

YARMOUTH POLICE DEPARTMENT



“COMMITTED TO OUR COMMUNITY”

CANDIDATE INFORMATION FORM AND APPLICATION FOR EMPLOYMENT

APPLICANT'S NAME (Please Print: Last, First & Middle Initial)

FULL TIME DISPATCHER

COMPLETE AND RETURN TO:

YARMOUTH POLICE DEPARTMENT
ONE BRAD ERICKSON WAY
WEST YARMOUTH, MA 02673
ATTN: Lt. Kevin Lennon

INSTRUCTIONS TO APPLICANTS

1. READ ALL QUESTIONS CAREFULLY BEFORE ANSWERING.
2. RETURN ONLY A COMPLETE APPLICATION, THAT INCLUDES HAVING THE

APPLICATION NOTARIZED, AND COMPLETING AND RETURNING THIS PAGE.

3. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED AND MAY BE CAUSE FOR ELIMINATION FROM THE HIRING PROCESS.

All applications must include supporting documentation. Use the following checklist to indicate which forms you need to return to us. Check off the documents you are including. Copies and photostats are acceptable with the candidate information form, but you should be prepared to produce the original documents once background investigations are started.

- 2 PASSPORT SIZE PHOTOGRAPHS REQUIRED
- BIRTH CERTIFICATE
- HIGH SCHOOL DIPLOMA / GED CERTIFICATE
- UNDERGRADUATE DEGREE(S)
- PREVIOUS YEARS TAX RETURN
- ALL COLLEGE TRANSCRIPTS
- AWARDS, HONORS, CITATIONS FROM ALL SCHOOLS
- ALL SPECIAL LICENSES (Law, Plumbing, Hairdressing, etc.)
- VEHICLE OPERATORS LICENSE
- FIREARMS LICENSE
- ARMED FORCES DISCHARGE
- ALL CERTIFICATES AWARDED FOR COMPLETION OF PROFESSIONAL TRAINING
(includes but not limited to any certificates from any criminal justice training program, EMT certificates, etc.)
- ALL REPORTS RELATED TO ANY EMPLOYMENT DISCIPLINARY ACTION OR INTERNAL AFFAIRS INVESTIGATION INCLUDING CONFIDENTIAL AGREEMENTS.

I AM APPLYING FOR THE POSITION OF (a separate application is required for each position)

- FULL TIME DISPATCHER

I am aware that the completed candidate information form and all supporting documentation will become the property of the Yarmouth Police Department, and will not be returned to me. I am also aware that members of the Yarmouth Police Department will be assigned to conduct a thorough background investigation based upon this candidate information form and also based on information and contacts that the investigators may develop on their own. Once I sign written waivers for the background investigators, I am aware that I must notify the Yarmouth Police Department in writing in order to withdraw my name from further consideration and halt the background investigation. I am also aware that if I fail or refuse to sign the waivers, or cooperate with investigators, or to secure the cooperation of any person or organization named in this form, the Yarmouth Police Department need not continue processing my application, and I will not be considered for employment. I understand that any misrepresentations or false statements can result in immediate disqualification.

Candidate Signature

Date

Candidate Printed Name

YARMOUTH POLICE CANDIDATE INFORMATION FORM

INSTRUCTIONS: Type, or print neatly in black ink. All spaces must be filled. Use NA where the information called for is not applicable. If more space is needed, attach 8 ½ x 11 inch additional pages.

PLEASE NOTE: We may reject any application that is incomplete, contains false or misleading information, or is not notarized on the page provided.

PERSONAL HISTORY

Full Name:	DOB:	Age:
Social Security #		
Present Address: (number, street name, apartment #, city, state, ZIP code)		
Mail Address if different:		
Home Phone:	Work Phone:	
Cell Phone:	Email:	

LIST ALL OTHER NAMES YOU HAVE USED, INCLUDING NICKNAMES AND MAIDEN NAME, AND THE CIRCUMSTANCES IN WHICH THE NAME WAS USED.

