LUDLOW POLICE DEPARTMENT

612 Chapin Street

Ludlow, Massachusetts 01056

Application for Employment

Revised 9/2021

APPLICATION FOR EMPLOYMENT AS A POLICE OFFICER

1. This application must be typewritten or printed in blue or black ink by the applicant himself/herself.

2. All questions must be answered, if applicable. **If not applicable, indicate N/A**.

3. Failure to answer any and all questions truthfully, accurately or completely shall result in the applicant's disqualification, or, if discovered after an individual is hired, termination from employment. It is important that you understand that answers to some of the questions you will be asked may result in an automatic disqualification for a police position in Massachusetts. It is also important that you understand that not all questions carry such a potential disqualifier, even if they might appear that they should. Honesty and candor in answering the questions in this application is valued above all else.

4. If the space provided is not sufficient for complete answers, or you wish to make additional comments, attach sheets the same size as these forms and indicate to which question those sheets pertain.

5. You are applying for a responsible public safety position. It is essential that you follow instructions specifically as directed. Make sure all dates and information are accurate. Your ability to complete this form as directed will be part of the evaluation of your suitability for employment.

6. If, after submitting this application, you become no longer interested in appointment as a police officer please notify the Chief of Police in a timely manner.

7. Where appropriate, all applicants must submit the following documents with their applications:

    a. One copy of your High School Diploma or Equivalency Certificate.
    b. Official transcripts from any post-secondary institutions of learning you have attended.
    c. One long-form copy of your birth certificate or Record of Live Birth Abroad.
    e. A copy of your social security card.
    f. A copy of your driver's license.
    g. Name change documents (if applicable).
    h. Copies of any licenses or certificates that you indicate in this application you possess (e.g., EMT certificate).
    i. Copies of military discharge forms (DD Form 214 or NGB Form 22) if applicable.

8. A Criminal Offender Record Information (CORI) check will be performed on each applicant who submits an application for employment with this police department.

9. When completed, the application must be returned in hand to the Chief of Police or his designee.

10. When your application is ready to be returned, you must contact the predetermined police representative to schedule a date and time for your application and personal history interview.

READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS.

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, national origin or disability. Federal Law also prohibits discrimination on the basis of age with respect to certain individuals. The Laws of Massachusetts also prohibit some or all of the above-stated discrimination as well as some additional types, such as discrimination based upon ancestry and marital status.

Massachusetts law requires that employers include a statement advising applicants that they may include in their work history "any verified work performed on a volunteer basis."

It is unlawful in Massachusetts to require or administer a polygraph test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

I have read and understand the above instructions.

Candidate: _____

Date Received: _____

I. PERSONAL HISTORY

1. Name:_____
(First) (Middle) (Last) (Suffix)

Address: _____
(Number & Street)

_____
(City /Town) (State) (Zip)

Phone: _____ _____ _____
(Home) (Cell) (Business)

Email: _____

2. Date of Birth_____Social Security No._____Gender _____

3. Driver's License No. & State _____

4. Other Names Used: Give any other names by which you have been legally known (if any):

Name:_____Date(s) When Used: _____

Name:_____Date(s) When Used: _____

5. Mother's Name (include maiden name):

_____

Father's Name:

_____

6. **MARITAL STATUS**: Single Married Separated Divorced Widowed

Current Spouse (if applicable):

Name:_____Date of Birth_____Place of Birth_____

Address_____

Date Married_____Place Married_____State_____

Former Spouse (if applicable):

Name:_____Date of Birth_____Place of Birth_____

Address_____

Date Married_____Place Married_____State_____

Date of Separation/Divorce_____Location of Divorce Record_____

7. **PERSONS RESIDING WITH YOU**: Does anyone reside with you other than your spouse?

___YES ___NO If "YES" provide the information below:

Name of Person	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

8. **IDENTIFYING MARKS**:

List any identifying marks, scars, tattoos, burns or birthmarks.

