

**Norwood Police Department**

**CIVILIAN EMPLOYEE JOB APPLICATION**

Upon return of your application Information you will be responsible for reviewing, completing and returning the following documents:

1. Personal History Report
2. Pre-employment Drug Screening Consent Form
3. Authority to Release Information

Any questions regarding these documents should be directed in a timely manner to the officer conducting the background investigation at the Norwood Police Department (781) 762-1212.

Candidate name printed: \_\_\_\_\_

Candidate Signature: \_\_\_\_\_

Date Received: \_\_\_\_\_

To Be Returned: \_\_\_\_\_

A. PERSONAL BACKGROUND

NAME: (Last, First, Middle)

RESIDENCE: (House Number, Street, City, State Zip Code)

MAILING ADDRESS: (If different from home address)

\*DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
Month Day Year

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

TELEPHONE NUMBER: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

ARE YOU A UNITED STATES CITIZEN: YES  NO 

HEIGHT: \_\_\_\_\_ WEIGHT(optional): \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ EYE COLOR \_\_\_\_\_

HAVE YOU LEGALLY CHANGED YOUR NAME: YES  NO  IF YES, DATE OF CHANGE \_\_\_\_\_

STATE, CITY AND ADDRESS OF COURT THAT GRANTED REQUEST: \_\_\_\_\_

NAME CHANGED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

HAVE YOU EVER USED ANY ALIASES, IF YES, PLEASE LIST: \_\_\_\_\_

DO YOU HAVE ANY TATTOOS, SCARS OR DISTINGUISHING MARKS: YES  NO 

IF YES, PLEASE DESCRIBE: \_\_\_\_\_

HAVE YOU EVER HELD A PROFESSIONAL LICENSE? YES  NO  IF YES, TYPE \_\_\_\_\_HAS IT EVER BEEN REVOKED OR SUSPENDED? YES  NO HAVE YOU EVER HELD A WEAPONS PERMIT? YES  NO  IF YES, STATE \_\_\_\_\_

PERMIT # \_\_\_\_\_

\*For background investigative purposes only



C. EDUCATION

**HIGH SCHOOL:**  
STUDY:

(If you attended more than one high school, list the last one attended)

MAJOR COURSE OF

\_\_\_\_\_

ADDRESS OF SCHOOL

\_\_\_\_\_

GRADUATED FORM HIGH SCHOOL? (OR) HIGH SCHOOL GED?

YES

NO

YES

NO

**TECHNICAL SCHOOL (OR SOURCE OF GED):**

\_\_\_\_\_

ADDRESS OF SCHOOL

\_\_\_\_\_

**COLLEGE/UNIVERSITY:**

\_\_\_\_\_

ADDRESS OF SCHOOL

\_\_\_\_\_

TYPE OF DEGREE: \_\_\_\_\_

**COLLEGE/UNIVERSITY:**

\_\_\_\_\_

ADDRESS OF SCHOOL

\_\_\_\_\_

TYPE OF DEGREE: \_\_\_\_\_

**COLLEGE/UNIVERSITY:**

\_\_\_\_\_

ADDRESS OF SCHOOL

\_\_\_\_\_

TYPE OF DEGREE: \_\_\_\_\_

\_\_\_\_\_

DATES ATTENDED:

\_\_\_\_\_ / \_\_\_\_\_

MAJOR COURSE OF STUDY:

\_\_\_\_\_

DATES ATTENDED: GRADUATED:

\_\_\_\_\_ / \_\_\_\_\_  YES  NO

MAJOR COURSE OF STUDY:

\_\_\_\_\_

DATES ATTENDED:

\_\_\_\_\_ / \_\_\_\_\_  YES  NO

MAJOR COURSE OF STUDY:

\_\_\_\_\_

DATES ATTENDED:

\_\_\_\_\_ / \_\_\_\_\_  YES  NO

MAJOR COURSE OF STUDY:

\_\_\_\_\_

DATES ATTENDED:

\_\_\_\_\_ / \_\_\_\_\_  YES  NO

D. FAMILY BACKGROUND

FATHER'S NAME (even if deceased)

\_\_\_\_\_

DATE OF BIRTH

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

FATHER'S ADDRESS:

(House number, street name, city, state, zip code)

TELEPHONE

( ) \_\_\_\_\_

MOTHER'S NAME (even if deceased)

\_\_\_\_\_

DATE OF BIRTH

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

MOTHER'S ADDRESS:

(House number, street name, city, state, zip code)

TELEPHONE

( ) \_\_\_\_\_

LIST NAMES, ADDRESSES AND DATES OF BIRTH OF ALL BROTHERS, SISTERS, STEP-BROTHERS, STEP-SISTERS, ETC.

