



Instructions to the Applicant

- The following application is the seasonal employment application for the Provincetown Police Department. This form must be completed in full.
- Please either type or neatly print in black ink.
- Upon completion, please send the original copy to the office of Human Resources at 260 Commercial Street, Provincetown, MA 02657. Contact Lt. Gregory Hennick at ghennick@provincetown-ma.gov for any questions regarding the application or hiring process.
- If a question does not apply to you, write “N/A” (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.
- In addition to this application, the attached releases and acknowledgments must be signed and notarized. Applicants are required to submit the original copies of these documents with the employment application.
- Applicants will also need to provide certified copies of all required certifications with the employment application (see attached check list). * The burden is on the applicant to provide evidence that (s)he is qualified for the position being applied for. If an applicant is currently in training for the position being applied for, (s)he must include a memo with the application. This memo should be directed to Lt. Hennick and indicate that such training will be completed prior to the start date of the position. The burden remains on the applicant to provide evidence of the certification as soon as it is completed.
- Once received, applications will be reviewed to determine if the applicant is qualified and suitable for the position being applied for. The applicant *may* be contacted at a later time with a scheduled time for an oral board interview. Due to the short timeframe of the hiring process and the large amount of applicants, these times will be non-negotiable. If the applicant cannot attend the scheduled time, (s)he will forfeit the opportunity for an interview and will be removed from the hiring process.

Disqualification

You are applying for a responsible public safety position. It is essential that the information you provide in the hiring process is accurate and complete. There are very few *automatic* bases for rejection. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft or even arrest or conviction are usually not, in and of themselves, automatically disqualifying. However, *deliberate misstatements or omissions* can and often will result in your application being rejected, regardless of the nature or reason for the misstatements or omissions. In fact, the number one reason individuals “fail” background investigations are because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

BOTTOM LINE: Be as complete, honest and specific as possible during the hiring process.



Application Materials Checklist

- Employment Application
- General Releases
- Copy of College Degree or High School Diploma (or High School Equivalency Credential)
- Copy of Current Driver's License
- Copy of Social Security Card or U.S. Passport
- Copy of Current CPR Certification
- Copy of Massachusetts Reserve Intermittent Police Academy Certification (seasonal officers only)
- Copy of Current First Responder Certification (seasonal officers only)
- Copy MPTC Firearms Certification (seasonal officers only)

* If an applicant is currently in training for the position being applied for, (s)he must provide a memo to Lieutenant Gregory Hennick indicating that such training will be completed prior to the start date of the position. The burden remains on the applicant to provide evidence of the certification as soon as it is completed.

* If a training academy includes the necessary training (such as CPR, First Responder, Firearms, etc.) but does not issue individual certification cards or documents, this too needs to be included in the memo to Lieutenant Hennick.



SEASONAL EMPLOYMENT APPLICATION

SECTION 1: PERSONAL

1. YOUR FULL NAME
 LAST FIRST MIDDLE

2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY

3. ADDRESS WHERE YOU RESIDE
 NUMBER / STREET APT / UNIT
 CITY STATE ZIP

4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE

5. CONTACT NUMBERS
 HOME () WORK () EXT OTHER () CELL FAX PAGER

6. EMAIL ADDRESS
 HOME BUSINESS

7. If you were born outside of the United States, are you a U.S. citizen? Yes No
 If no, are you a resident alien who is eligible and has applied for U.S. citizenship? Yes No

8. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY) 9. BIRTHDATE 10. SOCIAL SECURITY NUMBER

11. DRIVER'S LICENSE
 NO. STATE EXP 12. PHYSICAL DESCRIPTION
 HEIGHT WEIGHT HAIR COLOR EYE COLOR

SECTION 2: RELATIVES AND REFERENCES

13. IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable or if the individual is deceased.
- If more space is needed, continue your response on page 15.

N/A **A. Father**

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		

N/A **B. Step-father**

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		

N/A **C. Mother**

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		

N/A **D. Step-mother**

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

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WORK PHONE ()	CELL PHONE ()	EMAIL
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<input type="checkbox"/> N/A	E. Spouse / Registered Domestic Partner				
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
WORK PHONE ()	CELL PHONE ()	EMAIL			
YEARS OF MARRIAGE	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

<input type="checkbox"/> N/A	I. Brothers and Sisters – list all living siblings, including half-siblings, step-siblings, foster siblings, etc.				
1) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL			
2) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL			
3) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL			
4) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL			

<input type="checkbox"/> N/A	J. Children				
List all of your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you.					
1) NAME	CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)				
<input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ()	EMAIL		
2) NAME	CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)				
<input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ()	EMAIL		

14. REFERENCES					
LIST 3-5 PEOPLE WHO KNOW YOU WELL, SUCH AS SOCIAL AND FAMILY FRIENDS, CO-WORKERS, MILITARY ACQUAINTANCES. <u>DO NOT INCLUDE</u> RELATIVES, EMPLOYERS OR HOUSEMATES, OR OTHER INDIVIDUALS LISTED ELSEWHERE.					
A) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	

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	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

B) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

C) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

D) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

E) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

SECTION 3: EDUCATION

NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims.