_____

_____

_____

II. Residence

List all places you have lived back to the age of fifteen, starting with your most recent address. Include residency in college dormitories and military stations. Be sure to account for all of your time. **If you need additional space, copy the following blank page as a template as many times as needed**.

1. From_____To_____Owned or Rented? _____

Address: _____
(Number & Street)

_____
(City /Town) (State) (Zip)

Landlord Name:_____Telephone: _____

Landlord Address: _____
(Number & Street)

_____
(City /Town) (State) (Zip)

Please provide names and contact information for two neighbors who can corroborate your residency during this time.

A. Neighbor Name:_____Telephone: _____

Neighbor Address: _____
(Number & Street)

_____
(City /Town) (State) (Zip)

B. Neighbor Name:_____Telephone: _____

Neighbor Address: _____
(Number & Street)

_____
(City /Town) (State) (Zip)

II. Residence (continued page___of___)

2. From_____To_____Owned or Rented? _____

Address: _____
(Number & Street)

_____
(City /Town) (State) (Zip)

Landlord Name:_____Telephone: _____

Landlord Address: _____
(Number & Street)

_____
(City /Town) (State) (Zip)

Please provide names and contact information for two neighbors who can corroborate your residency during this time.

A. Neighbor Name:_____Telephone: _____

Neighbor Address: _____
(Number & Street)

_____
(City /Town) (State) (Zip)

B. Neighbor Name:_____Telephone: _____

Neighbor Address: _____
(Number & Street)

_____
(City /Town) (State) (Zip)

II. Residence (continued page___of___)

3. From_____To_____Owned or Rented? _____

Address: _____
(Number & Street)

_____
(City /Town) (State) (Zip)

Landlord Name:_____Telephone: _____

Landlord Address: _____
(Number & Street)

_____
(City /Town) (State) (Zip)

Please provide names and contact information for two neighbors who can corroborate your residency during this time.

A. Neighbor Name:_____Telephone: _____

Neighbor Address: _____
(Number & Street)

_____
(City /Town) (State) (Zip)

B. Neighbor Name:_____Telephone: _____

Neighbor Address: _____
(Number & Street)

_____
(City /Town) (State) (Zip)

II. Residence (continued page___of___)

4. From_____To_____Owned or Rented? _____

Address: _____
(Number & Street)

_____
(City /Town) (State) (Zip)

Landlord Name:_____Telephone: _____

Landlord Address: _____
(Number & Street)

_____
(City /Town) (State) (Zip)

Please provide names and contact information for two neighbors who can corroborate your residency during this time.

A. Neighbor Name:_____Telephone: _____

Neighbor Address: _____
(Number & Street)

_____
(City /Town) (State) (Zip)

B. Neighbor Name:_____Telephone: _____

Neighbor Address: _____
(Number & Street)

_____
(City /Town) (State) (Zip)

II. Residence (continued page___of___)

5. From_____To_____Owned or Rented? _____

Address: _____
(Number & Street)

_____
(City /Town) (State) (Zip)

Landlord Name:_____Telephone: _____

Landlord Address: _____
(Number & Street)

_____
(City /Town) (State) (Zip)

Please provide names and contact information for two neighbors who can corroborate your residency during this time.

A. Neighbor Name:_____Telephone: _____

Neighbor Address: _____
(Number & Street)

_____
(City /Town) (State) (Zip)

B. Neighbor Name:_____Telephone: _____

Neighbor Address: _____
(Number & Street)

_____
(City /Town) (State) (Zip)

III. EMPLOYMENT HISTORY

In reverse chronological order; list all employments for the past twenty years or to the age of eighteen, whichever is closest to today's date. Include summer and part-time employments while attending school. All time must be accounted for. If unemployed for a period, note the dates of unemployment. Applicants may also include verifiable work performed on a volunteer basis. **If you need additional space, copy the following blank page as a template as many times as needed.**

1. Dates From:_____To: _____

Employer Name: _____

Employer Address: _____

City:_____State:_____Zip: _____

Telephone: ( )_____-_____Email: _____

Supervisor Name:_____Title: _____

Telephone: ( )_____-_____Email: _____

Please provide a name and contact information for a co-worker who knew you at this job.