Name	Circumstances

CITIZENSHIP U.S.: YES ___ NO: ___

() SINGLE () WIDOWED

() MARRIED DATE OF MARRIAGE _____ PLACE _____

() DIVORCED DATE OF DIVORCE _____ PLACE _____

() SEPARATED DATE OF SEPARATION _____ PLACE _____

COURT GRANTING DIVORCE OR SEPARATION _____

CHILDREN

Name	Date of Birth

CURRENT EMPLOYER

Name of Company:	Phone #
Address:	Start Date:
Immediate Supervisor:	Phone #
Your Title & Duties:	

EMPLOYMENT HISTORY

List chronologically all employment that you have had for the last fifteen years, or since your sixteenth birthday, whichever is longest. Include all seasonal and part-time employment. Include and explain all periods of unemployment. All the time in questions must be accounted for.

Employer #1	Address	Supervisor Name & Phone #			
Job Title:	Responsibilities:				
Start Date:	Finish Date:				
Check Reason for leaving:	New Job	Terminated	Seasonal	Retired	Other*
Were you terminated or subject to an Internal Investigation? Yes() No() If yes, explain:					
Employer #2	Address	Supervisor Name & Phone #			
Job Title:	Responsibilities:				
Start Date:	Finish Date:				
Check Reason for leaving:	New Job	Terminated	Seasonal	Retired	Other*
Were you terminated or subject to an Internal Investigation? Yes() No() If yes, explain:					
Employer #3	Address	Supervisor Name & Phone #			
Job Title:	Responsibilities:				
Start Date:	Finish Date:				
Check Reason for leaving:	New Job	Terminated	Seasonal	Retired	Other*
Were you terminated or subject to an Internal Investigation? Yes() No() If yes, explain:					
Employer #4	Address	Supervisor Name & Phone #			
Job Title:	Responsibilities:				
Start Date:	Finish Date:				
Check Reason for leaving:	New Job	Terminated	Seasonal	Retired	Other*
Were you terminated or subject to an Internal Investigation? Yes() No() If yes, explain:					
Employer #5	Address	Supervisor Name & Phone #			
Job Title:	Responsibilities:				
Start Date:	Finish Date:				
Check Reason for leaving:	New Job	Terminated	Seasonal	Retired	Other*
Were you terminated or subject to an Internal Investigation? Yes() No() If yes, explain:					

MILITARY BACKGROUND

Have you ever served on active duty or inactive duty for training in the Armed Forces of the United States:
 NO YES Highest rank attained: _____ Date of Commission: _____
 Branch of military service: _____ Service Number : _____
 Dates of active duty: From _____ To: _____
 Type of Discharge: _____ Basis for discharge: _____
 Are you now a member of the Reserve Component? NO YES Branch: _____
 Location of drills or meetings: _____
 Location of Annual Training: _____
 Current Rank: _____ Duty Assignment: _____
 Address of unit or armory: _____
 Phone # of unit: _____ Unit Commander: _____

While serving as a member of the Active or Reserve Component of the Armed Forces of the United States, were you the subject of any type of disciplinary action, including so-called "non-judicial" or Article 15, UCMJ, actions?
 NO YES Describe if yes: _____

Have you ever served in the Armed Forces of another country? NO YES
 If yes, what country? _____

EDUCATIONAL BACKGROUND

ALL ENTRIES HERE MUST BE VERIFIED. YOU MUST INLCUDE WITH THIS FORM ALL DIPLOMAS, TRANSCRIPTS AND ATTENDANCE RECORDS CONCERNING ANY SCHOOL YOU HAVE ATTENDED.

