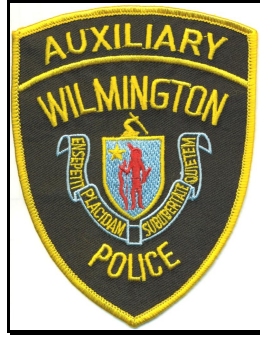


**WILMINGTON POLICE DEPARTMENT
1 Adelaide Street
Wilmington, MA. 01887**



**All applications should be addressed to:
Lt. Scott A. Sencabaugh
Wilmington Police Department
1 Adelaide Street
Wilmington, MA 01887**

And shall include the following:

**Cover letter explaining why the applicant wants to join the Wilmington Auxiliary Police
Current Resume
Copies of any certifications applicant wants considered**

Incomplete applications will not be considered nor will they be held on file.

**WILMINGTON AUXILIARY
POLICE DEPARTMENT
APPLICANT EMPLOYMENT PACKAGE**

TABLE OF CONTENTS

INSTRUCTIONS	2
PERSONAL HISTORY	3
MARITAL STATUS	3
FAMILY	4
RESIDENCES	5
EDUCATION	6
EMPLOYMENT	8
MILITARY SERVICE	12
COURT RECORD	13
PROTECTIVE ORDERS	14
DRIVER HISTORY	14
DRUG/ALCOHOL USE	15
FINANCIAL RECORD	16
GENERAL BEHAVIOR	18
LICENSES	19
APPLICATION HISTORY	21
ON-LINE AND INTERNET HISTORY	22
REFERENCES	23
WRITTEN COMMUNICATION SKILLS	24
EMPLOYMENT STATEMENT	26
HIRING PROCESS STATEMENT	27
TOBACCO USE NOTICE	28
CONSUMER REPORT DISCLOSURE	29
AUTHORIZATION FOR DISCLOSURE OF SOCIALNETWORKING INFORMATION	30
CERTIFICATION OF RESPONSES	31
AUTHORITY FOR RELEASE OF INFORMATION	32
SOCIAL SECURITY ADMINISTRATION FORM 3288	ATTACHMENT

NOTICE TO AUXILIARY POLICE APPLICANTS

If you are interested in an appointment as an Auxiliary Police Officer, you must follow the below listed instructions in order to be considered for employment.

You will be notified when to appear at the Wilmington Police Department, 1 Adelaide Street Wilmington, MA. You must complete the enclosed APPLICANT BACKGROUND INFORMATION FORM and have it notarized where applicable.

When you are notified to appear at the Police Facility, you must bring with you the following:

1. The completed Applicant Background Information Package, signed and notarized where indicated.
2. Your Social Security Card.
3. Your Massachusetts Driver's License.
4. One copy of your license to carry a firearm
5. Your Passport.
6. One copy of your High School Diploma or Equivalency Certificate.
7. One copy of each Higher Education Diploma.
8. Two copies of your Birth Certificate.
9. One copy of your Service Discharge (if applicable).
10. One copy of your DD214 Service Discharge Form (if applicable).
11. One copy of an Official High School Transcript for each high school attended.
12. One copy of an Official Sealed Transcript from each college attended.
13. Signed copies of your State & Federal Tax Returns for the past three years.
14. Completed and signed Social Security Administration Form 3288.
15. Copies of your citizenship or naturalization papers (if applicable).

NOTE: Failure to produce any of these documents may disqualify your application from further consideration.

APPROXIMATELY 1/2 HOUR WILL BE REQUIRED FOR YOUR PROCESSING AND BRIEFING.

You should not consider this as a notice of appointment. A decision on your appointment with this department will be made only after an investigation of your fitness and background, and a full interview and selection process has been completed.

Applicant Background Information Form

INSTRUCTIONS: This form must be typewritten or clearly printed in black ink. All questions must be answered truly and correctly. If not applicable, indicate N/A. Willfully withholding information or making false statements on this form will be the basis of rejection of the application or dismissal from the Wilmington Police Department. Applications that are not complete and legible will not be considered. If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets the same size as this form, and number the answers to correspond with questions.