Co-Worker Name: _____

Telephone: ( )_____-_____Email: _____

Co-Worker Address: _____
(Number & Street)

_____
(City /Town) (State) (Zip)

Reason for leaving:

Did you ever receive any warnings or discipline from this employer?____Yes ___No
If so, explain fully:

Are you eligible for re-hire at this employer?____Yes ___No

III. EMPLOYMENT HISTORY (continued page___of___)

2. Dates From:_____To: _____

Employer Name: _____

Employer Address: _____

City:_____State:_____Zip: _____

Telephone: ( )_____-_____Email: _____

Supervisor Name:_____Title: _____

Telephone: ( )_____-_____Email: _____

Please provide a name and contact information for a co-worker who knew you at this job.

Co-Worker Name: _____

Telephone: ( )_____-_____Email: _____

Co-Worker Address: _____
(Number & Street)

_____
(City /Town) (State) (Zip)

Reason for leaving:

Did you ever receive any warnings or discipline from this employer?____Yes ___No
If so, explain fully:

Are you eligible for re-hire at this employer?____Yes ____No

III. EMPLOYMENT HISTORY (continued page___of___)

3. Dates From:_____To: _____

Employer Name: _____

Employer Address: _____

City:_____State:_____Zip: _____

Telephone: ( )_____-_____Email: _____

Supervisor Name:_____Title: _____

Telephone: ( )_____-_____Email: _____

Please provide a name and contact information for a co-worker who knew you at this job.

Co-Worker Name: _____

Telephone: ( )_____-_____Email: _____

Co-Worker Address: _____
(Number & Street)

_____
(City /Town) (State) (Zip)

Reason for leaving:

Did you ever receive any warnings or discipline from this employer?____Yes ___No
If so, explain fully:

Are you eligible for re-hire at this employer?____Yes ___No

III. EMPLOYMENT HISTORY (continued page___of___)

4. Dates From:_____To: _____

Employer Name: _____

Employer Address: _____

City:_____State:_____Zip: _____

Telephone: ( )_____-_____Email: _____

Supervisor Name:_____Title: _____

Telephone: ( )_____-_____Email: _____

Please provide a name and contact information for a co-worker who knew you at this job.

Co-Worker Name: _____

Telephone: ( )_____-_____Email: _____

Co-Worker Address: _____
(Number & Street)

_____
(City /Town) (State) (Zip)

Reason for leaving:

Did you ever receive any warnings or discipline from this employer?____Yes ___No
If so, explain fully:

Are you eligible for re-hire at this employer?____Yes ___No

III. EMPLOYMENT HISTORY (continued page___of___)

5. Dates From:_____To: _____

Employer Name: _____

Employer Address: _____

City:_____State:_____Zip: _____

Telephone: ( )_____-_____Email: _____

Supervisor Name:_____Title: _____

Telephone: ( )_____-_____Email: _____

Please provide a name and contact information for a co-worker who knew you at this job.

Co-Worker Name: _____

Telephone: ( )_____-_____Email: _____

Co-Worker Address: _____
(Number & Street)

_____
(City /Town) (State) (Zip)

Reason for leaving:

Did you ever receive any warnings or discipline from this employer?____Yes ___No
If so, explain fully:

Are you eligible for re-hire at this employer?____Yes ___No

III. EMPLOYMENT HISTORY (continued)

EXTENDED ABSENCE FROM EMPLOYMENT: Have you had any extended work absences for reasons other than earned vacation (exclude medical reasons)? If "YES", please explain (include time period(s), employer and circumstances)

_____

_____

_____

1. Have you ever been fired or forced to resign because of misconduct or unsatisfactory employment? ___Yes ___No. If yes, give details:

2. Have you ever left a job after being told you would be fired or that your performance was unsatisfactory?_____Yes ___No. If yes, give details:

3. Are you eligible for rehire with your former employers.____Yes ___No. If no, please explain:

4. Have you ever, intentionally or negligently or without right, released any employer's proprietary or confidential information?____Yes ___No

5. May we contact your current and past employers?____Yes ___No If no, please explain why.

COMMUNITY INVOLVEMENT: List any activities in which you were involved on a volunteer basis.

