



Randolph Auxiliary Police Department
Application and Personal History Statement



Application

Please Print Clearly

Date: _____

Personal Information

Last Name:	First Name:	Middle Name:
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CURRENT RESIDENCE

Number, Street & Apartment No.:	City:	State:	Zip Code:
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Rent: <input type="checkbox"/> Own: <input type="checkbox"/> Parents: <input type="checkbox"/> Other: <input type="checkbox"/> How long have you lived there?	Yrs:	Mos:
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Email Address:

Home Telephone:	Work Telephone:	Cellphone:
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MAILING ADDRESS

Number, Street & Apartment No.:	City:	State:	Zip Code:
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Are you a Citizen of the United States? Yes No

Place of Birth:	Date of Birth:
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In accordance with Federal Privacy Act of 1974, disclosure of your Social Security Number is voluntary. The SSN will be used for identification purposes to ensure proper records are obtained. SSN:

PROVIDE THE FOLLOWING FOR IDENTIFICATION PURPOSES

Height:	Weight:	Hair:	Eyes:
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List and describe all scars, marks and tattoos:
(indicate where they are located)

List all names, aliases, nicknames you have used or have been known by: *(include maiden name):*

Last Name	First Name	Middle Name	Years Used

Relatives

All applicants must provide complete information concerning their Mother, Father, Brothers and Sisters. Even though a relative may be deceased, give all the information requested and indicate last residence and year of death. If you have been raised by someone other than your parents, the requested information should be furnished concerning them, as well as your natural parents.

Name:	Address:	Home Number:
Relationship:		Work Number:
Date of Birth:		Occupation:
Name:	Address:	Home Number:
Relationship:		Work Number:
Date of Birth:		Occupation:
Name:	Address:	Home Number:
Relationship:		Work Number:
Date of Birth:		Occupation:
Name:	Address:	Home Number:
Relationship:		Work Number:
Date of Birth:		Occupation:
Name:	Address:	Home Number:
Relationship:		Work Number:
Date of Birth:		Occupation:
Name:	Address:	Home Number:
Relationship:		Work Number:
Date of Birth:		Occupation:

Marital Status

Check one of the following to show your current marital status:

1- Never Married 2- Married 3- Seperated 4- Legally Seperated 5- Divorced 6- Widowed

Current Spouse Last:		First:		Middle:	
Maiden Name:	Date of Birth:	Place of Birth:		SSN:	
Address of Spouse if different from applicant					
Number and Street:		City:		State:	Zip Code:
Former Spouse Last:		First:		Middle:	
Maiden Name:	Date of Birth:	Place of Birth:		SSN:	
Date of Separation If legally Separated, where is the record located (City/State/Country)?					

Residence

List all your residences during the last ten (10) years. Do not list information prior to your 15th birthday. Begin with your most current residence.

Current Address:	City / State:	Since:
With whom do you live:		Landlord:

Address:	City / State:	Since:
With whom do you live:		Landlord:

Address:	City / State:	Since:
With whom do you live:		Landlord:

Address:	City / State:	Since:
With whom do you live:		Landlord:

Address:	City / State:	Since:
With whom do you live:		Landlord:

Legal

Have you ever been convicted of a felony? Yes No If yes, please explain and provide the following information below.

Date:	Charges:	Police Agency:	Results:
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Circumstances:

Have you ever applied for a permit to carry a concealed weapon? Yes No If yes, explain.

Date applied:	Permit granted: Yes <input type="checkbox"/> No <input type="checkbox"/>	Weapon:
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Name of Agency where applied:

For what purpose? Was it ever revoked? Yes No If yes, explain.

Motor Vehicles

List all vehicles that you own and/or that are registered to you or your spouse

Year:	Make:	Model:	Color:	Registration No. and State:

Education

Mark all that apply:

- I possess a 2 Year College Degree NOT in Law Enforcement.
 I possess a Masters Degree NOT in Law Enforcement.
- I possess a 2 Year College Degree in Law Enforcement.
 I possess a Masters Degree in Law Enforcement.
- I possess a 4 Year College Degree NOT in Law Enforcement.
 Other
- I possess a 4 Year College Degree in Law Enforcement.

College/University:	City and State:	Major:	Date Began:	Date Ended:	Credits:

Have you ever attended a Trade, Vocational, Business School or received any specialized training? Yes No

School:	Type of training:	Date Attended:	Course Completed:
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

High School Attended:

Graduated Year: **Experience and Employment**

BEGINNING WITH YOUR MOST CURRENT EMPLOYMENT, please list your last three previous employers, including military service, if any. All time periods must be accounted for. Jobs include self-employed, part time, temporary work, voluntary work and internships. You must list all employment regardless of the length of employment. Addresses must be complete, current and accurate. If you have had intervening periods of unemployment, please list those periods in sequence in the space provided.

