



David G. Silvernail  
Police Chief

# Town of Southamptton Police Department

Business 413-527-1120 Fax 413-527-8776  
PO Box 239, 8 East Street, Southamptton, Ma 01073



## Police Officer Application

Applications are considered for all positions without regard to race, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

**Applications must be printed; illegible applications will not be considered**

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number Street Town State Zip Code

Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Have you filled out an application here before? Yes \_\_\_ No \_\_\_ If yes, When? \_\_\_\_\_

Have you been employed here before? Yes \_\_\_ No \_\_\_ If yes, When? \_\_\_\_\_

Are you employed now? Yes \_\_\_ No \_\_\_ May we contact your present employer? \_\_\_\_\_  
If no, why: \_\_\_\_\_

Are you a citizen of the United States? Yes \_\_\_ No \_\_\_

Have you ever been charged, indicted or convicted of any offense against the law? Yes \_\_\_ No \_\_\_  
If yes, date and location \_\_\_\_\_

Have you ever been arrested? Yes \_\_\_ No \_\_\_  
If yes, date and location \_\_\_\_\_



**D.A.R.E.**

On what date would you be available for work? \_\_\_\_\_

Are you available to work: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Are you available to work: 1<sup>st</sup> Shift 8am-4pm \_\_\_ 2<sup>nd</sup> Shift 4pm-12am \_\_\_ 3<sup>rd</sup> shift 12am-8am \_\_\_

Have you ever served in the military? Yes \_\_\_\_\_ No \_\_\_\_\_

Years active duty \_\_\_\_\_ Years in Guards/Reserves \_\_\_\_\_

If yes, what type of discharge did you receive? \_\_\_\_\_

Rank at time of discharge? \_\_\_\_\_

What licenses, skills, or qualifications do you possess that should be considered? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a valid Pistol Permit? Yes \_\_\_ No \_\_\_

Do you have a valid Driver's License? Yes \_\_\_ No \_\_\_

License number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

(Applicants must have or be eligible to obtain a License to Carry Firearms Permit & you must have a valid Massachusetts Driver's License.)

\_\_\_\_\_

### Education

Circle highest grade level completed: 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4

Did you graduate from high school? \_\_\_ Yes \_\_\_ No If yes, When? \_\_\_\_\_

Name of High School \_\_\_\_\_

City/Town

State

If no, give date you last attended: \_\_\_\_\_

Do you possess a High School Equivalency Certificate (GED)? \_\_\_ Yes \_\_\_ No

Please list names of College(s) or other training, including Military Schools:

Name of school	Dates Attended	Major	Date Completed
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\_\_\_\_\_

**Employment Experience**

Begin with your present or most recent employer. Account for all employment, including military service. You may include any verifiable volunteer experience. However, organization names that include race, color, religion, sex, national origin, or handicap may be omitted.

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**Present Employer**

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Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Rate/Salary: \_\_\_\_\_

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Job Title: \_\_\_\_\_

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Description of duties: \_\_\_\_\_

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Reason for leaving: \_\_\_\_\_

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**Previous Employer**

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Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Rate/Salary: \_\_\_\_\_

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Job Title: \_\_\_\_\_

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Description of Duties: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

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**Previous Employer**

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Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Rates/Salary: \_\_\_\_\_

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Job Title: \_\_\_\_\_

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Description of Duties: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

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**Previous Employer**

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Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Rate/Salary: \_\_\_\_\_

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Job Title: \_\_\_\_\_

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Description of Duties: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

Please list your previous addresses for the past five addresses starting with the most recent.

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Please state any additional information you feel may be helpful to us in considering your application: \_\_\_\_\_

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**PLEASE LIST REFERENCES**

Name	Address	Phone	Relation	Years Known
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____

**THE STATEMENTS MADE BY ME IN THIS APPLICATION ARE FULL AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I understand and authorize that the information provided may be verified and that any willful misstatement of material facts herein will call forfeiture on my part of all rights to any employment in the service of the Town of Southampton. It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subjected to criminal penalties and civil liabilities**

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

**THE TOWN OF SOUTHAMPTON IS AN EQUAL OPPORTUNITY EMPLOYER**



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Police Chief

# Town of Southamptom Police Department

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## AUTHORIZATION TO RELEASE INFORMATION AND WAIVER

Full Name: \_\_\_\_\_

Any other names by which I have been/are known: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social security number: \_\_\_\_\_

To Whom It May Concern:

As an applicant for a position with the Southamptom, Massachusetts Police Department I am required to furnish information for use in determining my qualifications, moral character, honesty, and suitability. I am aware that willfully withholding information or making any false statements or providing any false or misleading information on the application or during any other stage of the hiring process will be basis for rejection of my consideration for employment or dismissal from the department. I agree to these conditions and I hereby certify that all statements orally or written made by me on this application or any other stage of the hiring process are true and complete to the best of my knowledge. I hereby request and authorize the full disclosure of any and all records, files, reports, notes, opinions, or any other information you may have concerning me, in any format whatsoever, including information of a confidential nature, to an authorized investigator of the Southamptom, MA Police Department. This includes but is not limited to the release of all employment files or records, performance evaluations, disciplinary records, background investigation files, polygraph reports, psychological reports, medical records, any and all internal affairs investigative reports, complaints or grievances filed by or against me, training files, educational or school records, and transcripts, financial records, credit history, driving history, military records, arrest and criminal records including any investigative files or reports, detention reports, field intelligence reports, booking information, court records, probation records, and/or traffic citations.

This release includes photocopies or duplicates of the above material or documents if requested by an agent of the Southamptom, MA Police Department.

A photocopy or an electronic facsimile of this signed authorization form is to be considered as valid as an original. This Authorization and waiver is valid and shall continue until revoked in writing by the undersigned.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Southamptom, MA Police Department. I understand and agree that any information received by the Southamptom Police Department shall be confidential and not available to my agent or myself.

I hereby release you, your organization, its representatives, agents, and employees, and The Southamptom, MA Police Department, its representatives, agents, and employees from any liability whatsoever and/or damages that may result from releasing the above information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_

## Applicant's Statement

The information on this application is accurate and subject to verification by the Town of Southampton. I understand furnishing any misleading or incorrect information will render this application void and will be just cause for termination in the event of employment.

I understand that, if employed, I may be assigned to work any schedule (including weekends and holidays) and at any level.

I hereby give the Town of Southampton permission or its duly authorized representative to contact any persons, educational institutions, and/or former employers named in the application. Those persons, educational institutions and former employer are relieved of any liability in conjunction with providing information about my character, reliability, integrity, educational performance and work performance.

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_



*DARE*