Dates Activity Location of Activity (City/State)

_____

_____

_____

_____

IV. EDUCATION

a. List the name and address of the following schools you attended and dates of graduation.

	School Name and Address	Graduated Yes/No	Number of Years Attended	Degree	Major
High School					
College					
College					
Graduate					
Other: Equivalency, Etc.					
Courses Now Studying:					

b. Were you ever dismissed from a school or was any disciplinary action, including scholastic probation, ever taken against you during your scholastic career?
___Yes ___No If yes, give school, date and action taken:

School:_____Date_____

Action taken: _____

_____

c. List awards, honors, and citations, positions held in school organizations, athletic endeavors, and any other special recognition you received while attending school. Also list any special recognition you have received in your community since you left school. *(Exclude, those organizations and awards, which by their nature, name or character indicate the religion, race or national origin of its members.)*

_____

_____

V. MILITARY SERVICE

a. Have you ever served on active duty in the Armed Forces of the United States?

___Yes ___No If yes, indicate the highest rank attained: _____

Branch of Military Service | Serial Number | Dates of Active Duty

_____ From: _____

Type of Discharge | Date of Discharge | To: _____

_____ _____

Member of Reserve?____Yes ___No Branch: _____

b. What was your specialty in the armed forces? _____

c. What was your last duty station in the armed forces? _____

d. Who was your last commanding officer? _____

e. Was any type of disciplinary action taken against you in the Military Service?

___Yes ___No If yes, explain: _____

f. Are you now or were you formerly in the National Guard?

___Present ___Former ___Never

If you are a member of the National Guard and attend drills, meetings, or camps, give the name of the unit and location.

_____

_____

Summer Camp Attendance: From:_____To: _____

Location: _____

g. Do you claim Veterans Preference under the Civil Service Law?

___Yes ___No Basis:

VI. 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 for purposes of employment?

YES_____ NO_____

If yes, list ALL of the departments you have applied to and the MONTH/YEAR you applied. Check those steps of the hiring process that were completed.

Department/Date	Written Exam	Physical Exam	Oral Board Review	Background Investigation	Hired
_____	____	____	____	____	____
_____	____	____	____	____	____
_____	____	____	____	____	____
_____	____	____	____	____	____
_____	____	____	____	____	____

B. Police/Public Safety/Security Experience

Do you have experience as a sworn police/law enforcement officer? Yes No____
Do you have experience in private security? Yes_____ No_____
Do you have experience as an intern, volunteer, cadet or explorer with any police/law enforcement/public safety agency? Yes_____ No_____
do you have experience as a member, paid or volunteer, of any fire department, ambulance or rescue squad? Yes____ No_____
Are you currently attending or have you attended any police academy? Yes_____ No_____

If you answered "yes" to any of the above questions, explain below and include agency, position and length of service.

_____

_____

_____

_____

_____

VI. INVESTIGATIONS RECORD (1-11 Current or former Law Enforcement Only)

If you are a current or former police officer answer the following question:

1. Have you ever been the subject of an internal investigation or citizens complaint? ___Yes ___No
2. Have you ever been suspended from duty with or without your police powers for any reason? (except medical) ___Yes ___No
3. Have you ever been subjected to departmental disciplinary action? ___Yes ___No

4. Have you ever been involved in a traffic accident while operating a department or government vehicle? ___Yes ___No
5. Have you ever received less than satisfactory performance reports or evaluations? ___Yes ___No
6. Have you ever been questioned/interviewed/interrogated by your department's internal affairs unit? ___Yes ___No
7. Have you ever discharged your service weapon either on-duty or off-duty, other than for training or for authorized animal destruction? ___Yes ___No
8. Have you ever given an untruthful statement in court or to your department's internal affairs unit? ___Yes ___No
9. Have you ever been charged with or investigated for use of excessive force or police brutality? ___Yes ___No
10. Have you ever been investigated by your current or past agency for an allegation of domestic violence or spousal abuse? ____Yes ___No
11. Have you ever been de-certified or the subject of a hearing regarding your certification status as a police officer? _____Yes ___No