NAME (Last, First, Middle)

\_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

DATE OF BIRTH

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

ADDRESS:

(House number, street name, city, state, zip code)

TELEPHONE

( ) \_\_\_\_\_

NAME (Last, First, Middle)

\_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

DATE OF BIRTH

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

ADDRESS:

(House number, street name, city, state, zip code)

TELEPHONE

( ) \_\_\_\_\_

NAME (Last, First, Middle)

\_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

DATE OF BIRTH

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

ADDRESS:

(House number, street name, city, state, zip code)

TELEPHONE

( ) \_\_\_\_\_

NAME (Last, First, Middle)

\_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

DATE OF BIRTH

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

ADDRESS:

(House number, street name, city, state, zip code)

TELEPHONE

( ) \_\_\_\_\_

D. FAMILY BACKGROUND (continued)

|   |                    |                    |
|---|--------------------|--------------------|
| NAME (Last, First, Middle)  | RELATIONSHIP _____ | DATE OF BIRTH      |
| _____   |                    | ____ / ____ / ____ |
| ADDRESS:  |                    | TELEPHONE          |
| _____   |                    | ( ) _____          |
| <small>(House number, street name, city, state, zip code)</small> |                    |                    |

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|   |                    |                    |
|---|--------------------|--------------------|
| NAME (Last, First, Middle)  | RELATIONSHIP _____ | DATE OF BIRTH      |
| _____   |                    | ____ / ____ / ____ |
| ADDRESS:  |                    | TELEPHONE          |
| _____   |                    | ( ) _____          |
| <small>(House number, street name, city, state, zip code)</small> |                    |                    |

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|   |                    |                    |
|---|--------------------|--------------------|
| NAME (Last, First, Middle)  | RELATIONSHIP _____ | DATE OF BIRTH      |
| _____   |                    | ____ / ____ / ____ |
| ADDRESS:  |                    | TELEPHONE          |
| _____   |                    | ( ) _____          |
| <small>(House number, street name, city, state, zip code)</small> |                    |                    |

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|   |                    |                    |
|---|--------------------|--------------------|
| NAME (Last, First, Middle)  | RELATIONSHIP _____ | DATE OF BIRTH      |
| _____   |                    | ____ / ____ / ____ |
| ADDRESS:  |                    | TELEPHONE          |
| _____   |                    | ( ) _____          |
| <small>(House number, street name, city, state, zip code)</small> |                    |                    |

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|   |                    |                    |
|---|--------------------|--------------------|
| NAME (Last, First, Middle)  | RELATIONSHIP _____ | DATE OF BIRTH      |
| _____   |                    | ____ / ____ / ____ |
| ADDRESS:  |                    | TELEPHONE          |
| _____   |                    | ( ) _____          |
| <small>(House number, street name, city, state, zip code)</small> |                    |                    |

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E. MILITARY RECORDHAVE YOU EVER BEEN A MEMBER OF THE ARMED FORCES? YES  NO 

DATES OF SERVICE: FROM \_\_\_\_\_ TO \_\_\_\_\_

BRANCH OF SERVICE: \_\_\_\_\_ MILITARY SERVICE NUMBER \_\_\_\_\_

TYPE OF DISCHARGE \_\_\_\_\_ RANK \_\_\_\_\_

ARE YOU PRESENTLY A MEMBER OF A MILITARY RESERVE UNIT? YES  NO 

BRANCH OF THE SERVICE: \_\_\_\_\_

NAME AND ADDRESS OF THE RESERVE UNIT  
\_\_\_\_\_  
\_\_\_\_\_

NAME AND RANK OF CURRENT COMMANDING OFFICER TELEPHONE NUMBER

\_\_\_\_\_  
( ) \_\_\_\_\_F. EMPLOYMENT

Starting with you present or most recent employment, list each type of employment you have held during the last ten years:

EMPLOYER / COMPANY TELEPHONE NUMBER

\_\_\_\_\_  
( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_ / \_\_\_\_\_

NAME OF IMMEDIATE SUPERVISOR: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER / COMPANY TELEPHONE NUMBER

\_\_\_\_\_  
( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_ / \_\_\_\_\_

NAME OF IMMEDIATE SUPERVISOR: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER / COMPANY

TELEPHONE NUMBER

\_\_\_\_\_ ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_ / \_\_\_\_\_

NAME OF IMMEDIATE SUPERVISOR: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER / COMPANY

TELEPHONE NUMBER

\_\_\_\_\_ ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_ / \_\_\_\_\_

NAME OF IMMEDIATE SUPERVISOR: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER / COMPANY

