

RECRUIT EMPLOYMENT APPLICATION



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CHIEF OF POLICE

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Michelle D. Guerette
Chief of Police

Town of Medfield
Police Department
Medfield, Massachusetts 02052

Headquarters
112 North Street
Phone: (508) 359-2315
Fax: (508) 359-6926

Candidate,

You have been selected to participate in the application process for open vacancies within the Medfield Police Department. Please ensure that you complete this application completely and to the best of your ability.

Upon submitting your application, please include a color and one (1) black/white copies of the following:

1. Your Driver's License.
2. Your social security card.
3. Your last two years of excise tax receipts.
4. Your last two years of State and Federal tax returns.
5. Your High School diploma or equivalency certificate.
6. Certified copy of High School transcripts.
7. Certified copy of College transcripts.
8. Any higher education diplomas.
9. All police training certificates.
10. Your birth certificate.
11. Completed "Medfield Police Recruit Candidate Information Form", notarized.
12. Your vehicle's registration(s).
13. Your LTC/FID card(s) if you possess.
14. Your CPR/EMT card(s) if you possess.
15. Your resume.
16. Copies of any accident reports that you were involved in as an operator or passenger.
17. Copies of any police reports that you were involved with in any capacity.

The Medfield Police will retain all copies. You will be fingerprinted and photographed. You may be given additional forms at that time to be completed.

This is not a notice of appointment. A decision on your employment will be made only after an investigation of your fitness for the position has been completed. Failure to complete this packet may result in your disqualification as an applicant. If you have any questions, you may contact the Medfield Police Department. If you are unable to obtain any of the above listed items, notify me prior to your scheduled meeting.

Michelle D. Guerette
Chief of Police



Medfield Police Department

112 North Street, Medfield, MA 02052

Tel: (508) 359-2315

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RECRUIT CANDIDATE INFORMATION FORM TABLE OF CONTENTS

INTRODUCTION/INSTRUCTIONS.....	2
TABLE OF CONTENTS ..	3
PERSONAL INFORMATION	4
MARITAL INFORMATION	5
RESIDENCES (CURRENT AND PREVIOUS)	6
EDUCATION	8
RELATIVES.....	10
REFERENCES	16
EMPLOYMENT RECORD	17
MILITARY RECORD	19
GENERAL BEHAVIOR QUESTIONNAIRE	20
DRUG USE/ALCOHOL EXPERIMENTATION.....	21
LICENSES.....	22
COURT RECORD	23
DRIVING RECORD.....	26
ADDITIONAL RESPONSE FORM.....	29
ACKNOWLEDGEMENT FOR TOBACCO USE.....	30
AUTHORIZATION FOR RELEASE	31
AUTHORIZATION FOR BACKGROUND.....	32
ACKNOWLEDGEMENT FOR POLICE OFFICER POSITION.....	33

MEDFIELD POLICE DEPARTMENT

RECRUIT/CANDIDATE INFORMATION FORM

PERSONAL INFORMATION

INSTRUCTIONS

This form must be typewritten or clearly printed in ink. All questions must be answered, if applicable. If not applicable, indicate NA. Applications which are not complete and legible will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, make copies of the "additional response form" located at the back of this publication. Make certain to number the answers to correspond with the correct questions.

PERSONAL INFORMATION

1. Full Name (Last, First, Middle): _____
2. Phone Number: _____
3. Email Address: _____
4. Social Security Number: _____
5. Date of Birth (Month/Day/Year): _____
6. Place of Birth (City/State): _____
7. List all other names you have used. If applicable, furnish maiden name and/or names from prior marriages etc. If you have ever used any surnames other than your true name, indicate what period of time the name was used and under what circumstances the name was used. If you have ever legally changed your name, indicate the date of the change, and authorizing court.

Name(s):	Date(s) Used:
Circumstances:	

8. Are you a citizen of the United States?

☐ YES ☐ NO

Naturalized citizen?

☐ YES ☐ NO

If yes, naturalization number:

Derivative?

☐ YES ☐ NO

MEDFIELD POLICE DEPARTMENT

RECRUIT/CANDIDATE INFORMATION FORM

MARITAL INFORMATION

9. What is your marital status?

☐ Single
 ☐ Married
 ☐ Widowed
 ☐ Divorced
 ☐ Separated

Provide information on your current spouse or significant other **(Include current or most recent boy/girlfriend)**: If significant other, indicate dates of relationship in "Date Married" box.

Full Name:	Date of Birth:
Place of Birth:	Social Security #:
Country of Citizenship:	Date Married:
If separated, date of separation:	Court:
Number of children:	Place of Marriage:
Contact information for your spouse. <div style="float: right; text-align: right;"> Phone Number: Email Address: </div>	
Current address of spouse of significant other:	

Former spouse or significant other:

Full Name:	Date of Birth:
Place of Birth:	Social Security #:
Country of Citizenship:	Date Married:
If separated, date of separation:	Court:
Number of children:	Place of Marriage:
Contact information for your spouse. <div style="float: right; text-align: right;"> Phone Number: Email Address: </div>	
Current address of spouse of significant other:	

If married and divorced or separated more than once, use additional response form to indicate previous spouse/significant other's information. Be sure to appropriately number the response to correctly correlate with the question.