If you have answered "YES" to any of the above questions, fully explain all circumstances below:

_____

_____

_____

_____

_____

_____

_____

_____

VII. REFERENCES

a. List three references (not relatives, in-laws, former or present employers, fellow employees or school teachers) who are responsible adults, have reputable standing in their community and who have known you for at least five years. All persons to whom you refer may be asked to appraise your character, ability, experience, personality and other qualities. Provide address, phone and length of time you've known each reference.

Reference #1

Name:_____

Address: _____

Phone:_____Email: _____

Relationship to applicant: _____

Reference #2

Name:_____

Address: _____

Phone:_____Email: _____

Relationship to applicant: _____

Reference #3

Name:_____

Address: _____

Phone:_____Email: _____

Relationship to applicant: _____

b. List three personal references (family members, neighbors, friends and the like), who are responsible adults, have reputable standing in their community and who have known you for at least five years. All persons to whom you refer may be asked to appraise your character, ability, experience, personality and other qualities. Provide address, phone and length of time you've known each reference.

Reference #1

Name:_____

Address: _____

Phone:_____Email: _____

Relationship to applicant: _____

Reference #2

Name:_____

Address: _____

Phone:_____Email: _____

Relationship to applicant: _____

Reference #3

Name:_____

Address: _____

Phone:_____Email: _____

Relationship to applicant: _____

VIII. CRIMINAL RECORD

Note: With regard to questions contained in this section, under Massachusetts Law, you may answer “no record" if any of the following circumstances are applicable.

(1) You have never been arrested for violation of a *criminal statute,*

(2) You have been arrested but have never been tried for a *criminal offense,*

(3) You have been tried for a *criminal offense but were not convicted,*

(4) You have a *first conviction for any* of *the following misdemeanors:*

(a) drunkenness *(b) simple assault* *(c) speeding*

(d) minor traffic violation *(e) affray or* *(f) disturbance* of *the peace*

(5) You have not been convicted of a criminal offense within the five years before the date of this application and you have been convicted of misdemeanors where the date of conviction or the termination of incarceration, if any, occurred more than five years before the date of this application;

(6) You have a felony or misdemeanor convictions which have been sealed pursuant to Massachusetts Law,

(7) You have juvenile delinquency or child in need of services complaints which were not transferred to Superior Court for prosecution

a. Have you ever been convicted of a felony?_____Yes ___No

b. Have you been convicted of a misdemeanor within the last five years, other than the first conviction for simple assault, speeding, minor traffic violations, affray or disturbance of the peace?
___Yes ___No

c. Were you convicted of a misdemeanor (other than first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace) more than five years ago that resulted in a jail sentence from which you were released within the last 5 years?
___Yes ___No

d. If you answered yes to any of the three preceding questions (a., b., c.), please describe the offense involved, the date of the offense, the court in which you were convicted, and any mitigating circumstances. Please include the Docket Number:

(continued next page)

Full Description of Offense	Dates of Offence	Court & Docket No.	Disposition, Finding, Sentence & Probation

e. Have you been convicted of a sexual offense? (*Review Circumstances 1-7 above*) Yes [ ] No [ ]
If you have answered yes, please state the following:

Date	Place/Department	Charge/Court/ Disposition	Docket No.

f. Have you been convicted of a narcotic drug offense? (*Review Circumstances 1-7 above*)
___Yes ___No If you have answered yes, please state the following:

Date	Police Department	Charge/Court Disposition	Docket No.

g. Have you been sentenced to imprisonment after conviction of a crime? (*Review Circumstances 1-7 above*)____Yes ___No If you have answered yes, please state the following:

Date	Place/Department	Charge/Court Disposition	Docket No.	Location Served

h. Have you ever been or are you currently the subject of any petition for restraining order requesting or issued pursuant to c. 209A (abuse prevention), of the Massachusetts General Laws? ___Yes ___No If you have answered yes, please explain when and where.