15. Check applicable: High School Diploma from an accredited U.S. institution GED

16. List high schools attended:

A) NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY	STATE		
B) NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY	STATE		

17. List all colleges or universities attended:

A) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			

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B) NAME		FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY			STATE		

18. Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business or trade school? Yes No

If yes, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

19. Have you ever attended a Police Academy? Yes No
If yes, provide the following information:

A) ACADEMY NAME		FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Y <input type="checkbox"/> N
LOCATION (CITY / STATE)		NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER ()

SECTION 4: RESIDENCE

20. LIST OF RESIDENCES

- List all residences since age 15. Provide *complete* addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state and zip code. DO NOT LIST military barracks mates unless you shared individual quarters.
- If more space is needed continue on page 16.

A) ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)			FROM	TO Present
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL	
Names of those with whom you live:				

B) FORMER ADDRESS (NUMBER / STREET / APT)			FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL	
Names of those with whom you lived:				
Reason for moving:				

C) FORMER ADDRESS (NUMBER / STREET / APT)			FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL	
Names of those with whom you lived:				

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Reason for moving:

D) FORMER ADDRESS (NUMBER / STREET / APT)		FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER ()
CITY	STATE	ZIP	EMAIL
Names of those with whom you lived:			
Reason for moving:			

21. Provide contact information for all housemates listed in Question 20 with whom you have resided since the age of 15. DO NOT list anyone for whom you have already provided contact information. If more space is needed, continue your response on page 15.

A) NAME		CONTACT NUMBER ()	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT	CITY	STATE	ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	
B) NAME		CONTACT NUMBER ()	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT	CITY	STATE	ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	
C) NAME		CONTACT NUMBER ()	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT	CITY	STATE	ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	
D) NAME		CONTACT NUMBER ()	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT	CITY	STATE	ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	
E) NAME		CONTACT NUMBER ()	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT	CITY	STATE	ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	
F) NAME		CONTACT NUMBER ()	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT	CITY	STATE	ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	

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G) NAME			CONTACT NUMBER ()		
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT		CITY	STATE		ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)				EMAIL	

SECTION 5: EXPERIENCE AND EMPLOYMENT

22. JOB EXPERIENCE

- List **ALL** jobs you have had, including part-time, temporary, self-employment and volunteer. (Begin with your most current. If more space is needed continue your response on page 15.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List **ALL** periods of unemployment in excess of 30 days.

A) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
JOB TITLE		EMAIL		
DUTIES / ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS		REASON FOR WANTING TO LEAVE		
1)	2)			
Would there be a problem if we contacted your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, EXPLAIN:			

B) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other			FROM	TO
--	--	--	------	----

C) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
JOB TITLE		EMAIL		
DUTIES / ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS		REASON FOR LEAVING		
1)	2)			

D) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other			FROM	TO
--	--	--	------	----

E) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
JOB TITLE		EMAIL		
DUTIES / ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	

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Form with sections F) PERIOD OF UNEMPLOYMENT and G) NAME OF EMPLOYER OR MILITARY UNIT. Includes fields for names of co-workers, dates, and job details.

Questions 23-33 regarding employment history, discipline, and resignation. Each question has Yes/No checkboxes.

If you answered yes to any of Questions 23-33, explain (include when, where and circumstances; indicate corresponding number):

Questions 34 and 35 regarding missed work due to drug/alcohol and work performance affected by alcohol/drugs.

Questions 36 and 37 regarding warnings from employers about drinking or drug habits.

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37. Have you **ever** applied to any other law enforcement agency (city, county, state or federal)? Yes No

- If yes, list EVERY agency you have applied to, starting with the most recent (give complete and accurate addresses).
- All agencies **MUST** be listed regardless of the outcome or current status. Check all boxes that apply for each agency.
- If more space is needed, continue your response on page 15.