I. PERSONAL HISTORY

1. Name in Full (Last, First, Middle): _____
2. List all other names you have used. Include maiden name, if applicable. If you have ever used any surnames other than your true name, during what period and under what circumstances were these names used? If you have ever legally changed your name, give date, place, and court of record. _____

3. Present Residential Address (Apartment, Street, City, State, Zip Code): _____

4. Residential Phone #: () _____ Business Phone #: () _____
Cell Phone # _____ Primary Email _____ Other Email _____
5. Complete address to which you desire mail to be sent (include zip code): _____

6. Social Security #: _____
7. Have ever used another Social Security #? If Yes, provide the social security number and the dates and reasons for its use: _____

8. Date of Birth (Month, Day, Year): _____
9. Place of Birth (City, State, Country): _____
10. Are you a citizen of the United States of America?
Natural Born _____ Naturalized _____ Naturalization # _____

II. MARITAL STATUS

1. Single _____ Married _____ Widowed _____ Divorced _____ Separated _____
2. If applicable, date and location of marriage: _____

3. If applicable, date and location of divorce (include court of record): _____

4. If applicable, date and location of annulment (include court of record): _____

5. If you have been divorced more than once or had more than one annulment, provide dates and locations (include courts of record): _____

III. FAMILY

1. Wife/Husband/Fiancée of Applicant (give maiden name, if applicable):
 Name: _____
 Address: _____ Telephone #: () _____
 Occupation: _____ Date of Birth: _____ Place of Birth: _____

2. Ex-Wife/Husband of Applicant (give maiden name):
 Name: _____
 Address: _____ Telephone #: () _____
 Occupation: _____ Date of Birth: _____ Place of Birth: _____

3. If applicable, provide information relative to other ex-spouses (give maiden name):
 Name: _____
 Address: _____ Telephone #: () _____
 Occupation: _____ Date of Birth: _____ Place of Birth: _____

4. Father: _____
 Address: _____ Telephone #: () _____
 Occupation: _____ Date of Birth: _____ Place of Birth: _____

5. Mother (maiden name): _____
 Address: _____ Telephone #: () _____
 Occupation: _____ Date of Birth: _____ Place of Birth: _____

6. List all other members of your immediate family who are still living (do not include children):

Name	Relationship	Address	Telephone Number

7. Do you have any children? Yes _____ No _____
 If Yes, please provide the following information:

Child's Name	Address	Date of Birth

8. Have any of your children ever been the subjects of a C.H.I.N.S. petition or MGL CH 119, Sec. 51A investigation?

Yes _____ No _____

If Yes, please elaborate on the incident(s) on a separate sheet of paper. Be sure to be specific with regards to dates, individuals, organizations and actions taken. Label your response to match the question.

IV. RESIDENCES

1. List chronologically all your residences in the past ten years. Include addresses while attending school if away from home and all military addresses. Begin with your present address.

From: (mo/yr)	To: (mo/yr)	Address of Applicant (include apartment #)	Name of Someone Who Knew or Knows You at that Address	Phone Number

2. List all persons currently residing with you. Do not list relatives, spouses, or children.

Name	Date of Birth	Relationship	Occupation	Phone Number

3. Have you ever been evicted from a rental property? Yes ____ No ____

4. Have you ever been forced to surrender a security deposit on a rental property? Yes ___ No ___

5. Have you ever been late on a rent or mortgage payment? Yes ___ No ___

If you answer **Yes** to question 3, question 4 or question 5 type or write your version of the incident on a separate sheet of paper. Be specific with regards to dates, locations, individuals, amounts and action taken. Label your response to match the question.

6. Have you ever resided in or visited a foreign country? Yes ___ No ___

If **Yes**, provide the following information:

Country	From: (mo/yr)	To: (mo/yr)	Reason for Visit/Residence

V. EDUCATION

1. Have you received a diploma of graduation from high school? Yes _____ No _____

If **Yes**, give the following information regarding the school:

Name of High School	Address	Date of Graduation

If **No**, have you successfully completed a General Equivalency Diploma Examination (GED)?

Yes _____ No _____

Location _____ Date _____

2. If applicable, list other high schools you have attended:

Name of High School	Address	Dates of Attendance

3. Are you currently enrolled in a school of any type? Yes _____ No _____
 If **Yes**, give the following information regarding the institution(s):

School Name	Address	Expected Degree	Expected Graduation Date

4. List the following information regarding all schools you have attended since high school:

School Name	Address	Dates of Attendance	Degree Obtained

5. For each **Yes** answer to one of the questions below, write or type your version of the incident on a separate sheet of paper. Be sure to include specifics regarding dates, institutions, individuals, and actions taken. Label your response to correspond with the particular question.

