



Rockland Emergency Management
Agency
(REMA)

Rockland Auxiliary Police

APPLICATION FOR EMPLOYMENT

Name _____
Please print full name clearly

Date: _____

Complete and return in a sealed envelope or in-person marked:

“Rockland Auxiliary Police Application”

Addressed to:

C/O Officer Kevin Gallagher
Rockland Police Department
490 Market Street
Rockland, Ma. 02370

Perspective Applicant,

Thank you for your interest in the Rockland Auxiliary Police Department. Please follow the below instructions when completing this application. The entire application must be complete in order for consideration to the Rockland Auxiliary Police.

We are looking for individuals who are committed to our organization. We are a volunteer (unpaid) organization that provides support services for the Rockland Police Department. Our normal patrol nights are Thursday, Friday, and Saturday evenings. In addition, you are required to work special events such as tollbooths, parades and other Town events as needed.

You will be required to attend, at your own expense, the Basic-Reserve Intermittent training course offered by the Massachusetts Municipal Police Training Committee and complete First Responder First Aid, CPR-AED (professional level), firearms and annual in-service training. In addition, you are required to purchase your own uniforms and duty-equipment as outlined in the Rules and Regulations of the Rockland Auxiliary Police.

Police work is not for everyone. It is inherently dangerous. It requires the ability to handle difficult situations and do so professionally. Please consider this before you complete this application. If you have what it takes, want to give back to the community, and are willing to make the commitment-Welcome.

Deputy Chief Gerard Eramo, REMA/Rockland Auxiliary Police

INSTRUCTIONS

- 1) These forms must be typewritten or printed in blue or black ink by the applicant.
- 2) All questions must be answered, if applicable. If not applicable, indicate N/A.
- 3) Failure to answer any questions truthfully, accurately or completely shall result in the applicant's disqualification or, if discovered after an individual is hired, termination from employment.
- 4) If the space provided is not sufficient for complete answers, or you wish to make additional comments, attach sheets the same size as these forms and indicate to which question those sheets pertain.
- 5) You are applying for a responsible public safety position. It is essential that you follow instructions specifically as directed. Make sure all dates and information are absolutely accurate.
- 6) If, after submitting this application, you become no longer interested in appointment, please immediately notify Captain Jay Simpson in writing to the address listed on page one.
- 7) All applicants must submit the following documents with their applications.
 - a) A copy of your High School Diploma or GED Certificate.
 - b) A copy of all higher education degrees (if applicable)
 - c) A copy of your driver's license.
 - d) A copy of your License to Carry (LTC).
- 8) A Criminal Offender Record Information (CORI) check is performed on each applicant who submits an application for employment with this Police Department.

I have read and understand the preceding instructions.

Candidate: _____

This application is held on file for a period of three (3) years.

Date Received: _____

TO THE APPLICANT

READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS.

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

Questions with an asterisk (*) immediately to the left of the questions are optional. Although the information is useful in our examination of applicants, your decision not to answer any or all of the asterisk questions will not be held against you.

I. PERSONAL HISTORY

A. Name: _____
(First) (Middle) (Last)

Address: _____
(Number & Street)

(City/Town) (State)/ (Country) (Zip)

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

E-Mail Address: _____

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

Place of Birth: _____
(City) (State) (Country)

C. Identifying Information:

Height _____ Weight _____ Hair Color _____ Eyes _____ Sex _____

Scars, tattoos, or other distinguishing marks: _____

D. Are you a citizen of the United States of America?

Natural Born _____ Naturalized _____
Naturalization # _____

E. Other Names Used:

Give any other names by which you are or have been legally known as (if any):

Name: _____

Date(s) when used: _____

Why used: _____

Name: _____

Date(s) when used: _____

Why used: _____

F. How long have you lived at this address? _____

G. Neighbor's name, address and telephone number who can verify above:

Name: _____

Address: _____

Phone: () _____

H. In chronological order, please state every place you have resided within the past five years. Include addresses while attending school, if away from home, and all military addresses. (Note: Your present address should be listed on the first line below.)

From Month/Year	To Month/Year	Address	Apt. #	City/Town	State	Landlord's Name and Telephone #

I. Do you own a home, rent, live with parents, other? If other, please elaborate:

J. Are you lawfully eligible for employment in the United States? Yes__ No__

K. Do you have a relative employed by this municipality? Yes__ No__ If yes, please give name and relationship: _____

L. Do you personally know any police officers working in this department?
Yes___ No___ If yes, name and rank (if known): _____

M. Are you willing to work any patrol shifts, parades, special events and paid details? Yes___ No___ If no, why not? _____

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

O. Do you possess a valid driver's license from the Commonwealth of Massachusetts? Yes___ No___ Driver's License No.: _____

P. Was your driver's license in this state, or any state, ever suspended or revoked?
Yes___ No___ If yes, give details: _____

Q. Have you previously submitted an application for any employment with this municipality? Yes___ No___ If yes, give the name of the agency, position sought and when. _____

R. Have you ever worked for this municipality before? Yes___ No___ If yes, give the name of the agency, position and when so employed. _____

II. EDUCATION

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

	School Name Address Phone Number	Graduated Yes/No	# of Years Attended	Degree	Major
High School					
College					
Graduate					
Other: GED					
Courses Now Studying:					

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

School: _____ Date: _____

Action Taken: _____

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

Language	None	Speak		Understand		Read		Write	
		Good	Fluent	Good	Fluent	Good	Fluent	Good	Fluent
Spanish									
French									
Italian									
German									
Russian									
Greek									
Chinese									
Portuguese									
Laotian									
Vietnamese									
Japanese									
Other									

D. Please list any office machines, special equipment or computer systems with which you have experience. _____

E. Do you have any court suits pending against you? Yes___ No___ If yes, give details:

F. Have you ever been sued or had your wages garnished? Yes___ No___ If yes, give details: _____

- G.** 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___
Do you now owe money for any moving violations? Yes___ No___
Do you now owe money for income taxes? Yes___ No___

If you answered yes to any of the above, please give complete details including the amount owed and to whom money is owed. _____

III. EMPLOYMENT HISTORY

A. In reverse chronological order, list all employment (including summer and part time employment while attending school) for the past five years. All time must be accounted for. If unemployed for a period, set for the dates of unemployment. (Use additional sheets of paper if necessary.) Applicants may also include verifiable work performed on a volunteer basis.

Dates		Name, Address and Telephone of Employment	Rates of Pay		Supervisor's Name and Title
From Mo./Yr	To Mo./Yr		Start	Finish	
Reason for Leaving:					

Dates		Name, Address and Telephone of Employment	Rates of Pay		Supervisor's Name and Title
From Mo./Yr	To Mo./Yr		Start	Finish	
Reason for Leaving:					

Dates		Name, Address and Telephone of Employment	Rates of Pay		Supervisor's Name and Title
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Dates		Name, Address and Telephone of Employment	Rates of Pay		Supervisor's Name and Title
From Mo/Yr	To Mo/Yr		Start	Finish	
Reason for Leaving:					

Dates		Name, Address and Telephone of Employment	Rates of Pay		Supervisor's Name and Title
From Mo/Yr	To Mo/Yr		Start	Finish	
Reason for Leaving:					

Dates		Name, Address and Telephone of Employment	Rates of Pay		Supervisor's Name and Title
From Mo/Yr	To Mo/Yr		Start	Finish	
Reason for Leaving:					

B. Have you ever been fired or forced to resign because of misconduct or unsatisfactory employment? Yes___ No___ If yes, give details: _____

C. Are you eligible for rehire with each of your former employers? Yes___ No ___
If no, please explain: _____

IV. MILITARY SERVICE

A. Have you ever served on active duty in the Armed Forces of the United States or the National Guard? Yes__ No__ If yes, what was the highest rank attained?

If yes, please complete each of the following:

B. General Information:

Branch of Military Service

Dates of active duty

From: _____

To: _____

Type of discharge

Date of discharge

Member of Reserve?

Yes__ No__

Branch: _____

C. Was any type of disciplinary action taken against you in the Military Service? Yes__ No__ If yes, explain: _____

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

Present__ Former__ Never__

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

Summer camp or similar training attendance. From: _____ To: _____

Location: _____

If you were ever a member of the Armed Services, were you court-martialed?

Yes__ No__ If yes, explain: _____

V. REFERENCES

A. List three references (not relatives, in-laws, former or present employers, fellow employees or police officers) that are responsible adults, have reputable standing in their community and who have known you for at least five years. All persons to whom you refer may be asked to appraise your character, ability, experience, personality and other qualities.

First reference:

Name: _____

Address: _____

Phone: _____

How does this person know you? _____

How long has this person known you? _____

Second Reference:

Name: _____

Address: _____

Phone: _____

How does this person know you? _____

How long has this person known you? _____

Third Reference:

Name: _____

Address: _____

Phone: _____

How does this person know you? _____

How long has this person known you? _____

VI. CRIMINAL RECORD

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

- 1) *You have never been arrested for violation of a criminal statute;*
- 2) *You have been arrested but have never been tried for a criminal offense;*
- 3) *You have been tried for a criminal offense but were not convicted;*
- 4) *You have a first conviction for any of the following misdemeanors:*
 - a. *drunkenness*
 - b. *simple assault*
 - c. *(c) speeding*
 - d. *(d) minor traffic violation*
 - e. *(e) affray or*
 - f. *(f) disturbance of the peace;*
- 5) *You have not been convicted of a criminal offense within the five years before the date of this application and you have been convicted of misdemeanors where the date of conviction or the termination of incarceration, if any, occurred more than five years before the date of this application;*
- 6) *You have felony or misdemeanor convictions which have been sealed pursuant to Massachusetts Law; or*
- 7) *You have juvenile delinquency or child in need of services complaints which were not transferred to Superior Court for prosecution.*

A. Have you ever been convicted of a felony? Yes___ No___

B. Have you been convicted of a misdemeanor within the last 5 years other than the first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace? Yes___ No___

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

D. If your answer to any of the three preceding questions (A, B, or C) is yes, please describe the offense involved, the date of the offense, the court in which you were convicted, and any mitigating circumstances. Please include the Docket Number:

Full Description of Offense	Dates of Offense	Court & Docket No.	Disposition, (Finding, Sentence & Probation) and any mitigating circumstances

E. Have you ever been convicted of a sexual offense? Yes___ No___ If you have answered yes, please state the following:

Full Description of Offense	Dates of Offense	Court & Docket No.	Disposition, (Finding, Sentence & Probation) and any mitigating circumstances

F. Have you ever been convicted of a narcotic drug offense? Yes___ No___ If you have answered yes, please state the following:

Full Description of Offense	Dates of Offense	Court & Docket No.	Disposition, (Finding, Sentence & Probation) and any mitigating circumstances

G. Have you ever been sentenced to imprisonment after conviction of a crime?
 Yes__ No__ If you have answered yes, please state the following:

Full Description of Offense	Dates of Offense	Court & Docket No.	Disposition, (Finding, Sentence & Probation) and any mitigating circumstances

H. Are you now under charge for any criminal offense on which you are awaiting trial or final disposition? Yes__ No__ If yes, please state the following:

Full Description of Offense	Dates of Offense	Court & Docket No.	Disposition, (Finding, Sentence & Probation) and any mitigating circumstances

I. Have you ever been or are you currently the subject of any petition for restraining order requested or issued pursuant to c. 209A or other abuse prevention statutes, of the Massachusetts General Laws or similar laws of other states?
 Yes__ No__ If you have answered yes, please explain when and where.

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

J. Have you ever been, or are you now, a defendant in any civil court action?
Yes___ No___ If yes, give the nature of action and court.

Nature of Action	Court	Docket No.

VII. LICENSES

A. Do you have experience with firearms? Yes ___ No ___ If yes, please explain:

B. Have you ever been issued a license to carry firearms? Yes ___ No ___ If yes, please specify:

Issued by	Date Issued	Reason	Firearm License Number

C. Have you ever applied for and been denied a license to carry a firearm? Yes ___ No ___ If yes, please provide details, including the date of denial, person denying application and reason: _____

D. Have you ever been issued a Firearms Identification Card? Yes ___ No ___ If yes, please specify:

Issued By	Date Issued	Card Number

E. Have you ever applied for and been denied a Firearms Identification Card? Yes ___ No ___ If yes, please provide details, including the date of denial, person denying application and reason: _____

F. If the answer to “**B**” or “**D**” above is yes, was the license to carry or Firearms Identification Card ever revoked or suspended? Yes ___ No ___ If yes, give details: _____

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

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

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

Finally, I hereby release, discharge and exonerate this municipality, its agents and representatives, and any person 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 _____, 20_____.

Notary Public
My Commission Expires: _____

GENERAL RELEASE

Date: _____

I, _____, born at _____ on _____, having filed an application for employment with the Rockland Emergency Management Agency/Rockland Auxiliary Police, 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 may be received, reported to and reviewed by the appointing authority. I agree to give any further information that 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 Rockland Emergency Management Agency and/or the Rockland 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 Rockland Emergency Management Agency and/or Rockland Police Department

I hereby release, discharge and exonerate the Rockland Emergency Management Agency, the Rockland 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 Rockland Emergency Management Agency and/or the Rockland Police Department.

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

Witness

Signed

Address

CREDIT CHECK AUTHORIZATION

The undersigned applicant certifies that he/she has duly authorized this credit check, and he/she acknowledges that all information requested is for the exclusive, official use of the undersigned Police Department/Agency and for use only in connection with such investigation; and the consumer report requested is for a permissible purpose under the Fair Credit Reporting Act, of which the undersigned is knowledgeable.

Pursuant to the provisions of the Fair Credit Reporting Act, any person who knowingly and willfully obtains information from a consumer reporting agency under false pretenses shall be fined not more than \$5000 or imprisoned for not more than one year, or both.

Applicant

Police/Agency Employee
Requesting This Report

Title
Rockland Police Department
Rockland Emergency Management
Agency

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