Date of Employment:	From:	To:
Name and address of employer:		Phone:
Supervisor's Name:	Job Title:	Salary:

Experience and Employment - Continued

Describe your duties:

Reason for leaving, be specific:

Co-Worker:

Work/HomePhone:

Co-Worker:

Work/HomePhone:

Unemployed?

Date of Employment:

From:

To:

Name and address of employer:

Phone::

Supervisor's Name:

Job Title:

Salary:

Describe your duties:

Reason for leaving, be specific:

Co-Worker:

Work/HomePhone:

Co-Worker:

Work/HomePhone:

Unemployed?

Date of Employment:

From:

To:

Name and address of employer:

Phone::

Supervisor's Name:

Job Title:

Salary:

Describe your duties:

Reason for leaving, be specific:

Co-Worker:

Work/HomePhone:

Co-Worker:

Work/HomePhone:

Unemployed?

Military Service

Have you ever served in any Armed Forces, National Guard or Military Reserves?

Yes No

If yes, what is your current status with the military?

Active Reserve Inactive Discharged

Branch:

Unit:

Enlistment Date:

Discharge Date:

Service Number:

Highest Rank:

Rank at Discharge:

Type of Discharge:

Where you ever investigated for any criminal activity while in the military or military reserves?

Yes No

If yes, explain.

Have you ever been disciplined by your employer or supervisor for improper conduct, illegal activities, sexual harassment or Equal Employment Violations including violation of any policies, regulations, rules, or any State or Federal laws?

Yes No If yes, please provide the following information.

Date:	Employer:
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Details:

Have you ever been suspended by an employer or received a formal written reprimand? Yes No Explain:

Date:	Employer:	Circumstance:
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Prior Application

Have you ever applied to the Randolph Auxiliary Police Department? Yes No If yes, provide the following:

Date Applied:	Position:
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Date Applied:	Position:
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Have you ever attended a police academy or law enforcement-training center? Yes No If yes, explain:

Name and address of site:	Date started:	Date ended:
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Did you complete training? Yes <input type="checkbox"/> No <input type="checkbox"/>	if no, explain:
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Applications with other Agencies

Have you ever applied to any other Law Enforcement Agency? Yes No

If yes, list every agency, starting with the most recent one listing all. **DO NOT INCLUDE** this application.

Agency Name & Address:	Date Applied:
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Agency Name & Address:	Position:
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Agency Name & Address:	Date Applied:
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Agency Name & Address:	Position:
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References

Please list three (3) individuals as a reference that you have known for at least two (2) years who have knowledge of you and your qualifications.
DO NOT INCLUDE RELATIVES, FAMILY MEMBERS, OR PRIOR EMPLOYERS.

Name:	Address:	Work number:
Occupation:		Home number:
Relationship:		How long have you known this person?

Name:	Address:	Work number:
Occupation:		Home number:
Relationship:		How long have you known this person?

Name:	Address:	Work number:
Occupation:		Home number:
Relationship:		How long have you known this person?

List any additional experience or qualifications you have which may be beneficial for the position you are applying to:

Signature Page

I understand that any conditional job offer or appointment tendered to me will be contingent upon the results of a thorough background investigation. I further understand that during the application process and or background investigation, I am required to report to the Randolph Auxiliary Police Department Investigation Division any changes in my personal history covered in the personal history statement on this application. I have read each question asked of me and understand each question. My statements in this application and any attachments to this application including but not limited to a resume, are true and correct to the best of my knowledge and belief and are made in good faith. I understand that any discrepancies, misstatements, omissions and falsifications will be cause for disqualification and for my name to be removed from the eligibility list or will be cause for further review an/or dismissal from any appointed position.

Signature (sign in ink) _____

Date: _____

COMMONWEALTH OF MASSACHUSETTS

County of , 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 aspect.

Signature of Applicant

Sworn before me this _____ day of _____, 20__.

Notary Public

My Commission Expires: _____

Voluntary Affirmative Action Survey

Please answer the following: Male Female

Race/ Ethnic Group: White African American Hispanic Other
 American Indian/Alaskan Native Asian Pacific Islander

OFFICIAL USE ONLY

Personal History Statement accepted by: _____

Release of Information

I, _____, hereby release, discharge, and exonerate the Randolph Auxiliary Police
(PRINT YOUR NAME)

Department, its agents and representatives, and any person so furnishing this 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 investigation made by or on behalf of the Randolph Auxiliary Police Department. I further understand that the Randolph Auxiliary Police Department may conduct a background investigation prior to, or at any 6time during my tenure. This background investigation will include a check with any past employers, a criminal records check with the local police departments, the State Police, the F.B.I., the Massachusetts Board of Probation, a credit check, a neighborhood check, as well as interviews with character references.

Signature (sign in ink) _____

Date: _____

Date of Birth: _____