MEDFIELD POLICE DEPARTMENT

RECRUIT/CANDIDATE INFORMATION FORM

RESIDENCE INFORMATION

10. What is your complete mailing address where all correspondence will be sent?

11. Were you ever evicted or have been served a "Notice to Quit"? ☐ YES ☐ NO

If yes, complete and "additional response form" outlining the circumstances.

12. List chronologically, all residences you have had in the past 10 years. Be as accurate as possible: willful false statements made by an applicant are subject to the penalties of perjury and may result in the removal from the Medfield Police recruit candidate process. Be sure to include all addresses while living away from home at school; if applicable, include any addresses while serving in the military. For any addresses within the past 3 years, list a person who knew you at that address, preferably someone who still lives in that area. If additional responses are needed, document any supplemental responses using the "additional response form".

<u>PRESENT ADDRESS:</u>	Length of Time at residence: _____ years, _____ months
List full address:	Did you rent or own? <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Lived with parents
Person known at this address:	Landlord Name:
Phone Number for above individual:	Landlord Number:

<u>PREVIOUS ADDRESS:</u>	Dates at this residence: _____ to _____
List full address:	Did you rent or own? <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Lived with parents
Person known at this address:	Landlord Name:
Phone Number for above individual:	Landlord Number:

<u>PREVIOUS ADDRESS:</u>	Dates at this residence: _____ to _____
List full address:	Did you rent or own? <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Lived with parents
Person known at this address:	Landlord Name:
Phone Number for above individual:	Landlord Number:

<u>PREVIOUS ADDRESS:</u>	Dates at this residence: _____ to _____
List full address:	Did you rent or own? <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Lived with parents
Person known at this address:	Landlord Name:
Phone Number for above individual:	Landlord Number:

<u>PREVIOUS ADDRESS:</u>	Dates at this residence: _____ to _____
List full address:	Did you rent or own? <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Lived with parents
Person known at this address:	Landlord Name:
Phone Number for above individual:	Landlord Number:

MEDFIELD POLICE DEPARTMENT

RECRUIT/CANDIDATE INFORMATION FORM

EDUCATION INFORMATION

13. List **ALL** education starting with high school.

Name of School:	Location:	Dates of attendance: _____ to _____
Course of study:		Degree:

Name of School:	Location:	Dates of attendance: _____ to _____
Course of study:		Degree:

Name of School:	Location:	Dates of attendance: _____ to _____
Course of study:		Degree:

Name of School:	Location:	Dates of attendance: _____ to _____
Course of study:		Degree:

MEDFIELD POLICE DEPARTMENT RECRUIT/CANDIDATE INFORMATION FORM

EDUCATION INFORMATION CONTINUED

DISCIPLINE:

14. Were you ever dismissed, censured, suspended, or expelled from a school, college, or university?

☐ YES ☐ NO

15. Have you ever been compelled to withdraw from a class or course for any reason?

☐ YES ☐ NO

16. Have you ever been accused of any of the following:

a. Plagiarism? ☐ YES ☐ NO

b. Assisting another person during an exam? ☐ YES ☐ NO

c. Receiving assistance during an exam? ☐ YES ☐ NO

If you have answered “**YES**” to any of the above questions, document supplemental responses using the “additional response form” to explain the circumstances in detail.

17. List awards, honors, citations, positions held in school organizations, athletic endeavors, and any other special recognition you have earned while attending school.

18. Indicate your proficiency in each phase of each foreign language as “none”, “good”, or “fluent”.

LANGUAGE	SPEAK	UNDERSTAND	READ	WRITE
Spanish				
French				
Portuguese				
Italian				
German				
Russian				
Greek				
Chinese/Cantonese				
Other				

MEDFIELD POLICE DEPARTMENT

RECRUIT/CANDIDATE INFORMATION FORM

FAMILY INFORMATION

19. All candidates are required to give complete information concerning members of their immediate family (including former spouses). If a family member is deceased, you are still required to furnish the information requested. If a member of your family is deceased, indicate the deceased's last residence and year of death. Include stepparents, legal guardians, or other individuals who may have raised you instead of your biological parents. Include stepsiblings as well as half-siblings. Finally, document any children born by you. If additional space is required, document subsequent members on the "additional response form".

