TOWN OF MILFORD, MA POLICE DEPARTMENT APPLICATION

This application packet must be returned **no later than** 14 days from date of issue.

Date issued: _____ Initials: _____

Each applicant must supply the following items:

1. A completed application, filled out in the applicant's own handwriting.
2. Original Driver's License for CORI background check (to be copied).
3. Official copies of high school and college transcripts.
4. Copies of high school and college diplomas.
5. A copy of DD214 service discharge. (If applicable)
6. A copy of FID, License to Carry Firearms, and/or any other applicable licenses or certificates.
7. A certified copy of your birth certificate.
8. Resume and cover letter detailing your interest in the position.
9. Certified Registry of Motor Vehicles driving record request survey. (Internet based) https://secure.rmv.state.ma.us/DrvRecords/intro.aspx

If you have any question please call 508-634-2363.

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the Milford Police Department or any representative of the department, bearing a signed copy of this release, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit or educational records including, but not limited to: achievement, attendance, athletic, personal history, disciplinary records, medical records, mental health/psychiatric records and credit records.

I also hereby authorize any federal, state, county, municipal or other law enforcement agency to release any records in their files, which pertain to me.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for employment purposes. Consent is granted for the Milford Police Department to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities.

I hereby release you, officers, employees or related personnel, as custodian of such records, and any school, college university or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, law enforcement agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively from any and all liability for damages of any kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I am furnishing my Social Security number voluntarily, with the understanding that no Federal statute or regulation requires such. I have been advised that the Milford Police Department will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this background investigation. Should there be any questions as to the validity of this release, you may contact me as indicated below.

_____
(Signature)

_____
(Printed Name)

_____
(Date)

_____
(Social Security number)

_____
(Address)

_____
(City, Town, State, Zip code)

PRE-EMPLOYMENT INVESTIGATION DISCOVERY WAIVER

As an applicant to the Town of Milford for the position of Police Officer, Firefighter, or Civilian Dispatcher, I recognize that the Milford Fire & Police Departments have a legal, as well as a moral obligation, to take every reasonable effort to ensure that persons employed by them in Public Safety positions conform to the very highest standards.

Therefore, to the extent permitted by law, I hereby release and hold harmless the Town of Milford and its officers, agents, or assigns, now and in the future, from any claim or damages in law or in inequity on behalf of myself, my heirs and assigns, for their refusal to make available any and all of the information discovered in the course of this pre-employment investigation, including, but not limited to, the identity(ies) of any person(s) and/or organization(s) which may have supplied information in the course of this investigation, as well as the substance of any information supplied.

To the extent permitted by law, I hereby waive my right, now and in the future, to receive, photocopy, obtain, examine, review; or otherwise discover the contents of this investigation and all records related thereto. I acknowledge that, to the extent permitted by law, such records, materials, and information will remain confidential. The contents of this questionnaire will be considered confidential and will be used only for investigating employment suitability with the Town of Milford Public Safety, or another Public Safety agency in possession of a permission waiver signed by you.

There is one exception to the confidentiality of your background investigation. Should it be discovered that you are currently involved in criminal activity, or have committed an undiscovered felony, the law enforcement agency having jurisdiction WILL BE NOTIFIED.

_____

(Printed Name)

_____

(Signature) (Date)

MILFORD POLICE DEPARTMENT

James Falvey

Chief of Police

*250 Main Street * Milford, MA 01757 * Tel. (508) 473-1113 * Fax (508) 634-2346*

https://milfordma.gov/milford-police-department

PRE-EMPLOYMENT PHYSICAL RELEASE

Shrewsbury Occupational Medicine

222 Boston Turnpike
Shrewsbury, MA 01545 **Phone: 508-853-2854**

I, _____, grant Shrewsbury Occupational
(Print Name)

Medicine, of the Reliant Medical Group, permission to release my pre-employment physical examination results, all pages, to Chief James Falvey of The Milford Police Department or his designee.

_____ _____
Signature Date

MILFORD POLICE DEPARTMENT

250 MAIN STREET MILFORD,
MASSACHUSETTS 01757

JAMES F. FALVEY
CHIEF OF POLICE

Telephone: 508-473-1113 • Fax: 508-473-5087

Massachusetts Police Training Academy Requirement

I, the undersigned, have been notified that as a condition of my employment, I will be required to attend the Recruit Officer Class approved by the Massachusetts Police Training Committee or, if applicable, obtain a certified MPTC exemption, in accordance with M.G.L. c.41 s.96B. I also understand that I must successfully complete and pass all phases of the course or it shall be grounds for my dismissal from the Milford Police Department.

_____
Print Name

_____ _____
Signature **Date**

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Notice Relative to Public Safety Smoking Prohibition
M.G.L. c.41 s.101A

Massachusetts General Laws Chapter 41, Section 101A states:

"Subsequent to January first, nineteen hundred and eighty-eight, no person who smokes any tobacco product shall be eligible for appointment as a police officer or firefighter in a city or town and no person so appointed after said date shall continue in such office or position if such person thereafter smokes any tobacco products. The Personnel Administrator shall promulgate regulations for the implementation of this section."

I understand that I am prohibited by law from smoking tobacco products, at any time, as long as I am employed by the Town of Milford as a Police Officer, regardless of rank, and that I must be terminated if I smoke.

I hereby certify under the pains and penalties of perjury that I do not smoke any tobacco products.

Signature	**Date**
Witness	**Date**

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APPLICATION FOR EMPLOYMENT

Instructions: This form must be clearly printed in blue ink by the applicant. All questions must be answered, if applicable. If not applicable, indicate "N/A". Applications that 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, attach sheets the same size as this form, and number the answers to correspond with questions.

The Town of Milford is an equal opportunity/affirmative action employer and considers applicants for all positions without regard to race, color, religion, gender, national origin, age, sexual orientation, disability, marital or veteran status, or any other status protected under local, state or federal laws.

PERSONAL HISTORY

Last Name	First Name	Middle Initial	
Street Address	City	State	Zip Code
Mailing Address (if different from above)			
Home Phone #	Cell Phone #	e-mail address	

List all other names you have used in the past, including maiden name and/or prior marriage name, if applicable. If you have used any other names other than your current name; during what period and under what circumstances were these names used? If you have ever legally changed your name, include date, place and court.

_____

_____

Date of Birth (Month, Day, Year): _____ Place of Birth (City, State) _____

Are you authorized to work in the US? _____ Yes _____No

RESIDENCES

Residency requirements for police officers in the Town of Milford shall be in accordance with the provisions of M.G.L. c.31 s.58, unless otherwise provided for by collective bargaining agreements.

List chronologically all your residences in the past 10 years. (Include addresses while attending school if away from home, and all military addresses.)

FROM (month/year)	TO (month/year)	STREET ADDRESS	CITY, STATE, ZIP

EDUCATION

NAME OF SCHOOL	LOCATION (city/state)	FROM (month/year)	TO (month/year)	COURSE OF STUDY	DEGREE/DIPLOMA

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

_____

_____

EMPLOYMENT HISTORY

Employer: _____ From: _____ To: _____

Address: _____ Phone #: _____

Position: _____

Supervisor: _____

Reason for leaving:

Employer: _____ From: _____ To: _____

Address: _____ Phone #: _____

Position: _____

Supervisor: _____

Reason for leaving:

_____

Employer: _____ From: _____ To: _____

Address: _____ Phone #: _____

Position: _____

Supervisor: _____

Reason for leaving:

_____

Employer: _____ From: _____ To: _____

Address: _____ Phone #: _____

Position: _____

Supervisor: _____

Reason for leaving:

_____

Have you ever been dismissed or asked to resign from any employment or position held? Yes _____ No_____

If yes, provide employer's name, date and reason.

Employer's Name: _____

Date: _____

Reason: _____

MILITARY RECORD

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	Serial Number	Dates of Active Duty From: To:
Type of Discharge	Basis of Discharge	Member of Reserve? Yes _____ No _____ Branch: _____

Have you received any job-related training in the United States Military? Yes: _____ No: _____

If yes, please give dates and explanation below:

_____

_____

Was any formal disciplinary action taken against you in the service? Yes: _____ No: _____

If yes, explain: _____

_____

_____

REFERENCES

List three (3) references (not relatives, former or present employers, fellow employees or school teachers) who are responsible adults of reputable standing in their communities.

Reference #1:

Name:	Address:	Phone:
Occupation:	Business Address:	Business Phone:
# years acquainted:	How are you acquainted?	

Reference #2:

Name:	Address:	Phone:
Occupation:	Business Address:	Business Phone:
# years acquainted:	How are you acquainted?	

Reference #3:

Name:	Address:	Phone:
Occupation:	Business Address:	Business Phone:
# years acquainted:	How are you acquainted?	

FAMILY RELATIONSHIPS

Please complete the information below, even if one or both parents are deceased.

Father:

Name (first, middle, last): _____

Address: _____

Date of Birth: _____ Place of Birth: _____

Occupation: _____

Mother:

Name (first, middle, last): _____

Address: _____

Date of Birth: _____ Place of Birth: _____

Occupation: _____

List all other relatives with whom you have resided for an extensive period, and their relationship to you. (Exclude children.)

Name	Relationship	Address	Telephone #	Date of Birth	Place of Birth

LICENSES

Are you a licensed automobile operator? Yes _____ No _____

Do you own or have access to an automobile? Yes_____ No_____

Year_____ Make_____ Registration #_____ State_____

Year_____ Make_____ Registration #_____ State_____

Have you ever been issued a firearms license? Yes _____ No _____

If yes: Date issued: _____ Expiration Date: _____ Ever Revoked? _____

Have you ever been issued any other State or Municipal license? Yes _____ No _____

If yes, please list the license/permit type, number, issuing authority, date issued and date of expiration.

_____

_____

_____

Have you ever had a license revoked or suspended? Yes _____ No _____

If yes, give details:

_____

_____

Do you possess any other professional, business or trade license or permits? Yes _____ No _____

If yes, please list the license/permit type, number, issuing authority, date issued and date of expiration.

_____

_____

_____

Have you ever applied for and/or worked as a Police Officer? Yes _____ No _____

Have you ever been rejected for any police, fire or EMS position? Yes _____ No _____

If yes, list position applied/employed, date(s), city/town and details:

_____

_____

Do you now owe money for traffic fines? Yes _____ No _____

Do you now owe money for parking tickets? Yes _____ No _____

Do you now owe money for excise taxes? Yes _____ No _____

If yes to any of the above, give amount owed, including amount owed, and to what city/town.

_____

_____

*Note: Proof of payment for parking tickets and/or excise taxes must be provided.

TOBACCO USE

A WORD OF CAUTION: Be as accurate as possible – willful false statements made by an applicant are subject to the penalties of perjury and removal from consideration.

Have you ever smoked tobacco products? Yes ____ No _____

If yes, do you still smoke? Yes _____ No _____

When did you quit? _____

MISCELLANEOUS INFORMATION

Languages other than English: List any language, other than English, for which you have basic knowledge. Identify whether your proficiency is "fair", "good", or "fluent" in each category.

Language	Speak	Understand	Read	Write

Do you have any relatives employed by the Town of Milford, or on a Board or Commission? Yes ___ No ___

Please provide name, department and title:

_____

_____

_____

_____

This job application does not constitute an employment agreement between the employer and employee, and is subject to change by the employer, as the needs of the employer and requirements of the job change.

The Town of Milford is an EO/AA employer.

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Court Records

An applicant for employment with a record expunged pursuant to section 100F, section 100G, section 100H or section 100K of chapter 276 of the General Laws may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment with a record expunged pursuant to section 100F, section 100G, section 100H or section 100K of chapter 276 of the General Laws may answer 'no record' to an inquiry herein relative to prior arrests, criminal court appearances, juvenile court appearances, adjudications or convictions.

(**Note: Under Massachusetts Law, you may answer "no record" if any of the following circumstances are applicable.)

- You have never been arrested for violation of criminal statute;
- You have been arrested, but have never been tried for a criminal offense;
- You have been tried for a criminal offense, but were not convicted
- You have a **first** conviction for any of the following misdemeanors:

simple assault	speeding	minor traffic violations
drunkenness	affray	disturbing the peace

- You have not been convicted of a criminal offense within three years prior to 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 three years before the date of this application.
- You have a felony or misdemeanor convictions where have been sealed pursuant to Massachusetts Law;
- You have a juvenile delinquency or child in need of services complaints which were not transferred to Superior Court for prosecution.

All arrests that do not fall under the above criteria must be listed below:

Date of Arrest	Police Department	Charge
Court Date	**Specific Court**	**Final Disposition**

Court Records, cont.

Explain details: _____

_____

_____

Date of Arrest	Police Department	Charge
Court Date	**Specific Court**	**Final Disposition**

Explain details: _____

_____

Have you ever been, or are you now a defendant in any civil court action? Yes___ No___

Nature of action: _____ Court: _____

Have you ever been sued, or had your wages garnished? Yes _____ No _____

If yes, provide details:

_____

_____

Have you ever had a temporary or permanent protective order issued against you under the provisions of the following statutes?

- M.G.L. c208, ss18 346, 34C (Divorce) Yes _____ No _____
- M.G.L. c209, ss18 32, (Abandonment in Marriage) Yes _____ No _____
- M.G.L. c209A, ss3, 4, 5 (Abuse Protection) Yes _____ No _____
- M.G.L. c258E, (Harassment Protection) Yes _____ No _____

If the answer to any of the above is yes, please explain, providing court and docket number, where order was issued and circumstance, including status of order.

_____

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

Milford Police Department is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees.

As a prospective or current employee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Milford Police Department to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Milford Police Department written notice of my intent to withdraw consent to a CORI check.

If, after the initial CORI check, another CORI check is to be made on a prospective or current employee, within a year of his/her signing of the CORI Acknowledgement Form, the prospective or current employee shall be given a seventy-two (72) hours' notice that another CORI check will be conducted.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on page 2 of this Acknowledgement is true and accurate.

_____
APPLICANT NAME (please print)

_____ _____
APPLICANT SIGNATURE DATE

MILFORD POLICE DEPARTMENT

250 MAIN STREET
MILFORD, MASSACHUSETTS 01757

CORI REQUEST FORM

As an applicant for the position of _____, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

_____ Applicant Signature

_____ Date

APPLICANT/EMPLOYEE INFORMATION
(A red asterisk (*) denotes a required field.)

Last Name* _____ **First Name*** _____ **Middle Name** _____

Maiden Name or Alias (if applicable) _____ **Place of Birth** _____

Date of Birth* _____ **last six digits Social Security Number*** _____ **Mother's Maiden Name** _____

***Former* Addresses:**

_____

_____

Sex: _____ **Height:**____**ft.**____**in.** **Weight:** _____ **Eye Color:** _____

State Driver's License Number*: _____ **State of Issue*:** _____

******THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT IDENTIFICATION:*** _____

REQUESTED BY: _____
Name of CORI Authorized Employee (please print)

_____
Signature of CORI Authorized Employee

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Notary Public Seal

Commonwealth of Massachusetts

County of Worcester

I, _____being duly sworn, deposed, and say I am the above-named person, I signed the foregoing statement. I personally read and printed by hand or typed the answer to each and every question there, and I do solemnly swear that each and every answer is full, true, and correct in every respect.

_____
Signature of Candidate

Sworn to before me this _____day of _____, 20___.

_____
Notary Public or Commissioner of Deeds

My commission expires on _____

DO NOT SIGN BELOW UNTIL DIRECTED BY M.P.D. ONLY.

_____
Candidate Signature Date

_____
Screening Officer Signature Date

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OATH OR AFFIRMATION

I hereby swear or affirm under penalty of perjury that I have read each question asked of me and I understand each question; that all of the information, including résumés, I have provided herein is truthful, accurate and correct. I understand that any misstatements of material facts will subject me to disqualification or dismissal.

_____
Print Name

_____ _____
Signature **Date**