Date	Police Department	Charge/Court Disposition	Docket No.

IX. OTHER

1. Do you use tobacco products?_____Yes _____No

2. Do you have any family members/relatives who are current or past members of a law enforcement agency?_____Yes _____No If yes, please give name, relationship and their agency:

   _____

   _____

3. Do you personally know any police officers working in this department?
   _____Yes _____No If yes, name and rank (if known):

   _____

4. Are you willing to work any shift, including midnight to 8:00 a.m. during the week, and holidays if required?_____Yes _____No If no, why not?

   _____

5. If your application is considered favorably, on what date can you start work? _____

6. Do you possess a valid Massachusetts driver's license?

_____Yes _____No
Driver's License Number _____

7. Was your driver's license in this state, or any state, ever suspended or revoked?

_____Yes _____No If yes, give details:

_____

_____

8. Have you been involved, as a driver of a motor vehicle, in an accident in the last seven years?
___Yes ___No
If "YES" please give details for each accident in the spaces below:

Month/Day/Year	Location(city/state)	Injuries(yes/no)	Investigating Police Agency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Have you received any traffic citations (exclude traffic citations) within the last seven (7) years?
_____Yes _____No
If "YES" list all traffic citations and other information requested below:

Nature of Violation	Location(city/state)	Approximate Date	Action Taken
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. List all motor vehicles currently owned, registered to or operated by applicant:

Make_____ Model_____ Reg#_____ State _____
Insured by_____ Agent_____

Policy Number_____ Address_____ Phone_____

Make_____ Model_____ Reg#_____ State _____
Insured by_____ Agent_____

Policy Number_____ Address_____ Phone_____

Make_____ Model_____ Reg#_____ State _____
Insured by_____ Agent_____
Policy Number_____ Address_____ Phone_____

Make_____ Model_____ Reg#_____ State _____
Insured by_____ Agent_____

Policy Number_____ Address_____ Phone_____

10. Do you possess a License to Carry Firearms (LTC) or a Firearms Identification Card (FID)?

Type of License	State	License Number	Date Issued/Expired	Issuing Agency
_____	____	_____	_____	_____
_____	____	_____	_____	_____
_____	____	_____	_____	_____

11. Have you ever been denied or had a license or permit to carry a firearm or FID card suspended or revoked for non-medical reasons? _____Yes _____No
If "YES" Explain:

_____

_____

_____

12. Have you previously submitted an application for any employment with this or any other municipality?
_____Yes _____No If yes, give the name of the agency and when.

_____

_____

_____

13. Have you ever worked for this or any other municipality before? If yes please give details.

_____

_____

_____

14. Are you a member of any foreign or domestic organization, association, movement or group of persons that has adopted or expressed a policy of advocating or approving of the commission of acts of force or violence as a means to deny other persons their rights under the Constitution of the United States? Yes No If your answer is yes, identify the organization and explain fully.

_____

_____

_____

_____

15. Do you have anything in your background that might disqualify you from becoming a Police Officer in the Commonwealth of Massachusetts?_____Yes _____No If yes, please explain.

_____

_____

_____

_____

16. Is there anything in your past or present life that, if discovered, might suggest a conflict of interest with your duties as a police officer or which might cause you to be susceptible to coercion, duress or extortion?

17. Do you now or have you ever lived with a convicted felon or convicted sex offender?
_____Yes _____No If yes, please identify the individual with whom you lived and when.