Father's Name:	Residential Address:	
Biological, stepfather or foster father? <input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Foster	Phone Number:	Birth Date:
United States citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Naturalization or Alien Registration #: _____	Place of Birth:
Occupation:	Employer Address:	Employer Phone Number:

Mother's Name:	Residential Address:	
Biological, stepmother or foster mother? <input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Foster	Phone Number:	Birth Date:
United States citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Naturalization or Alien Registration #: _____	Place of Birth:
Occupation:	Employer Address:	Employer Phone Number:

Spouse's Name (Include maiden name):	Residential Address:	
Dates of marriage: _____ to _____	Phone Number:	Birth Date:
United States citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Naturalization or Alien Registration #: _____	Place of Birth:
Occupation:	Employer Address:	Employer Phone Number:

MEDFIELD POLICE DEPARTMENT

RECRUIT/CANDIDATE INFORMATION FORM

FAMILY INFORMATION CONTINUED

Child's Name:	Residential Address:	
Biological, stepchild or foster child? <input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Foster	Phone Number:	Birth Date:
United States citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Naturalization or Alien Registration #: _____	Place of Birth:
Occupation:	Employer Address:	Employer Phone Number:

Child's Name:	Residential Address:	
Biological, stepchild or foster child? <input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Foster	Phone Number:	Birth Date:
United States citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Naturalization or Alien Registration #: _____	Place of Birth:
Occupation:	Employer Address:	Employer Phone Number:

Child's Name:	Residential Address:	
Biological, stepchild or foster child? <input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Foster	Phone Number:	Birth Date:
United States citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Naturalization or Alien Registration #: _____	Place of Birth:
Occupation:	Employer Address:	Employer Phone Number:

MEDFIELD POLICE DEPARTMENT

RECRUIT/CANDIDATE INFORMATION FORM

FAMILY INFORMATION CONTINUED

Brother's Name:	Residential Address:	
Half, stepbrother, or foster brother? <input type="checkbox"/> Half <input type="checkbox"/> Step <input type="checkbox"/> Foster	Phone Number:	Birth Date:
United States citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Naturalization or Alien Registration #: _____	Place of Birth:
Occupation:	Employer Address:	Employer Phone Number:

Brother's Name:	Residential Address:	
Half, stepbrother, or foster brother? <input type="checkbox"/> Half <input type="checkbox"/> Step <input type="checkbox"/> Foster	Phone Number:	Birth Date:
United States citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Naturalization or Alien Registration #: _____	Place of Birth:
Occupation:	Employer Address:	Employer Phone Number:

Brother's Name:	Residential Address:	
Half, stepbrother, or foster brother? <input type="checkbox"/> Half <input type="checkbox"/> Step <input type="checkbox"/> Foster	Phone Number:	Birth Date:
United States citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Naturalization or Alien Registration #: _____	Place of Birth:
Occupation:	Employer Address:	Employer Phone Number:

MEDFIELD POLICE DEPARTMENT

RECRUIT/CANDIDATE INFORMATION FORM

FAMILY INFORMATION CONTINUED

Sister's Name:	Residential Address:	
Half, stepsister, or foster sister? <input type="checkbox"/> Half <input type="checkbox"/> Step <input type="checkbox"/> Foster	Phone Number:	Birth Date:
United States citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Naturalization or Alien Registration #: _____	Place of Birth:
Occupation:	Employer Address:	Employer Phone Number:

Sister's Name:	Residential Address:	
Half, stepsister, or foster sister? <input type="checkbox"/> Half <input type="checkbox"/> Step <input type="checkbox"/> Foster	Phone Number:	Birth Date:
United States citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Naturalization or Alien Registration #: _____	Place of Birth:
Occupation:	Employer Address:	Employer Phone Number:

Sister's Name:	Residential Address:	
Half, stepsister, or foster sister? <input type="checkbox"/> Half <input type="checkbox"/> Step <input type="checkbox"/> Foster	Phone Number:	Birth Date:
United States citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Naturalization or Alien Registration #: _____	Place of Birth:
Occupation:	Employer Address:	Employer Phone Number:

MEDFIELD POLICE DEPARTMENT

RECRUIT/CANDIDATE INFORMATION FORM

FAMILY INFORMATION CONTINUED

Name:	Residential Address:	
Relationship:	Phone Number:	Birth Date:
United States citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Naturalization or Alien Registration #: _____	Place of Birth:
Occupation:	Employer Address:	Employer Phone Number:

Name:	Residential Address:	
Relationship:	Phone Number:	Birth Date:
United States citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Naturalization or Alien Registration #: _____	Place of Birth:
Occupation:	Employer Address:	Employer Phone Number:

Name:	Residential Address:	
Relationship:	Phone Number:	Birth Date:
United States citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Naturalization or Alien Registration #: _____	Place of Birth:
Occupation:	Employer Address:	Employer Phone Number:

MEDFIELD POLICE DEPARTMENT

RECRUIT/CANDIDATE INFORMATION FORM

FAMILY INFORMATION CONTINUED

Name:	Residential Address:	
Relationship:	Phone Number:	Birth Date:
United States citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Naturalization or Alien Registration #: _____	Place of Birth:
Occupation:	Employer Address:	Employer Phone Number:

Name:	Residential Address:	
Relationship:	Phone Number:	Birth Date:
United States citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Naturalization or Alien Registration #: _____	Place of Birth:
Occupation:	Employer Address:	Employer Phone Number:

Name:	Residential Address:	
Relationship:	Phone Number:	Birth Date:
United States citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Naturalization or Alien Registration #: _____	Place of Birth:
Occupation:	Employer Address:	Employer Phone Number:

MEDFIELD POLICE DEPARTMENT

RECRUIT/CANDIDATE INFORMATION FORM

REFERENCES

20. **PLEASE DO NOT USE POLICE OFFICERS** AS REFERENCES OR ACQUAINTANCES. Please use people closely acquainted with you. Acquaintances are people you have known for less than 5 years.

Complete Name:	Years acquainted:
Occupation/Title:	Phone Number:
Residential Address:	

Complete Name:	Years acquainted:
Occupation/Title:	Phone Number:
Residential Address:	

Complete Name:	Years acquainted:
Occupation/Title:	Phone Number:
Residential Address:	

21. **PLEASE DO NOT USE POLICE OFFICERS** AS REFERENCES OR ACQUAINTANCES. Please use people closely acquainted with you. References are people you have known for more than 5 years.

Complete Name:	Years acquainted:
Occupation/Title:	Phone Number:
Residential Address:	

Complete Name:	Years acquainted:
Occupation/Title:	Phone Number:
Residential Address:	

MEDFIELD POLICE DEPARTMENT

RECRUIT/CANDIDATE INFORMATION FORM

EMPLOYMENT INFORMATION

22. List chronologically, **ALL** employment, including summer and part-time employment. All time must be accounted for. If unemployed for a period of time, set forth dates of unemployment. If additional space is necessary, complete the "additional response form".

NOTE: List your present employer (most current position) first.

Employer:	Name of Supervisor/Title:	Phone Number:
Address:	Date Range: _____ to _____	
Salary:	Starting Position:	Current Position:

Employer:	Name of Supervisor/Title:	Phone Number:
Address:	Date Range: _____ to _____	
Salary:	Starting Position/Last Position:	Reason for leaving:

Employer:	Name of Supervisor/Title:	Phone Number:
Address:	Date Range: _____ to _____	
Salary:	Starting Position/Last Position:	Reason for leaving:

Employer:	Name of Supervisor/Title:	Phone Number:
Address:	Date Range: _____ to _____	
Salary:	Starting Position/Last Position:	Reason for leaving:

Employer:	Name of Supervisor/Title:	Phone Number:
Address:		Date Range: _____ to _____
Salary:	Starting Position/Last Position:	Reason for leaving:

Employer:	Name of Supervisor/Title:	Phone Number:
Address:		Date Range: _____ to _____
Salary:	Starting Position/Last Position:	Reason for leaving:

Employer:	Name of Supervisor/Title:	Phone Number:
Address:		Date Range: _____ to _____
Salary:	Starting Position/Last Position:	Reason for leaving:

23. Have you ever (or ever been accused of) the following: If you have answered “YES” to any of the below questions, document supplemental responses using the “additional response form” to explain the circumstances in detail.

- | | | |
|--|------------------------------|-----------------------------|
| a. Stealing from an employer? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. Lying to employer about the number of hours worked? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| c. Been paid for hours that you did not work? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| d. Punched another employee’s timecard? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| e. Reported for work under the influence of either drugs or alcohol? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| f. Had an accident while working? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| g. Received Workers’ Compensation? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| h. Fought physically or verbally with other workers? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| i. Been disciplined by an employer for any reason? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| j. Resigned from a job to avoid termination? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

24. Are you a member of the bar? ☐ YES ☐ NO

MEDFIELD POLICE DEPARTMENT

RECRUIT/CANDIDATE INFORMATION FORM

MILITARY SERVICE RECORD INFORMATION

25. Have you ever served on active duty in the Armed Forces of the United States? ☐ YES ☐ NO

- a. If **"YES"**, what is/was the highest rank attained? _____
- b. Which military branch did you serve in? _____
- c. What was your serial number? _____
- d. Dates of ACTIVE-DUTY status: _____ to _____
- e. Type of discharge? _____
- f. Basis of Discharge: _____

26. Have you ever served as a member of the Reserve? ☐ YES ☐ NO

- a. Which military reserve branch did you serve in? _____

27. While in the military service, was there any disciplinary action taken against you? ☐ YES ☐ NO

NOTE: If you have answered **"YES"** to the above question, document a supplemental response using the "additional response form" to explain the circumstances in detail corresponding with the appropriate question.

28. Are you a member of the National Guard? ☐ Former ☐ Present ☐ None

29. While in the National Guard, was there any disciplinary action taken against you? ☐ YES ☐ NO

NOTE: If you have answered **"YES"** to the above question, document a supplemental response using the "additional response form" to explain the circumstances in detail.