A) NAME OF AGENCY					DATE APPLIED	
ADDRESS (NUMBER / STREET)				BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY		STATE	ZIP	CONTACT NUMBER ()		EXT
POSITION APPLIED FOR				EMAIL		
Check each step in the process that you completed, and your status:						
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified						

B) NAME OF AGENCY					DATE APPLIED	
ADDRESS (NUMBER / STREET)				BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY		STATE	ZIP	CONTACT NUMBER ()		EXT
POSITION APPLIED FOR				EMAIL		
Check each step in the process that you completed, and your status:						
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified						

SECTION 6: MILITARY EXPERIENCE

38. Are you required to register for the Selective Service? Yes No
 If yes, have you registered? Yes No
 If no, explain:

39. BRANCH OF SERVICE	40. DATES OF SERVICE From To
41. TYPE OF DISCHARGE: <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable Re-entry Code (1-4) if applicable – <i>refer to your DD-214</i> :	
42. Are you currently participating in one of the following? <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard If checked, date obligation ends:	
43. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
44. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Initial this page to indicate that you have provided complete and accurate information: _____



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SECTION 7: LEGAL

Disclosure of Arrests and Convictions

As an applicant for a **police officer position**, you are required to disclose any of the following which occurred *even if the records were sealed, expunged, dismissed or pardoned*:

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs that were not successfully completed

If more space is needed, continue on page 15.

45. **Either as an adult or a juvenile, have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)?** Yes No

If yes, explain each incident.

A) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
---------------------	-------------------------------

CHARGE

DISPOSITION OR PENALTY

B) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
---------------------	-------------------------------

CHARGE

DISPOSITION OR PENALTY

C) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
---------------------	-------------------------------

CHARGE

DISPOSITION OR PENALTY

46. Have you ever been placed on court probation as an adult?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
48. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49. Have the police ever been called to your home for any reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
50. Have you or your spouse/partner ever been referred to Child Protective Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
51. Have you ever been the subject of an emergency protective order/restraining order/stay-away order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
52. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
53. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
54. Have you ever filed a false insurance or workers' compensation claim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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If you answered yes to any of **Questions 46–54**, explain on page 15 (include court case or document, dates, and circumstances; indicate corresponding

55. UNDETECTED ACTS – PART 1

Within the past seven years have you ever committed any of the following misdemeanors?

- A) Battery (use of force or violence upon another)..... Yes No
- B) Brandishing a weapon (any type of weapon) Yes No
- C) Carrying a concealed weapon without a permit..... Yes No
- D) Driving under the influence of alcohol and/or drugs..... Yes No
- E) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) Yes No
- F) Hit & run collision (no injuries)..... Yes No
- H) Indecent exposure (including flashing or mooning)..... Yes No
- I) Petty theft (value up to \$250, including shoplifting/switching price tags) Yes No
- J) Possession of alcohol as a minor..... Yes No
- K) Possession of falsified or altered identification, including use of another person's ID (for any reason)..... Yes No
- L) Possession of stolen property (including vehicles) Yes No
- M) Resisting arrest (including running from the police)..... Yes No
- N) Trespassing Yes No
- O) Vandalism (including "tagging," malicious mischief and/or property damage) Yes No
- P) Any other act amounting to a misdemeanor within the past seven years..... Yes No

If you answered yes to **any** item(s) in **Question 55**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (55-A, etc.) for each explanation.

53. UNDETECTED ACTS – PART 2

At any time in your life have you ever committed any of the following?

- A) Arson (intentionally destroying property by setting a fire) Yes No
- B) Assault with a deadly weapon Yes No
- C) Theft of a vehicle and/or vehicle parts..... Yes No
- D) Burglary (entering a structure or vehicle to commit theft or other crime) Yes No
- E) Felony drunk driving (involving injuries)..... Yes No
- F) Forcible rape or other act of unlawful intercourse Yes No
- G) Forgery (falsifying any type of document, check certificate, license, currency, etc.)..... Yes No
- H) Hit & run (with injuries)..... Yes No
- I) Hate crime Yes No

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J) Perjury (lying under oath)..... Yes No

K) Possession of an explosive/destructive device..... Yes No

L) Robbery (theft from another person using a weapon, force, or fear)..... Yes No

M) Stalking..... Yes No

N) Any other act amounting to a felony Yes No

If you answered yes to any item(s) in **Question 56**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (56-A, etc.) for each explanation.

SECTION 8: LEGAL *continued*

Questions 57 and 58 ask about your current and past recreational drug use. This covers the use of any drug, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, **but not be limited to**, your use of any of the following drugs:

- Amphetamines / Methamphetamines (Uppers, Speed, Crank, etc)
- Barbiturates (Downers)
- Cocaine / Crack Cocaine
- Designer Drugs (Ecstasy, Synthetic Heroin, etc.)
- GHB or Rohypnol (Date Rape Drug)
- Glue
- Hallucinogens (Peyote, LSD, Mushrooms)
- Hashish / Hashish Oil
- Heroin / Opium
- Marijuana
- Mescaline
- Morphine
- PCP / Angel Dust
- Quaaludes
- Steroids
- Tetrahydrocannabinol (THC)

57. **Within the past six months**, have you used any drug(s) as indicated above?..... Yes No
If yes, give details, including drug(s) used, number of times, over what time period(s), and circumstances:

58. **Prior to the past six months** (check all that apply):

- I have **never** used any drug recreationally.
- I have tried or used one or more drugs, but only under **limited** circumstances (for example, experimentation, at parties, concerts, special events, etc.).

If checked, give details including drug(s) used, estimated number of times, over what time period(s), and circumstances.

- I used drugs on a **regular** basis (from one to several times a week or more).

If checked, **ONLY** indicate the time period(s) of drug use. **DO NOT** include the drug(s) used or frequency of use.



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56. Have you **ever** engaged in any of the activities listed below for drugs, narcotics or illegal substances, including marijuana?

- Sold
- Purchased
- Cultivated
- Manufactured
- Furnished
- Carried or held for another

If you checked any items above, give details including drug(s) involved, over what time period(s), and circumstances.

SECTION 9: MOTOR VEHICLE OPERATION

57. CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED
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58. LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:

State of issue	Type of license	Name under which license was granted and license number, if known:

59. Have you ever been refused a driver's license by any state? Yes No

If yes, explain (include when, where, and circumstances):

60. Has your driver's license ever been suspended or revoked? Yes No

If yes, explain (include when, where, and circumstances):

61. List your current liability insurance on your vehicle(s):

A) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit	VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY	POLICY NUMBER		EXPIRES
ADDRESS (NUMBER / STREET	CITY	STATE	ZIP CONTACT NUMBER ()
A) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit	VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY	POLICY NUMBER		EXPIRES
ADDRESS (NUMBER / STREET	CITY	STATE	ZIP CONTACT NUMBER ()

62. List all traffic citations, excluding parking citations, you have received within the past seven years:

A) NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
	DATE VIOLATION OCCURRED Month Year	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed	
B) NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE

Initial this page to indicate that you have provided complete and accurate information: _____



SEASONAL EMPLOYMENT APPLICATION

DATE VIOLATION OCCURRED		ACTION TAKEN			
Month	Year	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Fined	<input type="checkbox"/> Traffic School	<input type="checkbox"/> Dismissed

c) Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all that apply.)

Failed to appear Failed to complete traffic school Failed to pay the required fine

If checked, explain circumstances:

63). Have you been involved as the driver in a motor vehicle accident within the past seven years?..... Yes No
If yes, give details:

A) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY			<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY

B) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY			<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY

64. Have you ever driven a vehicle without auto insurance, as required by law?..... Yes No

IF YES, GIVE REASON:

DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
Month Year				

SECTION 9: OTHER TOPICS

- 65. Have you ever been refused a permit to carry a concealed weapon?..... Yes No
- 66. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? Yes No
- 67. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?..... Yes No
- 68. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? Yes No
- 69. Have you ever hit or physically overpowered a spouse or romantic partner? Yes No

If you answered yes to any of **Questions 65-69**, give details including dates and circumstances; indicate corresponding number on page 15.

70. Do you have any social media accounts (i.e. Twitter, Facebook, Tinder, Snap Chat etc.)?..... Yes No

If you answered yes to **Question 70**, give details on page 15 including any and all social media accounts not specially limited to those listed above. Please include profile names of each account, any alias of the accounts, and how long you have had each account for.

SECTION 10: CERTIFICATION

71page 15. I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

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

I understand that this application is but one element of the selection process for becoming a seasonal employee with the Town of Provincetown, and that an acceptable background investigation does not guarantee your selection to a position.

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 statements made by me on this application are true and complete to the best of my knowledge. I hereby give the Provincetown Police Department authorization to contact any person reasonably related to the character and fitness investigation. 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 furnishing or receiving information, from any and all liability of every nature and kind arising out of the furnishing 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.

Date

Signature of Applicant

COMMONWEALTH OF MASSACHUSETTS

_____, SS.

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/printer 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 _____, _____.

Notary Public
My Commission Expires: _____

GENERAL RELEASE

Date: _____

I, _____, born at _____ on _____, having filed an application for a position with the Provincetown Police Department, consent to have an investigation made as to my moral character, reputation and fitness for the position to which I have applied. I also agree that such information as may be received, reported to and reviewed by 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 Provincetown 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, in addition, I hereby authorize the release of the following data or records to the Provincetown Police Department: _____

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

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

Signed

COMMONWEALTH OF MASSACHUSETTS

_____, SS.

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/printer 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 _____, _____.

Notary Public
My Commission Expires: _____

CORI CHECK ACKNOWLEDGMENT

I, _____ residing at _____
_____, 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

COMMONWEALTH OF MASSACHUSETTS

_____, SS.

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/printer 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 _____, _____.

Notary Public
My Commission Expires:_____