- a. Were you ever dismissed, suspended or expelled from a school of any type? Yes ___ No ___
- b. Were you ever placed on scholastic probation? Yes ___ No ___
- c. Have you ever been compelled to withdraw from a class? Yes ___ No ___
- d. Have you ever committed plagiarism? Yes ___ No ___
- e. Have you ever assisted another during an exam? Yes ___ No ___
- f. Have you ever received assistance from another during an exam? Yes ___ No ___
- g. Was any disciplinary action ever taken against you during your scholastic career?
 Yes ___ No ___

6. List all awards, honors, citations, positions held in school organizations, athletic endeavors, and any special recognition you received while attending school: _____

7. Indicate your proficiency in each phase of each foreign language as ðnoneð, ðslightð, ðgoodð, or ðfluentð.

Language	Speaking Ability	Understanding	Reading Ability	Writing Ability
Spanish				
Portuguese				

French				
German				
Russian				
Chinese				
Vietnamese				
Korean				
Other				

VI. EMPLOYMENT

1. List chronologically all employment, including summer, part-time, and unpaid. Include periods of unemployment. **All time must be accounted for.** List your present employment first.

From (mo/yr): _____	To (mo/yr): _____	Title/Position: _____
Employer: _____		Name of Supervisor: _____
Address: _____		Telephone # () _____
Nature of Work: _____		
Salary: _____		Reason for Leaving: _____

From (mo/yr): _____	To (mo/yr): _____	Title/Position: _____
Employer: _____		Name of Supervisor: _____
Address: _____		Telephone # () _____
Nature of Work: _____		
Salary: _____		Reason for Leaving: _____

From (mo/yr): _____	To (mo/yr): _____	Title/Position: _____
Employer: _____		Name of Supervisor: _____
Address: _____		Telephone # () _____
Nature of Work: _____		
Salary: _____		Reason for Leaving: _____

From (mo/yr): _____ To (mo/yr): _____ Title/Position: _____
Employer: _____ Name of Supervisor: _____
Address: _____ Telephone # () _____
Nature of Work: _____
Salary: _____ Reason for Leaving: _____

From (mo/yr): _____ To (mo/yr): _____ Title/Position: _____
Employer: _____ Name of Supervisor: _____
Address: _____ Telephone # () _____
Nature of Work: _____
Salary: _____ Reason for Leaving: _____

From (mo/yr): _____ To (mo/yr): _____ Title/Position: _____
Employer: _____ Name of Supervisor: _____
Address: _____ Telephone # () _____
Nature of Work: _____
Salary: _____ Reason for Leaving: _____

From (mo/yr): _____ To (mo/yr): _____ Title/Position: _____
Employer: _____ Name of Supervisor: _____
Address: _____ Telephone # () _____
Nature of Work: _____
Salary: _____ Reason for Leaving: _____

From (mo/yr): _____ To (mo/yr): _____ Title/Position: _____
Employer: _____ Name of Supervisor: _____
Address: _____ Telephone # () _____
Nature of Work: _____
Salary: _____ Reason for Leaving: _____

From (mo/yr): _____ To (mo/yr): _____ Title/Position: _____
Employer: _____ Name of Supervisor: _____
Address: _____ Telephone # () _____
Nature of Work: _____
Salary: _____ Reason for Leaving: _____

From (mo/yr): _____ To (mo/yr): _____ Title/Position: _____
Employer: _____ Name of Supervisor: _____
Address: _____ Telephone # () _____
Nature of Work: _____
Salary: _____ Reason for Leaving: _____

From (mo/yr): _____ To (mo/yr): _____ Title/Position: _____
Employer: _____ Name of Supervisor: _____
Address: _____ Telephone # () _____
Nature of Work: _____
Salary: _____ Reason for Leaving: _____

From (mo/yr): _____ To (mo/yr): _____ Title/Position: _____

Employer: _____ Name of Supervisor: _____

Address: _____ Telephone # () _____

Nature of Work: _____

Salary: _____ Reason for Leaving: _____

From (mo/yr): _____ To (mo/yr): _____ Title/Position: _____

Employer: _____ Name of Supervisor: _____

Address: _____ Telephone # () _____

Nature of Work: _____

Salary: _____ Reason for Leaving: _____

2. Have you ever collected unemployment benefits? Yes _____ No _____
 If **Yes**, provide specific dates and the office you collected benefits through. _____

3. Has any employer or prospective employer ever investigated your background? Yes ___ No ___
 If **Yes**, provide the following information:

Investigating Agency/Company/Organization	Date of Investigation (mo/yr)

4. Have your employers always treated you fairly? Yes _____ No _____
 If **No**, write or type your version of the incident on a separate sheet of paper. Be sure to include specifics regarding dates, individuals and actions taken. Label your response to match the question.