30. If you attended drills, meetings, or camps, indicate the unit and location:

31. Additional military service information:

- a. Have you ever held a security clearance? ☐ YES ☐ NO
- b. If yes, has your security clearance ever been suspended or revoked? ☐ YES ☐ NO

NOTE: If you have answered **"YES"** to the above question, document a supplemental response using the "additional response form" to explain the circumstances in detail.

MEDFIELD POLICE DEPARTMENT

RECRUIT/CANDIDATE INFORMATION FORM

GENERAL BEHAVIOR INFORMATION

32. Do you now, or have you ever gambled? ☐ YES ☐ NO

a. If you answered "YES" to question 32, answer the following questions.

i. What type of gambling have you participated in? (Check all that apply)

☐ Lottery ☐ Sports Betting ☐ Casino ☐ Card Games ☐ Horse/Dog Track

ii. How much do you spend on gambling in a year (on average)? _____

iii. What is the largest sum of money you won while gambling? _____

iv. What is the largest sum of money you lost while gambling? _____

v. How many times do you gamble in a year?

☐ 1-5 ☐ 6-10 ☐ More than 10 ☐ More than 30 ☐ More than 50

vi. Have you ever borrowed money to cover a gambling debt? ☐ YES ☐ NO

If yes, when? _____ and how much? _____

vii. Have you ever used an ATM machine withdrawal to pay for gambling? ☐ YES ☐ NO

If yes, when? _____ and how much? _____

viii. Have you ever lied about a gambling win or loss? ☐ YES ☐ NO

ix. Have you ever had sex with another person without their consent? ☐ YES ☐ NO

x. Have you ever had sex with a person under the age of 16? ☐ YES ☐ NO

xi. Have you ever used drugs or alcohol to seduce a sex partner? ☐ YES ☐ NO

xi. Have you paid for sexual favors? ☐ YES ☐ NO

If you answered "YES" to any question from 32 to 32: xi, document a supplemental response using the "additional response form" to explain the circumstances in detail corresponding with the appropriate question.

xii. Have you ever been ordered, or agreed to pay child support? ☐ YES ☐ NO

xiii. If the answer to 32:xii is "YES" are you current in payments? ☐ YES ☐ NO

xiv. Is there anything about your life that could subject you to extortion? ☐ YES ☐ NO

xv. Have you ever sued someone; or have you ever been sued? ☐ YES ☐ NO

xvi. Are the ANY incidents in your life (not previously recorded in this application) which you desire to explain? ☐ YES ☐ NO

If you answered "YES" to any question from 32:xii to 32: xvi, document a supplemental response using the "additional response form" to explain the circumstances in detail corresponding with the appropriate question.

MEDFIELD POLICE DEPARTMENT

RECRUIT/CANDIDATE INFORMATION FORM

DRUG & ALCOHOL USE/EXPERIMENTATION INFORMATION

33. Have you ever used any of the following substances?

- | | | | | |
|-------------------------------------|----------------------------------|---------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Marijuana | <input type="checkbox"/> Cocaine | <input type="checkbox"/> PCP | <input type="checkbox"/> Hashish | <input type="checkbox"/> Methamphetamine |
| <input type="checkbox"/> Psilocybin | <input type="checkbox"/> LSD | <input type="checkbox"/> Heroin | <input type="checkbox"/> Morphine | <input type="checkbox"/> Any other illegal drug |

34. Have you ever possessed any of the following substances?

- | | | | | |
|-------------------------------------|----------------------------------|---------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Marijuana | <input type="checkbox"/> Cocaine | <input type="checkbox"/> PCP | <input type="checkbox"/> Hashish | <input type="checkbox"/> Methamphetamine |
| <input type="checkbox"/> Psilocybin | <input type="checkbox"/> LSD | <input type="checkbox"/> Heroin | <input type="checkbox"/> Morphine | <input type="checkbox"/> Any other illegal drug |

35. Have you ever used the following prescription drugs without a prescription?

- | | | | | |
|---------------------------------------|---------------------------------------|----------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Valium | <input type="checkbox"/> Barbiturates | <input type="checkbox"/> Codeine | <input type="checkbox"/> Diet pills | <input type="checkbox"/> Sleeping pills |
| <input type="checkbox"/> Amphetamines | | | | |

36. Have you ever possessed the following prescription drugs without a prescription?

- | | | | | |
|---------------------------------------|---------------------------------------|----------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Valium | <input type="checkbox"/> Barbiturates | <input type="checkbox"/> Codeine | <input type="checkbox"/> Diet pills | <input type="checkbox"/> Sleeping pills |
| <input type="checkbox"/> Amphetamines | | | | |

For each item selected in the 4 above questions, you are required to answer on an "additional response form" the following questions:

- | | | | | |
|---|---------------------------------|----------------------------------|-----------------------------------|------------------------------------|
| 1. What form of the drug did you take/possess? | <input type="checkbox"/> Crack | <input type="checkbox"/> Powder | <input type="checkbox"/> Pill | |
| 2. How was it administered? | <input type="checkbox"/> Smoked | <input type="checkbox"/> Sniffed | <input type="checkbox"/> Injected | <input type="checkbox"/> Swallowed |
| 3. What was the last date/time you used the drug? | _____ | | _____ | |
| | DATE | | TIME | |

37. With respect to alcohol consumption, have you ever...

- | | | |
|---|------------------------------|-----------------------------|
| a. Been involved in a fight while under the influence of alcohol? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. Been involved in an accident while under the influence of alcohol? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| c. Been taken into protective custody while under the influence of alcohol? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If you answered "YES" to any question from 37a to 37c, document a supplemental response using the "additional response form" to explain the circumstances in detail corresponding with the appropriate question.

MEDFIELD POLICE DEPARTMENT

RECRUIT/CANDIDATE INFORMATION FORM

PROFESSIONAL OR SPECIAL LICENSE INFORMATION

38. Have you ever been issued a firearms license or F.I.D. card in any state?

☐ YES

☐ NO

If yes, please document the following below:

State: _____ Date of Issue: _____ License Number: _____

39. Has this license or F.I.D card ever been suspended or revoked?

If yes, please document the circumstances below:

40. Have you ever applied for and been denied a firearms license or F.I.D card in any state?

☐ YES

☐ NO

If yes, please document the circumstances below, include details such as State, City, Agency, date of denial, person denying application, and the reason given for the denial:

41. Have you ever been issued a hackney license?

☐ YES

☐ NO

If yes, please document the following below:

State: _____ Date of Issue: _____ License Number: _____

42. Have you ever applied for a special police (reserve) officer's license or appointment?

☐ YES

☐ NO

43. Have you ever applied for a bond or a job that requires a bond?

☐ YES

☐ NO

44. Have you ever been rejected for any other police position?

☐ YES

☐ NO

If you answered "YES" to any question from 40 to 44, document a supplemental response using the "additional response form" to explain the circumstances in detail corresponding with the appropriate question.

45. Are you currently being considered for the position of police officer with any other police department or law enforcement agency?

☐ YES

☐ NO

If yes, list the agency: _____

MEDFIELD POLICE DEPARTMENT

RECRUIT/CANDIDATE INFORMATION FORM

COURT RECORD INFORMATION

46. Have you ever been sued or have had your wages garnished? ☐ YES ☐ NO

If you answered “YES” to question 45/46, document a supplemental response using the “additional response form” to explain the circumstances in detail corresponding with the appropriate question.

47. Have you ever had an emergency, temporary, or permanent protective order issued against you under the provisions of the following statutes, or from any other state or jurisdiction?

- a. M.G.L. Chapter 208, Section 18, 34B, 34C (Divorce) ☐ YES ☐ NO
- b. M.G.L. Chapter 209, Section 32 (Abandonment in marriage) ☐ YES ☐ NO
- c. M.G.L. Chapter 209A, Section 3, 4, 5, (Abuse Prevention) ☐ YES ☐ NO

If you answered “**YES**” to any question from 47a to 47c, document a supplemental response using the “additional response form” to explain the circumstances in detail corresponding with the appropriate question.

48. What, if any police contact have you had – (i.e., investigation (as a reporting party or subject of a police report)? If additional space is needed to adequately explain, document the respective response within a supplemental “additional response form”.

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MEDFIELD POLICE DEPARTMENT

RECRUIT/CANDIDATE INFORMATION FORM

COURT RECORD INFORMATION CONTINUED

55. Have you ever been convicted of a criminal offense in **ANY** jurisdiction? ☐ YES ☐ NO

NOTE: Under Massachusetts General Law, you may answer “**NO RECORD**” if any of the following circumstances are applicable.

- a. You have never been arrested for a violation of a criminal statute.
- b. You have been arrested but have never been tried for a criminal offense.
- c. You have been tried for a criminal offense but were not convicted.
- d. You have a first conviction for any of the following misdemeanors:
 - i. Drunkenness
 - ii. Simple Assault
 - iii. Speeding
 - iv. Minor traffic violations
 - v. Affray
 - vi. Disturbing the peace
- e. 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.
- f. You have felony or misdemeanor convictions which have been sealed pursuant to Massachusetts Law.
- g. You have juvenile delinquency or child in need of services complaints which are not transferred to Superior Court for prosecution.

56. Are you now under charge for any criminal offense on which you are awaiting trial or final disposition? ☐ YES ☐ NO

If “**YES**” explain in detail utilizing an “additional response form”.

57. Are you registered in the Sex Offenders Registry? ☐ YES ☐ NO

If “**YES**” explain in detail utilizing an “additional response form”.

58. Have you ever been, or are you now, a defendant in any civil court action? ☐ YES ☐ NO

59. Have you ever been the subject of a police inquiry or been the reporting party in a police inquiry? ☐ YES ☐ NO

If “**YES**” explain in detail utilizing an “additional response form”.