18. Do you currently use, or in the last five (5) years, have you used, possessed, supplied or manufactured any illegal drugs? When used without a prescription, illegal drugs include marijuana, cocaine, hashish, narcotics (opioids, morphine, codeine, heroin, etc.) stimulants (cocaine, amphetamines, etc.) depressants (barbiturates, methaqualone, 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 the information below as well as any other details relating to your involvement with illegal drugs:

Month/Year	Type of Substance	Explanation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

19. Do you Gamble? ___Never ___Seldom ___Occasionally ___Regularly

Have you ever placed a wager or bet by telephone or made a hand to hand transaction with a bookmaker on the result of an event other than a legitimate lottery or other legalized gambling event? ___Yes ___No

Have you ever worked for a bookie? ___Yes ___No

Do you have any outstanding gambling debits? ___Yes ___No

Have you ever borrowed money to gamble? ___Yes ___No

Have you ever used an employer's money to gamble? ___Yes ___No

Have you ever stolen money to gamble with? ___Yes ___No

If you answered "YES" to any of the above questions, please explain below:

_____

_____

_____

20. In the last seven (7) 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 a judgement rendered against you/your company for a debt?____Yes ___No

If you answer "Yes" provide the requested information below:

Month/Year	Type of Action	Business Name	Court of Jurisdiction (city/state)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

21. Are you now over 180 days delinquent on any loan or financial obligation? Include loans or obligations funded or guaranteed by the Federal Government.____Yes ___No

If you answer "Yes" provide the requested information below:

Month/Year	Type of loan or obligation	Name/Address of Creditor
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

22. List all loans whose principal outstanding balance exceeds $1,000.00, and on which you are individually or jointly responsible:

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

23. Are there any orders/agreements entered in court against you regarding child support/alimony?

___Yes ___No (if no continue to Number 24)

A. If "Yes" are the orders/agreements being complied with? _____Yes _____No

B. If "Yes" have there been previous compliance issues with

These orders/agreements? _____Yes _____No

If "Yes" to either A or B, explain your answer(s) below (include court, judgements and penalties):

_____

_____

_____

_____

24. Have your Massachusetts Tax Returns been filed on time for the last seven (7) years?

A. _____Yes_____No

Have your Federal Tax Returns been filed on time for the last seven (7) years?

B. _____Yes_____No

Are you delinquent on any Local, State or Federal Tax liabilities?

C. _____Yes_____No

If “No” to A or B, or “Yes” to C, explain your answer(s) in the space provided below:

_____

_____

_____

25. To the best of your knowledge, are there any civil actions pending against you or have there been any civil actions concluded against you in the past seven (7) years, favorably or adversely?

_____Yes _____No

If “Yes”, explain your answer in the space provided below (if known, include Court, case Number, Docket Number Nature of Lawsuit and Outcome):

_____

_____

_____

26. List any special abilities, interests, sports or hobbies along with degrees of proficiency that might bear on your suitability to be a police officer:

_____

_____

27. List any professional licenses (give #) or certificates you possess

_____

_____

_____

28. Business Involvement

A. Do you presently own or within the last seven (7) years have you owned more than 10% of the following:

( ) A Company ( ) Partnership (include general or limited partnership)

( ) Joint Venture ( ) Joint Enterprise

If so, provide the required information below:

Name of Business	Nature of Business	Location (address/city/state)	% Owned

B. Do you or any member of your immediate family (spouse or child) hold a 10% or greater interest in any business (include general or limited partnership, joint venture or joint enterprise?

_____Yes _____No

If "Yes" Please provide the required information below:

Name of Business	Nature of Business	Location (address/city/state)	% Owned

Who owns the business interest? _____ Relationship _____

29. **State Agency Involvement**:

A. Have you ever filed a financial disclosure form with the State Ethics Commission or a similar body in another state? ___Yes ___No

B. Have any proceedings been instituted against you by the State Ethics Commission or a similar body in another state? _____Yes ___No

C. To your knowledge, have any complaints or disciplinary actions been filed against you with regard to any license or registration you possess? ___Yes ___No

D. To your knowledge, have any complaints or disciplinary actions been filed against you with regard to your membership in any professional or trade association? ___Yes

E. Do you presently have any business, hearings, complaints, or claims or any other matters pending before any regulatory agency or board? ___Yes ___No

F. Within the past seven (7) years, have you had any business, hearings, complaints, or claims or any other matters pending before any regulatory agency or board? ___Yes ___No

If "Yes" to any of A-F above, explain your answer(s) in the space provided below (include the nature of the allegation, date, and outcome of proceedings):

_____

_____

_____

30. Indicate your proficiency in each phase of any foreign language(s) you may have as **"limited",** "**good**", or "**fluent**".