5. For each **Yes** answer to any of the questions in this section, write or type your version of the incident on a separate sheet of paper. Be sure to include specifics regarding dates, individuals and actions taken. Label your response(s) to match the question.

Have you ever or has it ever been determined that you committed one or more of the following acts:

- a. Stealing from an employer? Yes ___ No ___
- b. Lied to an employer about the number of hours you worked? Yes ___ No ___
- c. Been paid for hours that you did not work? Yes ___ No ___
- d. Punched another employee's time card? Yes ___ No ___
- e. Reported for work under the influence of drugs or alcohol? Yes ___ No ___
- f. Fought physically or verbally with other workers? Yes ___ No ___
- g. Had an accident while working? Yes ___ No ___
- h. Been fired for any reason? Yes ___ No ___
- i. Resigned from a job to avoid being fired? Yes ___ No ___
- j. Left a job upon mutual agreement under unfavorable circumstances? Yes ___ No ___
- k. Left a job for other reasons under unfavorable circumstances? Yes ___ No ___

6. List any awards or recognition you have received during the course of your work history (do not include military service). _____

VII. MILITARY SERVICE

1. Have you ever served on active duty in the armed forces of the United States? Yes ___ No ___

Branch of Military Service: _____ Serial#: _____
Dates of Active Service: FROM (mo/yr): _____ TO (mo/yr): _____
Highest Rank Attained: _____
Type of Discharge: _____ Basis of Discharge: _____

2. Are you now or were you ever a member of any branch of the United States Military Reserve Forces? Yes ___ No ___

Branch of Military Service: _____ Serial#: _____
Dates of Active Service: FROM (mo/yr): _____ TO (mo/yr): _____
Highest Rank Attained: _____
Type of Discharge: _____ Basis of Discharge: _____

3. Are you now or have you ever been a member of the National Guard? Yes ___ No ___

Branch of Military Service: _____ Serial#: _____
Dates of Active Service: FROM (mo/yr): _____ TO (mo/yr): _____
Highest Rank Attained: _____
Type of Discharge: _____ Basis of Discharge: _____

4. If you are currently a member of any branch of the armed services of the United States, their reserve components or the National Guard, please indicate the name, location and telephone number of the unit: _____

5. Do you have any current or future military commitments? Yes ___ No ___
If Yes, please list anticipated dates and locations. _____

6. List all awards, medals, citations and decorations you received while in the Armed Forces. _____

7. Was disciplinary action, of any type, taken against you in the service? Yes ___ No ___

8. Were you ever court-martialed while you were in the service? Yes ___ No ___

If you answered **Yes** to question 7 or question 8, please write or type your version of the incident(s) on a separate sheet of paper. Be sure to include specifics regarding dates, individuals, organizations and action taken. Label your response to match the proper question.

9. Do you claim Veteran's preference? Yes ___ No ___
If Yes, please list the basis for your claim. _____

VIII. COURT RECORD

An applicant for employment may answer "no record" on question 1 if any of the following circumstances are applicable: you have never been arrested, you have been arrested but never been tried for a criminal offense, you have been tried for a criminal offense but never convicted, you have a first conviction for any of the following misdemeanors, a) drunkenness b) simple assault c) speeding d) minor traffic violations e) affray f) disturbance of the peace, you have not been convicted of an offense within the five years before the date of this application and/or you have been convicted of misdemeanors where the date of conviction or the completion of any period of incarceration resulting therefrom, whichever date is later, occurred five or more years prior to the date of this application. (See MGL 151B Sec 4)

An applicant for employment with a sealed record on file with the Commissioner of Probation may answer "no record" with respect to any inquiry herein relative to prior arrests, criminal court appearances, or convictions. In addition, any applicant for employment may answer "no record" with respect to prior arrests, court appearances and adjudication in all cases of delinquency or as a child in need of services, which did not result in a complaint transferred to the Superior Court for criminal prosecution. (See MGL CH276 Sec100a & Sec100c)

1. Have you ever been arrested or arraigned for a criminal offense? Yes ___ No ___

If the answer to the above question is **Yes**, you must write or type on a separate sheet of paper your version of the above incident(s). Be sure to include: date of arrest and/or arraignment, investigating law enforcement agency, court of record, charges, and disposition. Label the response to match the proper question.

2. To the best of your knowledge are you currently, or have you ever been, under investigation by any local, state, county, federal or foreign law enforcement agency? Yes ___ No ___

If **Yes**, write or type on a separate sheet of paper your version of the investigation. Be specific regarding dates, agencies, locations, individuals and final outcome. Label the response to match the question.