60. Are you now, or have you ever, been a member of the Communist Party, any Fascist Organization or any other subversive organization? ☐ YES ☐ NO

If “**YES**” explain in detail utilizing an “additional response form”.

61. Have you ever received a summons, citation, or ticket in any state for any misdemeanor or felony? ☐ YES ☐ NO

If “**YES**” explain in detail utilizing an “additional response form”.

MEDFIELD POLICE DEPARTMENT RECRUIT/CANDIDATE INFORMATION FORM

COURT RECORD INFORMATION CONTINUED

62. Are you now, or have you ever, been a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, communist or subversive, or which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States by unconstitutional means?

☐ YES☐ NO

If you answered “**YES**” to question 62, document a supplemental response using the space provided below. If additional space is needed to fully explain, document a supplemental response using the “additional response form”.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

MEDFIELD POLICE DEPARTMENT

RECRUIT/CANDIDATE INFORMATION FORM

DRIVING RECORD INFORMATION

63. Massachusetts Driver's License Number: _____

Expiration Date: _____

64. Do you own or have access to any motor vehicles? ☐ YES ☐ NO

If "YES", answer the following regarding the vehicles you own or have access to.

Registration Number:	State:
Year:	Ownership: <input type="checkbox"/> Own <input type="checkbox"/> Access
Make:	Model:

Registration Number:	State:
Year:	Ownership: <input type="checkbox"/> Own <input type="checkbox"/> Access
Make:	Model:

Registration Number:	State:
Year:	Ownership: <input type="checkbox"/> Own <input type="checkbox"/> Access
Make:	Model:

Registration Number:	State:
Year:	Ownership: <input type="checkbox"/> Own <input type="checkbox"/> Access
Make:	Model:

MEDFIELD POLICE DEPARTMENT

RECRUIT/CANDIDATE INFORMATION FORM

DRIVING RECORD INFORMATION CONTINUED

65. Have you ever received a written notice for any motor vehicle infraction in **ANY** state? ☐ YES ☐ NO

66. If you answered "YES" to question 65, indicate the information requested below.

STATE	Police Department	Court (Doc #)	Offense	Fine
				\$
				\$
				\$
				\$

67. Have you ever been involved in a motor vehicle accident in any state? ☐ YES ☐ NO

68. If "YES", indicate the number of motor vehicle accidents you have been involved in. _____

In addition, document a supplemental response using the "additional response form" to explain the circumstances in detail corresponding with the appropriate question.

69. Have you ever been charged or convicted of driving a vehicle while under the influence of alcohol or drugs? ☐ YES ☐ NO

70. Have you ever been charged or convicted of any criminal motor vehicle violations? ☐ YES ☐ NO

71. Do you currently owe money for any traffic fines? ☐ YES ☐ NO

72. Do you currently owe money for any parking tickets? ☐ YES ☐ NO

73. Do you currently owe money for any excise tax bills? ☐ YES ☐ NO

If you answered yes to any of the above questions (71-73), indicate the information requested below.

Town	Court/Jurisdiction	Amount
		\$
		\$
		\$
		\$

MEDFIELD POLICE DEPARTMENT

RECRUIT/CANDIDATE INFORMATION FORM

DRIVING RECORD INFORMATION CONTINUED

74. List **ALL** Motor Vehicle Operator Licenses (include license # and active dates), from all states, you have had.

Type:	State:	License Number:	Active Dates:
Type:	State:	License Number:	Active Dates:
Type:	State:	License Number:	Active Dates:

75. Has any license to operate a motor vehicle ever been suspended or revoked for any reason? ☐ YES ☐ NO

If you answered “**YES**” to question 75, document a supplemental response using the “additional response form” to explain the circumstances in detail corresponding with the appropriate question.

MEDFIELD POLICE DEPARTMENT RECRUIT/CANDIDATE INFORMATION FORM

ADDITIONAL RESPONSE FORM

Candidate Name: _____

Date: _____

Response to question # _____ on page # _____

STATEMENT

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SIGNATURE OF APPLICANT: _____



Michelle D. Guerette
Chief of Police

Town of Medfield

Police Department

Medfield, Massachusetts 02052

Headquarters
112 North Street
Phone: (508) 359-2315
Fax: (508) 359-6926

NOTICE TO POLICE OFFICER CANDIDATES

Please be advised that in accordance with the provisions of Chapter 697, Section 117 of the Acts of 1987, no person who smokes any tobacco products shall be eligible for appointment as a Police Officer from the eligible list established June 7, 1988, and no person appointed from the list shall continue in such office or position if such person thereafter smokes any tobacco products.

I have read and acknowledged the above notification.

Signature

Date



Michelle D. Guerette
Chief of Police

Town of Medfield
Police Department
Medfield, Massachusetts 02052

Headquarters
112 North Street
Phone: (508) 359-2315
Fax: (508) 359-6926

DATE: _____

I, _____, date of birth, _____, having filed an application for employment with the Medfield 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 relevant to my past history.