TELEPHONE NUMBER

\_\_\_\_\_ ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_ / \_\_\_\_\_

NAME OF IMMEDIATE SUPERVISOR: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM A JOB? YES  NO

IF YES, ANSWER THE FOLLOWING:

NAME OF EMPLOYER / COMPAY \_\_\_\_\_

ADDRESS OF EMPLOYER / COMPAY \_\_\_\_\_

NAME OF IMMEDIATE SUPERVISOR \_\_\_\_\_ TELEPHONE ( ) \_\_\_\_\_

REASON(S) FOR TERMINATION / RESIGNATION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## G. REFERENCES

GIVE THREE REFERENCES (NOT RELATIVES, FORMER OR PRESENT EMPLOYERS, FELLOW EMPLOYEES OR SCHOOL TEACHERS) WHO ARE RESPONSIBLE ADULTS OF REPUTABLE STANDING IN THEIR COMMUNITIES, SUCH AS PROPERTY OWNERS, BUSINESS OR PROFESSIONAL MEN OR WOMEN WHO HAVE KNOWN YOU WELL FOR AT LEAST FIVE YEARS. IF RETIRED, GIVE FORMER OCCUPATION.

|                           |                         |
|---------------------------|-------------------------|
| COMPLETE NAME AND PHONE # | ADDRESSES:<br>RESIDENCE |
| NO. YRS ACQ. OCCUPATION   | BUSINESS                |
| COMPLETE NAME AND PHONE # | ADDRESSES:<br>RESIDENCE |
| NO. YRS ACQ. OCCUPATION   | BUSINESS                |
| COMPLETE NAME AND PHONE # | ADDRESSES:<br>RESIDENCE |
| NO. YRS ACQ. OCCUPATION   | BUSINESS                |

## H. FOREIGN TRAVEL – (MILITARY SERVICE, RESIDENCE, VISIT)

HAVE YOU EVER VISITED OR RESIDED IN ANY FOREIGN COUNTRY (INCLUDING TRAVEL IN THE ARMED FORCES OF THE US?  NO  YES

PASSPORT # \_\_\_\_\_ DATE ISSUED \_\_\_\_\_ PLACE ISSUED \_\_\_\_\_

| COUNTRIES VISITED | DATES |    |    |    | REASON FOR TRAVEL |
|-------------------|-------|----|----|----|-------------------|
|                   | FROM  |    | TO |    |                   |
|                   | MO    | YR | MO | YR |                   |
|                   |       |    |    |    |                   |
|                   |       |    |    |    |                   |
|                   |       |    |    |    |                   |

## I. CREDIT RECORD

a. HAS YOUR CREDIT RECORD EVER BEEN CONSIDERED UNSATISFACTORY, OR HAVE YOU EVER BEEN REFUSED CREDIT?  NO  YES (IF "YES", GIVE DATES, PLACES, NAMES OF CREDITORS AND CIRCUMSTANCES.)

b. ARE YOU INDEBTED TO ANYONE?  NO  YES (LIST ANY DEBT OVER \$100.00 ALSO LIST ANY DEBT, REGARDLESS OF THE AMOUNT WHERE PAYMENT IS OVERDUE.)

| CREDITOR | ADDRESS | AMOUNT | ACCOUNT # |
|----------|---------|--------|-----------|
|          |         |        |           |
|          |         |        |           |
|          |         |        |           |

J. MOTOR VEHICLE RECORD

DO YOU HAVE A VALID MOTOR VEHICLE OPERATOR'S LICENSE? YES  NO

OPERATOR'S LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_ TYPE \_\_\_\_\_ EXP. DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

HAVE YOU HELD A LICENSE FROM ANOTHER STATE? YES  NO

IF YES, STATE: \_\_\_\_\_ DATE(S): \_\_\_\_\_

HAVE YOU RECEIVED A MOTOR VEHICLE SUMMONS (i.e. TICKET) WITHIN THE LAST FIVE (5) YEARS? YES  NO

IF YES, PLEASE LIST OFFENSE(S), DATE(S) AND DISPOSITION(S):

| OFFENSE | DATE | DISPOSITION |
|---------|------|-------------|
|         |      |             |
|         |      |             |
|         |      |             |
|         |      |             |
|         |      |             |

HAS YOUR OPERATOR'S LICENSE BEEN REVOKED OR SUSPENDED WITHIN THE LAST FIVE (5) YEARS? YES  NO

IF YES, PLEASE EXPLAIN THE CIRCUMSTANCES:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

