



# Chilmark Police Department

## Application for Police Employment

### Summer/Special Police Officer

*Chief Brian A. Cioffi*

General Instructions: Answer all questions completely and accurately. All statements are subject to a review and verification. Applicants knowingly withholding information or giving false answers will be disqualified.

Please include all requested materials listed below with you application.  
Please type or legibly print application using ink.

All applicants:

- Must submit a cover letter with their application.
- Must have high school diploma or equivalent.
- Must be at least 18 years old and have a valid Massachusetts Driver's License.
- Must submit certification from a health care provider stating applicant can physically perform the duties of a police officer with their application.
- Must submit three letters of recommendation with their application.
- Must consent to a complete background investigation.
- Must consent to submit to possible drug screen urinalysis, written, physical and/or strength exams.

#### Personal Information:

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last Name, First Name, Middle Name

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_

Motor Vehicle Operator's License(s):

State: \_\_\_\_\_ License Number: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Island Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_  
Waist Inseam \_\_\_\_\_ Neck \_\_\_\_\_ Head \_\_\_\_\_ Sleeve Length \_\_\_\_\_

Name of Father

Name of Mother (including Maiden)

\_\_\_\_\_

Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Naturalized: \_\_\_\_\_ Date & Location \_\_\_\_\_

**Emergency Contact Information:**

Name and relationship \_\_\_\_\_ Address \_\_\_\_\_

Contact Numbers \_\_\_\_\_

Name and relationship \_\_\_\_\_ Address \_\_\_\_\_

Contact Numbers \_\_\_\_\_

**Military Service:**

Branch \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Rank \_\_\_\_\_ Service Number \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Duties Performed: \_\_\_\_\_

\_\_\_\_\_

**Employment Within past 5 (five) years:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been dismissed, asked to resign, suspended, reprimanded, censured or received any other type of discipline action from any employer?

If Yes, please explain. Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_

Do you currently have any other job application(s) filed for other employment opportunities?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Please indicate where. \_\_\_\_\_

\_\_\_\_\_

**General Information:**

Have you any defect of sight; hearing or speech; or any mental or physical disability, incapacity or infirmity that would prevent you from performing all the essential job functions of a traffic officer?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe: \_\_\_\_\_

Do you use any Narcotics, Illegal Drugs, or Controlled Substances?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please indicate what type and approximate date(s) of last use.

Are you currently on any prescription medications? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, or have been within the past five years please explain.

**Education:**

Dates Graduate (Yes/No) School's Name and Address (Please list all schools attended)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Law Enforcement related Schools or Training:**

Dates Description of Training

\_\_\_\_\_  
\_\_\_\_\_

**Special Qualifications, Skills and Awards received (EMT, CPR, Water Safety, Etc.):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you use alcoholic beverages? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please indicate your beverage(s) of preference and typical weekly consumption amounts.

\_\_\_\_\_

Have you ever been arrested or convicted for the breach or violation of the laws of this or any other state or nation, or the ordinances or by-laws of any city or town since you reached the age of 17 (seventeen), including military service?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe fully including Dates, Location/Court, Charges and Dispositions:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been a defendant in any criminal case? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe fully including Dates, Location/Court, Charges and Dispositions:

\_\_\_\_\_

**References:**

Please attach three letters of recommendation from responsible adults having a reputable standing in their community (not to include relatives, in-laws, former or present employers or fellow employees), whom have known you for at least five years and indicate in their letter that they are recommending you for the position of a Special Police Officer.

**Please read the following and sign below indicating that you understand and agree to the terms as stated.**

I understand that this is not a contract of employment and the Town of Chilmark or I may sever the employment relationship at any time for any reason.

I, \_\_\_\_\_, born on the \_\_\_\_\_ th. Day Year \_\_\_\_\_,  
Name & Social Security Number

and having filed this application for employment with the Chilmark Police Department, consent to having an investigation made as to my moral character, reputation, and fitness for the position for which I have applied, and such information as may be received by or reported to the appointing authority, the Board of Selectmen of the Town of Chilmark. 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 any other information pertaining to me to furnish the Chilmark Police Department any such information, including but not limited to: 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 Chilmark Police Department or any of its agents or representatives to inspect and make copies of such documents, records and other information including medical records. I understand that this department has various day, night and weekend tours for which I must be available if 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. Finally, I hereby release, discharge and exonerate the Town of Chilmark, 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 furnishings or inspection of such documents, records, or other information or investigations made by or on behalf of this municipality. The authority shall continue until revoked in writing by the undersigned.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

### Notary Certification

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 completed by computer/typewriter answers to each and every question therein and I do solemnly swear that each and every answer is full, true and correct in every aspect.

Signature of Applicant \_\_\_\_\_

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

Please submit completed applications to  
Chief Brian A. Cioffi  
Chilmark Police Department  
15 State Road  
P.O. Box 340  
Chilmark, MA. 02535-0340