Name of School	Location	Dates	Courses	Degree/Diploma	GPA
High School					
College					
Graduate					
Miscellaneous					

WERE YOU EVER DISMISSED FROM A SCHOOL, OR WAS ANY DISCIPLINARY ACTION (INCLUDING SCHOLASTIC PROBATION) EVER TAKEN AGAINST YOU AT ANY TIME DURING YOUR SCHOLASTIC CAREER? YES NO

IF YES, SCHOOL _____ DATE _____ ACTION _____

EXPLANATION: _____

HAVE YOU BEEN INVOLVED IN ANY CAMPUS POLICE OR SCHOOL SECURITY ISSUE SUCH AS VIOLATION OF SCHOOL RULES & REGULATIONS OR DISTURBANCES?

Explain: _____

LIST AWARDS, HONORS, CITATIONS, POSITIONS HELD IN SCHOOL ORGANIZATIONS, ATHLETIC ENDEAVORS, AND ANY OTHER SPECIAL RECOGNITION YOU RECEIVED WHILE IN SCHOOL.

RESIDENCES

BEGINNING WITH YOUR CURRENT ADDRESS, LIST IN CHRONOLOGICAL ORDER, ALL OF THE PLACES THAT YOU HAVE RESIDED FOR THE PAST TEN YEARS. INCLUDE ALL RESIDENCES WHILE IN SCHOOL OR THE MILITARY.

From		From		Apt.# & Street Address	City	State/Country
Month	Year	Month	Year			

Use additional sheets if necessary, follow the same format as above.
 HAVE YOU EVER BEEN EVICTED? YES () NO() IF YES PROVIDE A DETAILED EXPLANATION ON A SEPARATE PAGE.

LIST ANY SPECIAL ABILITIES, INTERESTS, SPORTS, OR HOBBIES AND YOUR LEVEL OF PROFICIENCY.

Subject	Level

FOREIGN LANGUAGE

INDICATE YOUR PROFICIENCY IN EACH PHASE OF ANY FOREIGN LANGUAGE. RATE YOURSELF AS “SLIGHT”, “GOOD”, OR “FLUENT”.

Language	Speak	Understand	Read	Write

REFERENCES

List three (3) references. These references can not be former or present employers, fellow employees, school teachers, or school officials. They must be responsible members of good repute in the community. They should be people that have known you personally for at least the last five years. Do not list relatives. If the reference is retired, list their former occupation. Address must include number, street, city, state, and ZIP code.

1	Name:	Home Address:	Home/Cell Phone:
	Occupation:	Business Address: Email Address:	Work Phone:
2	Name:	Home Address:	Home/Cell Phone:
	Occupation:	Business Address: Email Address:	Work Phone:
3	Name:		Home /Cell Phone:
	Occupation:	Business Address: Email Address:	Work Phone:

SOCIAL REFERENCES

List three (3) social references in your own age group. Include members of both sexes. Do not list relatives, past or current roommates. You should list people that have known you for the past two years or more.

1	Name:	Home Address:	Home/Cell Phone:
	Occupation:	Business Address: Email Address:	Work Phone:

2	Name:	Home Address:	Home/Cell Phone:
	Occupation:	Business Address: Email Address:	Work Phone:
3	Name:	Home Address:	Home/Cell Phone:
	Occupation:	Business Address: Email Address:	Work Phone:

FOREIGN TRAVEL

Have you ever visited or resided in any foreign country, including any travel in the Armed Forces? () NO () YES

Passport number: _____ Date Issued: _____

Place passport issued: _____

Country Visited	From	To	Reason

CREDIT REPORT

Has your credit record ever been considered unsatisfactory, or has your application for credit ever been refused?
Yes () No () If yes , explain:

Are you indebted to anyone?		
Creditor	Amount Borrowed	Balance

CRIMINAL RECORD

Have you ever been convicted as an adult of a misdemeanor within the last five (5) years?

No () Yes () If Yes explain: _____

Have you ever been convicted as an adult of a felony offense? No () Yes () Explain if yes: _____

Has any member of your family (including in-laws) or a close relative ever been convicted of any offense other than traffic violations? No () Yes () Explain if yes: _____

ORGANIZATIONAL MEMBERSHIP

List below your memberships, past and present, in any club, society, or organization.

