER / STREET / APT) CITY STATE ZIP

87. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? ..... ☐ Yes ☐ No

IF YES, GIVE REASON:

INSURANCE COMPANY

DATE Month Year

LOCATION (NUMBER / STREET / APT) CITY STATE ZIP

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 9: MOTOR VEHICLE OPERATION *continued*

Use this space for additional information you would like to include regarding your driving record.

SECTION 10: OTHER TOPICS

88.	Have you ever been refused a permit to carry a concealed weapon?	☐ Yes	☐ No
89.	Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?	☐ Yes	☐ No
90.	Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?	☐ Yes	☐ No
91.	Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?	☐ Yes	☐ No
92.	Have you ever hit or physically overpowered a spouse or romantic partner?	☐ Yes	☐ No

If you answered yes to any of **Questions 88–92**, give details including dates and circumstances; indicate corresponding number.

Initial this page to indicate that you have provided complete and accurate information: _____

ADDITIONAL SPACE

- Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.)
- Identify the corresponding question and specific item being referenced.

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 11: CERTIFICATION

I understand that any appointment tendered to me is contingent on a complete and thorough background investigation, and I am fully aware that willfully withholding information, making false statements, or omitting required information on this form will be the basis for rejection of my application or dismissal from the Boxborough Police Department. I agree to these conditions and I hereby certify that all information entered on this form is true and complete to the best of my knowledge.

I hereby release, discharge and exonerate the town of Boxborough, its agents and representatives, and any person having 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 behalf of the town of Boxborough. This authority shall continue until revoked in writing by the undersigned.

Signature _____

Date _____

Commonwealth of Massachusetts

County of _____

On this _____ day of _____ 20 _____, before me, the undersigned notary public, _____ personally appeared and proved to me through satisfactory evidence of identification, to be the person who signed the preceding or attached document in my presence, and who swore of affirmed that the contents of the document are truthful and accurate to the best of his/her knowledge and belief.

_____
Notary Public Signature

Seal: