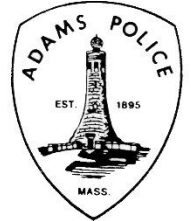


# ADAMS POLICE DEPARTMENT

4 SCHOOL STREET  
ADAMS, MASSACHUSETTS 01220  
TEL. (413) 743-1212  
FAX. (413) 743-8362



K. Scott Kelley  
Chief of Police

I, \_\_\_\_\_ born at \_\_\_\_\_ on \_\_\_\_\_ do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Town of Adams, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial, and loans or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also records of commercial or retail credit agencies (including credit reports, efficiency ratings, complaints or grievances filed by or against me, salary records, real and personal property tax statements and records, and other financial statements and records wherever filed: records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records, records of complaint of a civil nature made by or against me, wherever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation, which may provide pertinent data for the Town of Adams 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 identified herein.

I understand that any information obtained by personal history background investigation that if developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Town of Adams. I understand that all materials pertaining to this background investigation become the property of the Town of Adams and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release will be valid as an original hereof, even though the said photocopy does not contain and original writing of my signature.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Applicants Signature

# Town of Adams

## AGREEMENT

The information contained in this application for employment is true and complete to the best of my knowledge. I understand that any false or misleading information on this application will be cause for disapproval. In the event of employment, I understand that false and misleading information given in my application or interview(s) may result in discharge. I understand that all appointments are probationary and that I must demonstrate my fitness for continued employment during the probationary period. I also understand that I must be available for tours of duty outside the normal daytime business hours as the needs for the department and the community require. Further I agree to take a physical examination, which will include testing for drugs. I also agree to undergo psychological screening, and after any conditional offer of employment, the results of these physical and psychological examinations will be released to the agency. I understand that any employment offer by the town is conditional upon my ability to establish employment eligibility under the immigration Reform and Control Act of 1986.

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Date

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Signature

## **NOTICE**

### **To Police Officer Candidates**

Please be advised that once established, you must meet medical and physical fitness standards while employed in order to maintain your employment. You may be requested at any time to undergo a medical and physical fitness assessment. This assessment will consist of a job related physical fitness test designed to simulate the physical demands of the duties that may be performed by police officers, and an assessment of your overall medical condition as it relates to your ability to perform the essential function of your job. In order to assist you in meeting these standards, wellness programs will be made available to you that will provide you with information on maintaining your physical fitness and overall health and provide an assessment of key health indicators such as blood pressure and cholesterol levels. These standards are mandated by the provisions of Section 22D of Chapter 32 of the Massachusetts General Laws, as amended by Chapter 697 of the Acts of 1987

## **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 uses 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 that list shall continue in such office or position if such person thereafter smokes or uses any tobacco products.

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I understand that all appointments are probationary for a period of one year after graduating from an approved academy during which time I must demonstrate my fitness for continued employment by the Adams Police Department. 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 Adams Police 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.

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Signature

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Date

## Instructions for Completing Application

1. Complete this application by typing or printing in ink.
2. If a question does not apply to you, write "N/A"
3. The application form is reviewed separately from any other materials submitted and will be used to evaluate your qualification for this position. Therefore, you must answer all questions rather than referring to your resume or other materials you may have submitted.
4. Read the Position Vacancy Announcement carefully to find:
  - a. What attachments must be submitted in order for your application to be considered;
  - b. Where to submit your application
  - c. The closing date for receipt of applications; and
  - d. The required special qualifications or licenses.
5. You may attach additional sheets if necessary. If you do so, however, make reference to the item number you are addressing.
6. **LATE, INCOMPLETE and/or UNSIGNED applications, including those which do not follow the instructions, will NOT be considered.**

### Personal History Statement

#### PERSONAL

1. Your name <i>(please print or type)</i>				
Last		First		Middle
Other names (including nicknames) you have used or been known by:				
2. Please list address at which you can be contacted:				
Number	Street	City	State	Zip Code
3. Please list phone numbers at which you can be contacted		( ) _____ Hours you can be contacted:	( ) _____ Hours you can be contacted:	
4. Birth date		5. You must be a citizen of the United States or a permanent resident alien who is eligible and applied for citizenship. Can you provide such documentation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(month)	(day) (year)			
6. Social Security Number		(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.)		
7. For the purpose of identification please provide the following:				
Scars tattoos, or other distinguishing marks				

## Personal History Statement

### RELATIVES AND REFERENCES

*During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position of police officer. Inquires will be confined to job-relevant matters.*

*Please supply the appropriate information in the spaces provided below. If a category is not applicable, write "N/A"*

If living name your;	Address where person can be contacted (Include City, State, & Zip Code)	Telephone at which person can be contacted
Father	Number: Street: City: State:                      Zip Code:	( ) Home ( ) Work ( ) Other
Mother	Number: Street: City: State:                      Zip Code:	( ) Home ( ) Work ( ) Other
Father-In-Law	Number: Street: City: State:                      Zip Code:	( ) Home ( ) Work ( ) Other
Mother-In-Law	Number: Street: City: State:                      Zip Code:	( ) Home ( ) Work ( ) Other
Spouse	Number: Street: City: State:                      Zip Code:	( ) Home ( ) Work ( ) Other
Former Spouse(s)	Number: Street: City: State:                      Zip Code::	( ) Home ( ) Work ( ) Other
Brother (s) and Sister (s)	Number: Street: City: State:                      Zip Code:	( ) Home ( ) Work ( ) Other
	Number: Street: City: State:                      Zip Code:	( ) Home ( ) Work ( ) Other
	Number: Street: City: State:                      Zip Code:	( ) Home ( ) Work ( ) Other
	Number: Street: City: State:                      Zip Code:	( ) Home ( ) Work ( ) Other
Step-Father	Number: Street: City: State:                      Zip Code:	( ) Home ( ) Work ( ) Other
Step-Mother	Number: Street: City: State:                      Zip Code:	( ) Home ( ) Work ( ) Other
Step-Brother (s) and Step-Sister (s)	Number: Street: City: State:                      Zip Code:	( ) Home ( ) Work ( ) Other

## Personal History Statement

### RELATIVES AND REFERENCES Continued

	Number: Street: City: State:	Zip Code:	( ) Home ( ) Work ( ) Other
	Number: Street: City: State:	Zip Code:	( ) Home ( ) Work ( ) Other
Other Relatives with whom you have a close personal relationship with;			
	Relationship	Number: Street: City: State:	Zip Code: ( ) Home ( ) Work ( ) Other
	Relationship	Number: Street: City: State:	Zip Code: ( ) Home ( ) Work ( ) Other
	Relationship	Number: Street: City: State:	Zip Code: ( ) Home ( ) Work ( ) Other
	Relationship	Number: Street: City: State:	Zip Code: ( ) Home ( ) Work ( ) Other

### EDUCATION

11. It is a requirement to possess a U.S. high school diploma or its equivalent. Please indicate your current situation with regard to this requirement by checking the appropriate boxes.

- I possess a high school diploma from a U.S. institution
  
- I passed the G.E.D. (General Education Development) test.
  
- I possess a two-year college degree
  
- I possess a four-year college or university degree.
  
- I do not currently have a high school diploma or its equivalent, but I plan to satisfy the requirement in the future as follows;

When:

How:

## Personal History Statement

**EDUCATION** continued

12. Please indicate below all the schools you have attended beginning with high school. During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with these contacts.

Name of School	Location of School (City & state)	Dates Attended		School References (teachers, counselors; etc.)
		From Month/Year	To Month/Year	

13. Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include two-and four-year colleges, universities, and business and vocational schools - any formal education beyond the high school level.)

Yes     No

If "yes" please explain (include school, date and circumstances; \_\_\_\_\_)

## Personal History Statement

### RESIDENCE

*Individuals who have become acquainted with you by reason of your residing in different locations are often helpful in providing useful information for the background investigation.*

14. Please list all of your residences during the last 10 years (list no information prior to your 15<sup>th</sup> birthday) Begin with your most current residence.

Address of Residence	City, State & Zip Code	Dates		If rented, give names and address of the person responsible for the collection of rent
		From Month/Year	To Month/Year	



## Personal History Statement

### EXPERIENCE AND EMPLOYMENT

Beginning with your most current employment, please list all jobs (including part-time, temporary, and voluntary positions) you have held in the past 10 years. (For the purposes of this personal history statement, volunteer work should be included as employment.) For identification and verification, please indicate the nature of the activity; i.e. full-time, part-time, or voluntary. If you have had intervening periods of military service or unemployment please list those periods in sequence in the spaces provided.

Dates of employment	Name and address of employer	Name of supervisor
From Mo. Yr.	Telephone No.	
To Mo. Yr.		Name(s) of co-worker(s)
 _ / _ / _	Title or duties (for identification purposes)	
<input type="checkbox"/> Full-time		
<input type="checkbox"/> Part-time		
<input type="checkbox"/> Voluntary		

Reason for leaving		Wages:			
<input type="checkbox"/> Military Service	<input type="checkbox"/> Not employed	From	Mo. Yr.	To	Mo. Yr.
			/		/

Dates of employment	Name and address of employer	Name of supervisor
From Mo. Yr.	Telephone No.	
To Mo. Yr.		Name(s) of co-worker(s)
 _ / _ / _	Title or duties (for identification purposes)	
<input type="checkbox"/> Full-time		
<input type="checkbox"/> Part-time		
<input type="checkbox"/> Voluntary		

Reason for leaving		Wages:			
<input type="checkbox"/> Military Service	<input type="checkbox"/> Not employed	From	Mo. Yr.	To	Mo. Yr.
			/		/

Dates of employment	Name and address of employer	Name of supervisor
From Mo. Yr.	Telephone No.	
To Mo. Yr.		Name(s) of co-worker(s)
 _ / _ / _	Title or duties (for identification purposes)	
<input type="checkbox"/> Full-time		
<input type="checkbox"/> Part-time		
<input type="checkbox"/> Voluntary		

Reason for leaving		Wages:			
<input type="checkbox"/> Military Service	<input type="checkbox"/> Not employed	From	Mo. Yr.	To	Mo. Yr.
			/		/

## Personal History Statement

### EXPERIENCE AND EMPLOYMENT (continued)

Dates of employment From                      To Mo. Yr.                  Mo. Yr.  ___/___ ___/___  <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Name and address of employer   Telephone No.  Title or duties (for identification purposes)	Name of supervisor  Name(s) of co-worker(s)
Reason for leaving		
Wages:		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed	From                  Mo.    Yr. /            /	To                      Mo.    Yr. /            /
Dates of employment From                      To Mo. Yr.                  Mo. Yr.  ___/___ ___/___  <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Name and address of employer   Telephone No.  Title or duties (for identification purposes)	Name of supervisor  Name(s) of co-worker(s)
Reason for leaving		
Wages:		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed	From                  Mo.    Yr. /            /	To                      Mo.    Yr. /            /
Dates of employment From                      To Mo. Yr.                  Mo. Yr.  ___/___ ___/___  <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Name and address of employer   Telephone No.  Title or duties (for identification purposes)	Name of supervisor  Name(s) of co-worker(s)
Reason for leaving		
Wages:		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed	From                  Mo.    Yr. /            /	To                      Mo.    Yr. /            /

## Personal History Statement

### Experience and Employment

16. Would any problem result if your present employer was contacted during the course of the background investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No   If "No" when should such contact be made?
17. If you have had no prior employment, please explain in the space below.
18. Have you had extended work absences for reason other than earned vacation? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" please explain (include when, name of employer, why)
19. Have you ever been fired or asked to resign from any place of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" please explain (include when, where, circumstances).
20. Have you ever been a successful or unsuccessful candidate for another position requiring peace officer powers? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" please give details (include when, name of agency, circumstances).

### Military Service

21. If you are a male under age 26, please provide the following:		
Selective Service Number	Approximate Date of Registration	Address at Time of Registration
22. Have you ever served in the armed forces, National Guard or military reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No   If "yes" please explain the following information:		
/   to   /		
23. Are you currently participating in any military reserve or National Guard program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
24. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No   If "yes" please give details (include branch of service, when, where, circumstances).		



## Personal History Statement

### Financial (continued)

27. Please supply more detailed information about your charge accounts, contracts, or other financial liabilities.		
Name of Firm	Address	Account Number
28. Have you ever filed for or declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" give details (include when where, why).		
29. Have any of your bills ever been turned over to a collection agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" please give details (include when, where, why).		
30. Have you ever had purchased goods repossessed? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" please give details (include when, firms involved, circumstances).		

## Personal History Statement

### Financial (continued)

31. Have your wages ever been garnished? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" please give details (include when, where, why)
32. Have you ever been delinquent on income or other tax payments? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" please give details (include when, where, why).

### Legal

33. If you have ever been arrested or convicted for any crime (excluding traffic citations), please give the following information: (The fact that your record may have been affected by a sealing, an expungement, a release, or a pardon has specific legal implications as to how you should answer this question. Please see the <b>INSTRUCTION</b> page for detailed guide.)		
Approx. Date	Police Agency	Circumstances
34. Have you ever been placed on court probation as an adult? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" please give details (include when, where, why).		
35. 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 · If "yes" please give details (include when, where, why).		

## Personal History Statement

### Legal (continued)

36. Have you ever been reported to a law enforcement agency as a missing person or a runaway? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" Please give details (include date, law enforcement agency, circumstances).
37. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" please give details (include when, where, name and location of court, circumstances).

### Motor Vehicle Operation

*Operation of a motor vehicle is an integral part of the position of patrol officer. An investigation of your driving history will be made through a Records check. To expedite this procedure, please supply the following information:*

38. Massachusetts driver's license number	Expiration date		
Name under which license was granted.			
39. Please list other states where you have been licensed to operate a motor vehicle			
State	State	State	State
Name under which license was granted	Name under which license was granted	Name under which license was granted	Name under which license was granted
40. Have you ever been refused a driver's license by any state? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" please explain (include when, where, why).			
41. Massachusetts law requires that operators and owners of motor vehicles be covered by automobile insurance. Therefore, please list the current liability insurance you have with your motor vehicles			
Company	Address	Policy Number	Date of Expiration

## Personal History Statement

### Motor Vehicle Operation (continued)

42. Please list all traffic citations (excluding parking citations) you have received within the last 5 years			
Nature of Violation	Location (city)	Approximate Date	Indicate if fined or action taken on driver's license

43. Have you ever been involved as a driver in a motor vehicle accident within the last 5 years?  Yes  No  
 If "yes" please give details for each accident.

Date	location	<input type="checkbox"/> Injury <input type="checkbox"/> non-injury
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> non-injury
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> non-injury
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> non-injury
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> non-injury
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	

44. If there is anything you wish to discuss about your driving record, please use the space below.


45. Has your license ever been suspended, revoked, or placed on negligent operator's probation?  Yes  No  
 If "yes" please give details (include what, when, where, why)




## Personal History Statement

### General Information

46. Have you ever been refused insurance for any reason other than failure to pay a premium? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" please explain (include company name and address, date and reason).		
47. Have you ever applied for a permit to carry a concealed weapon? <input type="checkbox"/> Yes <input type="checkbox"/> No -If "yes" please explain (include company name and address, date and reason).		
Permit granted? <input type="checkbox"/> Yes <input type="checkbox"/> No.	Date	Name of law enforcement agency
Purpose		
I hereby certify that all statements made in this personal history statement are true and complete, and I understand that any misstatements of material facts will subject me to disqualification or dismissal.		
Signature in full		Date completed

# Notary

STATE OF MASSACHUSETTS  
Berkshire County, ss.

I, \_\_\_\_\_ being duly sworn, depose and say I am the above named person. I signed the foregoing statement. I personally read and printed by hand, 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. .

\_\_\_\_\_  
**CANDIDATE SIGN HERE**

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

**DO NOT SIGN BELOW UNTIL DIRECTED**

\_\_\_\_\_  
CANDIDATE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Signature of Investigating Officer