Name of Organization	City, State	Position in Organization

Are you now, or have you ever been, a member of any organization advocating the overthrow of our democracy? No() Yes () Explain if yes: _____

Are you now, or have you ever been, a member of any club, society, or organization that advocated the denial of any rights group based on that groups race, color, creed, sex, or national origin? No() Yes () Explain if yes: _____

RELATIVES

Father:	Occupation:
Address:	DOB:
	Birth Place:
Phone:	Email:
Cell Phone:	

Mother:	Occupation:
Address:	DOB:
	Birth Place:
Phone:	Email:
Cell Phone:	

Sibling:	Occupation:
Address:	DOB:
	Birth Place:
Phone:	Email:
Cell Phone:	

Sibling:	Occupation:
Address:	DOB:
	Birth Place:
Phone:	Email:
Cell Phone:	

Sibling:	Occupation:
Address:	DOB:
	Birth Place:
Phone:	Email:
Cell Phone:	

Sibling:	Occupation:
Address:	DOB:
	Birth Place:
Phone:	Cell Phone:
	Email:

Current/Former Significant Other

Go back ten years and include all marriages regardless of time:

Name:	Occupation:
Relationship: Former Spouse()	Current Girl/Boyfriend () Former Girl/Boyfriend ()
Maiden Name:	Dates of Relationship: From: To:
Address:	DOB: SS#
	Birth Place:
Phone:	Cell Phone:
	Email:

Name:	Occupation:
Relationship: Former Spouse()	Current Girl/Boyfriend () Former Girl/Boyfriend ()
Maiden Name:	Dates of Relationship: From: To:
Address:	DOB: SS#
	Birth Place:
Phone:	Cell Phone:
	Email:

Name:	Occupation:
Relationship: Former Spouse()	Current Girl/Boyfriend () Former Girl/Boyfriend ()
Maiden Name:	Dates of Relationship: From: To:
Address:	DOB: SS#
	Birth Place:
Phone:	Cell Phone:
	Email:

Name:	Occupation:
Relationship: Former Spouse()	Current Girl/Boyfriend () Former Girl/Boyfriend ()
Maiden Name:	Dates of Relationship: From: To:
Address:	DOB: SS#
	Birth Place:
Phone:	Cell Phone:
	Email:

Other relatives or persons with whom you have resided for more than thirty days.

Name:	Occupation:
Relationship:	Dates Lived Together:
Maiden Name:	From: To:
Address:	DOB: SS#
	Birth Place:
Phone:	Cell Phone:
	Email:

Name:	Occupation:
Relationship:	Dates Lived Together:
Maiden Name:	From: To:
Address:	DOB: SS#
	Birth Place:
Phone:	Cell Phone:
	Email:

Name:	Occupation:
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Yarmouth Police Department

— *Excellence in Policing* —

AUTHORITY FOR RELEASE OF INFORMATION

I, _____, born on _____, and having filed an application for employment with the Yarmouth Police Department, consent to having an investigation made as to my moral character, reputation, and fitness for the position for which I have applied, and such information as may be received by or reported to the Yarmouth Police Department, the Yarmouth Town Administrator, or the Yarmouth Board of Selectmen. I agree to give any further information that may be required in reference to my past record.

I also authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records, and any other information pertaining to me to furnish to the Yarmouth Police Department any such information, including but not limited to, consumer credit investigative reports, documents, records, files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Yarmouth Police Department or any of its agents or representatives to inspect and make copies of such documents, records, and other information. I also authorize the release of any internal investigations and results said investigations regardless of any confidential agreements I have entered into with any employer, past or present.

I hereby release, discharge, and exonerate the Yarmouth Police Department, its agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information during the investigations made by or on the behalf of the Yarmouth Police Department.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

This authority shall continue for three years from the date indicated under my signature unless sooner revoked in writing by me.

Applicant Signature

Witness

Date

Social Security Number