



Uxbridge Police Department

Law Enforcement

Application Form

NOTICE TO APPLICANTS:

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 discrimination based on race, creed, color, religion, national origin, sex, sexual orientation, gender identity, age, or physical/mental disability.

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."

DATE: _____

POSITION APPLYING FOR:

- Police Officer Other
 Dispatcher Internship

INSTRUCTIONS

Application must be typewritten or printed legibly in ink. All questions must be answered. Applications which are not complete will not be considered. If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions.

I understand that the submission of this application for employment, or appointment with the sponsor-law enforcement agency, is not a contract of employment. Moreover, I understand this law enforcement agency is under no obligation to sponsor me as a candidate for any law enforcement training program.

PERSONAL INFORMATION

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

Address: _____
(Number & Street)

(City /Town) (State) (Zip)

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

Email: _____

PERSONAL INFORMATION

Date of Birth: _____ Social Security No.: _____ Gender: _____

Are you a United States citizen? Yes No

Marital Status: Married Divorced Separated Widowed Never Married

Do you have or have you ever applied for a passport? Yes No Passport No. _____

Driver's License No. & State: _____

LTC/FID Permit & Number: _____

Tattoos: (describe each) _____

EDUCATION/TRAINING

| 1. | High School Name/Address | Dates Attended Mo./Yr. | | Years Completed | Did You Graduate? | Type of Diploma |
|----|--------------------------|------------------------|----|-----------------|-------------------|-----------------|
| | | From | To | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| 2. | College/University Name/Address | Dates Attended Mo./Yr. | | Credit Hours Earned | | Did You Graduate? | Type of Degree |
|----|---------------------------------|------------------------|----|---------------------|------|-------------------|----------------|
| | | From | To | Qtr. | Sem. | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Major _____ Minor _____

3. Other Schools:

| Name/Address | Dates Attended Mo./Yr. | | Credit Hours Earned | Area of Study | Did You Graduate? | Type of Degree or Certificate |
|--------------|------------------------|----|---------------------|---------------|-------------------|-------------------------------|
| | From | To | | | | |
| | | | | | | |
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| | | | | | | |

Indicate any foreign languages you can

| | Fluent | Good | Fair |
|--------|--------|------|------|
| Speak: | | | |
| Read: | | | |
| Write: | | | |

EMPLOYMENT HISTORY

List chronologically all employment beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment.

| Name & Address of Employer | Dates Worked Mo./Yr. | | Salary | Title or Position | Name of Supervisor | Reason for Leaving |
|----------------------------|-------------------------|----|--------|---|--------------------------|--------------------------|
| | From | To | | | | |
| Name | | | | <input type="checkbox"/> Full <input type="checkbox"/> Part-time | | |
| Address | | | | | | |
| City, State, Zip | | | | | | |
| Area Code & Phone No. | | | | | | |
| Name | | | | <input type="checkbox"/> Full <input type="checkbox"/> Part-time | | |
| Address | | | | | | |
| City, State, Zip | | | | | | |
| Area Code & Phone No. | | | | | | |
| Name | | | | <input type="checkbox"/> Full <input type="checkbox"/> Part-time | | |
| Address | | | | | | |
| City, State, Zip | | | | | | |
| Area Code & Phone No. | | | | | | |
| Name | | | | <input type="checkbox"/> Full <input type="checkbox"/> Part-time | | |
| Address | | | | | | |
| City, State, Zip | | | | | | |
| Area Code & Phone No. | | | | | | |
| Name | | | | <input type="checkbox"/> Full <input type="checkbox"/> Part-time | | |
| Address | | | | | | |
| City, State, Zip | | | | | | |
| Area Code & Phone No. | | | | | | |

Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or position you have held? Yes No

Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? Yes No If yes to question #2 or #3, please provide details.

RESIDENCES

Actual places of residence for past 10 years – list chronologically all addresses, including residences while at school and in military. Please use actual addresses, not P.O. boxes.

| Dates Mo./Yr. | | Apt. No. | Street Address | City | County | State |
|------------------|----|----------|----------------|------|--------|-------|
| From | To | | | | | |
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MILITARY SERVICE

Have you ever served on active duty in the Armed Forces of the United States? Yes No

If yes, what was the highest rank attained? _____

Branch of Military Service _____

Dates of Active Duty From _____ To _____

Type of Discharge _____

Date of Discharge _____

Member of Reserve? Yes No What Branch? _____



UXBRIDGE POLICE DEPARTMENT

275 Douglas Street, Uxbridge, Massachusetts 01569

Phone: (508) 278-7755

Fax: (508) 278-7874



Marc L Montminy
Chief of Police

GENERAL RELEASE

Date: _____

I, _____, born at _____

on _____, having filed an application for employment with the Uxbridge 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 Uxbridge Police Department.

I hereby release, discharge and exonerate the Uxbridge 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 Uxbridge Police Department.

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

Signed

Witness

Address