K. CRIMINAL RECORD

HAVE YOU EVER BEEN CONVICTED OF A CRIME: (INCLUDING MILITARY) YES  NO

IF YES, PLEASE EXPLAIN, GIVING CIRCUMSTANCES, INCLUDING TYPE OF CRIME(S), DATE(S), AND COURT LOCATION(S) OF CONVICTION(S):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

L. FULL DISCLOSURE

IS THERE ANYTHING IN YOUR PAST OR PRESENT WHICH WOULD EMBARRASS YOU OR THE DEPARTMENT SO AS TO POSSIBLY CAUSE YOU TO COMPROMISE THE DISCHARGE OF YOUR DUTIES SHOULD YOU BE HIRED AS A POLICE OFFICER, e.g. FAMILY MEMBER CONVICTED OF A CRIME, RELATIONSHIP WITH PERSONS OF QUESTIONABLE CHARACTER, EXCESSIVE GAMBLING, ETC.?

NOTE: THE ANSWER TO THIS QUESTION IN AND OF ITSELF WILL NOT PRECLUDE YOU FROM BEING HIRED. IT IS MERELY BEING ASKED TO FULLY APPRAISE THE DEPARTMENT OF YOUR BACKGROUND AND PREVENT THE POSSIBILITY OF COMPROMISING YOU IN THE FUTURE BECAUSE OF THE DEPARTMENT'S FULL AND COMPLETE KNOWLEDGE OF YOU.

YES       NO IF YES, PLEASE EXPLAIN:

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

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M. LEGAL HISTORY

ARE YOU NOW, OR HAVE YOU EVER BEEN A PARTY TO A CIVIL LAWSUIT?     YES     NO

PLAINTIFF                      OR                      DEFENDANT

ARE YOU NOW, OR HAVE YOU EVER BEEN A PARTY TO AN ADMINISTRATIVE PROCEEDING, SUCH AS UNEMPLOYMENT OR BANKRUPTCY?     YES     NO

DATE INITIATED: \_\_\_\_\_

STATE COURT OR FEDERAL COURT? \_\_\_\_\_

COURT NAME AND ADDRESS: \_\_\_\_\_

EXPLAIN CIRCUMSTANCES AND DISPOSITION: (TITLE OF ACTION, i.e. JANE DOE vs. JOHN DOE)

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

## AGREEMENT

CAREFULLY READ EACH STATEMENT BELOW, AND, AFTER HAVING THE FORM NOTARIZED, RETURN BY THE DATE REQUESTED:

1. I CERTIFY, UNDER THE PAINS AND PENALTIES OF PERJURY, THAT THE ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE, TO THE BEST OF MY KNOWLEDGE AND BELIEF.
2. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION, AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.
3. I UNDERSTAND THAT THIS QUESTIONNAIRE IS BUT ONE ELEMENT OF THE SELECTION PROCESS FOR TRAINEE, AND THAT AN ACCEPTABLE BACKGROUND INVESTIGATION DOES NOT GUARANTEE MY SELECTION FOR A POSITION WITH THE NORWOOD POLICE DEPARTMENT.
4. IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN HEREIN, OR DURING INTERVIEW(S) WILL RESULT IN MY BEING DISQUALIFIED FROM FURTHER CONSIDERATION AND/OR TERMINATION FROM EMPLOYMENT WITH THE NORWOOD POLICE DEPARTMENT.

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

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Notary Public,  
Justice of the Peace,  
Commissioner of Superior Court.

**NORWOOD POLICE DEPARTMENT**

**PRE-EMPLOYMENT DRUG SCREENING AND MEDICAL CONSENT FORM**

**CIVILIAN APPLICANTS**

In consideration of my appointment as an employee to the Norwood Police Department, I agree and consent to submit to certain tests including but not limited to laboratory examination and analysis of urine samples which I agree to submit to the Norwood Police Department when requested to do so for the purpose of determining whether I have unlawfully used any prescription drugs, controlled substances, narcotics or hallucinogens, so defined in Massachusetts General Laws Chapter 94C. This agreement shall remain in full force and effect for the period of the time during which I remain in a probationary status.

Applicant's name printed: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**AUTHORITY FOR RELEASE OF INFORMATION  
NORWOOD POLICE DEPARTMENT**

Date: \_\_\_\_\_

I, \_\_\_\_\_, born at \_\_\_\_\_ on \_\_\_\_\_, having filed an application for employment with the Police Department, consent to have an investigation made as to my moral character, reputation, and fitness for the position to which I have applied. I further consent that such information as may be received may be reported to 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 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, I hereby authorize the release of the following data or records to the Police Department:

I hereby release, discharge, and exonerate the 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 Police Department.

This authority shall continue for one year from the date hereof.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Address