The intent of this authorization is to give my consent for full and complete disclosure of the records of financial or credit institutions, including records of deposits, withdrawals, and balances of checking and savings accounts and loans, also the records of commercial or retail credit agencies, including credit reports and/or consultations, including hospitals, clinics, private and practitioners; public utilities, employment and pre-employment records including background reports, sufficiency ratings, complaints or grievances filed by or against me, and salary records, real and personal property tax records and statements wherever filed; records of complaints, arrests, trial and/or convictions for alleged or actual violations of the law, including criminal and/or traffic records, records of complaints of a civil nature made by or against me, whosoever located and to include the records and recollections of attorney-at-law or other counsel, whether representing me or another person in any case in which I presently have or have had an interest. It is the intent of this authorization to provide full and free access to background and history of my personal life, for the specific purpose of pursuing a background investigation, which may provide pertinent data for the Medfield Police Department to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above are not intended to deny access to any records not specified herein.

I understand that any information obtained by the personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment. I have had explained to me and I fully understand that the refusal to grant this authorization will not of itself constitute a basis for a rejection of my application. A photocopy of this release will be valid as an original hereof, even though said copy does not contain an original writing of my signature.

This authority shall continue until revoked in writing by the undersigned.

PRINT NAME: _____

SIGNATURE: _____

CANDIDATE, DO NOT SIGN UNTIL IN PRESENCE OF A NOTARY.

ADDRESS: _____

Sworn to me this _____ day of _____ (month), _____ (year)

NOTARY PUBLIC



Michelle D. Guerette
Chief of Police

Town of Medfield
Police Department
Medfield, Massachusetts 02052

Headquarters
112 North Street
Phone: (508) 359-2315
Fax: (508) 359-6926

NAME: _____ DATE: _____

I understand that I am appointed to the Medfield Police Department, I am subject to all of the rules and regulations of both the Town of Medfield and the Medfield Police Department.

I understand that an investigation of my background will be conducted by the Medfield Police Department and its agents and assignees, including but not limited to my education, employment, friends, relatives, neighbors, credit rating, military service and any other area deemed necessary by the Chief of Police.

I understand that I will be required to furnish the Police Department with certain information as required by the Chief of Police, including but not limited to education, employment, friends, relatives, military service, neighbors, credit rating, and any other area deemed necessary by the Chief of Police.

I understand that I will be required to furnish the Police Department with certain information as required by the Chief of Police, including but not limited to questions captured in the Recruit/Candidate Information Form.

I understand that I will be required to participate in certain psychological tests conducted on behalf of the Medfield Police Department, and to participate in certain interviews as required by the Chief of Police.

I understand that I will be required to participate in a complete medical examination conducted by a medical doctor selected by the Town of Medfield, including certain laboratory and other tests, in order to determine my physical fitness to serve as a police officer in the Town of Medfield.

I understand that I must complete the requirements listed above successfully, as well as any other requirements set forth by the Chief of Police, within the specified time. Failure to meet these or any other requirements within the specified time will result in my name being withdrawn from consideration as a police officer in the Town of Medfield, or is already employed, the termination of my employment as a police officer, subject to the rules and regulations of the Town of Medfield and the Commonwealth of Massachusetts, Department of Personnel Administration.

PRINT NAME: _____

SIGNATURE: _____

CANDIDATE, DO NOT SIGN UNTIL IN PRESENCE OF A NOTARY.

Sworn to me this _____ day of _____ (month), _____ (year)

NOTARY PUBLIC



Michelle D. Guerette
Chief of Police

Town of Medfield
Police Department
Medfield, Massachusetts 02052

Headquarters
112 North Street
Phone: (508) 359-2315
Fax: (508) 359-6926

I, _____, understand that all appointments are probationary for a period of one (1) year, during which period my employment may be terminated at any time without cause. I understand that I must successfully complete a pre-screening process conducted by the Municipal Training Committee, and successfully pass a Basic Recruit Training Academy. I also understand that I may be required to work days, or nights, 365 days a year, including holidays and weekends. I further understand that any appointment tendered to me will be contingent upon the results of a complete character and fitness investigation, and I am aware that withholding information or making false statements on this application will be the basis of rejection of my application, or dismissal from the Medfield Police Department.

I agree to these conditions, and hereby certify that all statements made by me on this application are true and complete, to the best of my knowledge. DO NOT SIGN UNTIL IN PRESENCE OF A NOTARY.

SIGNATURE OF APPLICANT

DATE

I, being duly sworn, depose and state that I am the above-named person. I signed the foregoing statement voluntarily and of my own free will. I do solemnly swear that each and every answer is full, true, and correct in every respect.

CANDIDATE, SIGN HERE IN FRONT OF NOTARY PUBLIC

Sworn to me this _____ day of _____ (month), _____ (year)

NOTARY PUBLIC