Language	Speak	Understand	Read	Write

31. Are you a member of the Massachusetts Bar Association?____Yes ___No

32. Please list any office machines, special equipment or computer systems on which you have experience. Also include your degree of proficiency with each on a scale of one to ten. (With 1 being the lowest, and 10 being the highest).

_____

_____

_____

CONTINUATION SPACE

Use the space below to complete answers to all questions and any information you would like to add. If more space is needed than one page, copy this blank page as many times as needed. Please specify the section and question number being completed on the additional page(s)

CORI CHECK ACKNOWLEDGMENT

I,_____residing at _____

_____, Massachusetts, acknowledge that a Criminal Offender Record Information (CORI) check will be performed as part of the municipality's hiring process. I further acknowledge that a refusal to allow the CORI check to be performed will cause my application to no longer be considered for employment.

_____
Signature

_____
Date

CREDIT CHECK AUTHORIZATION

I,_____residing at_____,

Massachusetts authorize the Ludlow Police Chief or his designee access to my Credit Report for pre-employment purposes.

_____
Signature

_____
Date

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW INDICATING THAT YOU UNDERSTAND AND AGREE TO THE TERMS AS STATED.

I understand that a physical, which includes a drug screening urinalysis, may be required after an employment offer has been made. I understand that this is not a contract of employment and the municipality or I may sever the employment relationship at any time for any reason. Any oral or written statement to the contrary, including any which are made by a City/Town representative are disavowed and may not be relied upon by any prospective or existing employee.

I understand also that this Department has established day and night tours for which I must be available as required. I further understand that any appointment tendered me will be contingent upon the results of a complete character and fitness investigation, and I am aware that willfully withholding information or making false statements on this application will be the basis for rejection of my application or dismissal from the Department. I agree to these conditions and I hereby certify that all statement s made by me on this application are true and complete to the best of my knowledge. I hereby give the **Ludlow Police Department** authorization to contact any person reasonably related to the character and fitness investigation and to request that an independent credit report be prepared as to my financial condition. I also authorize any person contacted to share written and oral information, which is reasonably related to the public safety position for which I am applying.

Finally, I hereby release, discharge and exonerate this municipality, its agents and representatives, and any person so furnishing 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 on behalf of this municipality. This authority shall continue until revoked in writing by the undersigned.

I,_____, being duly sworn, depose and state I am the above-named person. I signed the foregoing statement. I personally read and printed by hand or typewriter answers to each and every question therein and I do solemnly swear that each and every answer is full, true and correct in every respect.

Signature of Applicant_____

Sworn before me this_____day of_____, 20____.

Notary Public or Commissioner of Deeds
My Commission Expires: _____

LUDLOW POLICE DEPARTMENT
RELEASE OF INFORMATION

I,_____, born at _____

on_____, having filed an application for employment with the **Ludlow Police Department**, consent to have an investigation made as to my moral character, reputation and fitness for the position to which I have applied and such information as may be, received, reported to the appointing authority. I agree to give any further information, which 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 other information pertaining to me, to furnish to the police department any such information, including, 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 police department or any of its agents or representatives to inspect and make copies of such documents, records and other information.

Specifically, I hereby authorize the release of the data or records to any authorized representative of the **Ludlow Police Department.**

I hereby release, discharge and exonerate the **Ludlow 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 or the investigations made by or on behalf of the **Ludlow Police Department.**

This authority shall continue for one year unless sooner revoked in writing by the undersigned.

_____
Signature

_____
Printed Name

_____
Address

Sworn before me this_____day of_____, 20____.

_____
Notary Public or Commissioner of Deeds
My Commission Expires: _____