IX. PROTECTIVE ORDERS

1. Have you ever had an emergency, temporary or permanent protective order issued against you under the provisions of the following statutes:

a. MGL c208, ss18, 34B, 34C (Divorce) Yes _____ No _____

b. MGL c209, ss32 (Abandonment in Marriage) Yes _____ No _____

c. MGL c209A, ss3, 4, 5 (Abuse Prevention) Yes _____ No _____

If the answer to any of the above is **Yes**, please write or type your version of the incident on a separate sheet of paper. Be sure to label your response to match the proper question. Include the following information in your response: court of record, docket number, circumstances of order, and current status of order.

X. DRIVER'S HISTORY

1. Do you possess a valid driver's license from the Commonwealth of Massachusetts?

Yes _____ No _____

License # _____ Expiration Date _____

2. Have you ever been issued a driver's license from the Commonwealth of Massachusetts under a different name or license number other than your current license number?

Yes ___ No ___

If **Yes**, please list the name, license number and reason _____

3. Did you ever possess a driver's license issued by any other state? Yes _____ No _____
 If Yes, please list the State, License #, and expiration date _____

4. Do you have access to an automobile? Yes _____ No _____
 If Yes, please list the following for all vehicles you own:

Make	Model	Registration	State

5. For each Yes answer to the following questions, write or type your version of the incident on a separate sheet of paper. Be specific with regards to dates, agencies, locations, amounts paid or owed and action taken. Label your response to match the particular question.

- a. Have you ever received a written motor vehicle citation (*or written warning*), from a police officer? Yes _____ No _____
- b. Have you ever been involved in a motor vehicle accident? Yes _____ No _____
- c. Has any State or Governmental Agency ever suspended or revoked your right to operate a motor vehicle? Yes _____ No _____
- d. Do you now or have you ever owed money for traffic fines? Yes _____ No _____
- e. Do you now or have you ever owed money for parking tickets? Yes _____ No _____
- f. Do you now or have you ever owed money for excise taxes? Yes _____ No _____

XI. DRUG/ALCOHOL USE

1. Have you ever used, possessed, supplied or manufactured the following substances?

- | | | | |
|--------------------|--------------------|---------------------|--------------------|
| a. marijuana | Yes _____ No _____ | g. psilocybin | Yes _____ No _____ |
| b. cocaine | Yes _____ No _____ | h. LSD | Yes _____ No _____ |
| c. PCP | Yes _____ No _____ | i. heroin | Yes _____ No _____ |
| d. hashish | Yes _____ No _____ | j. morphine | Yes _____ No _____ |
| e. methamphetamine | Yes _____ No _____ | k. any illegal drug | Yes _____ No _____ |
| f. steroids | Yes _____ No _____ | | |

2. Have you ever used, possessed, supplied or manufactured any prescription drugs without a prescription? Yes _____ No _____

For each **Yes** answer in question 1 or question 2 above, you are required to detail each experience on a separate sheet of paper. You must include the following information in your response:

- What form of drug did you take (crack, powder, pill, etc.)?
- How was it administered (smoked, sniffed, injected, etc.)?
- Dates and locations where the incident(s) occurred.

3. Have you ever been in a fight having recently consumed drugs or alcohol?

Yes ____ No ____

4. Have you ever been in an accident after having recently consumed drugs or alcohol?

Yes ____ No ____

5. Have you ever been taken into protective custody?

Yes ____ No ____

For each **Yes** answer to question 3, question 4 or question 5, write or type your version of the incident on a separate sheet of paper. Be specific with regards to dates, locations, agencies involved and action taken. Label your response to match the particular question.

XII. FINANCIAL RECORD

1. Are you indebted to anyone (individually, jointly, or as a guarantor)? Yes ____ No ____

If **Yes**, please provide the following information:

Creditor	Address	Account Number	Amount

2. Are you now or have you ever been delinquent on any loan or financial obligation?

Yes ____ No ____

If **Yes**, write or type on a separate sheet of paper your version of the delinquency. Be specific with regards to dates, creditors, amounts and final action. Label your response to match the question.

3. Have you or a company in which you controlled a significant proprietary interest filed for bankruptcy, been subject to tax lien, or had legal judgment rendered against you/it for a debt?

Yes ____ No ____

If **Yes**, write or type on a separate sheet of paper your version of the incident. Be specific with regards to dates, creditors, individuals, amounts, courts, type of action and final outcome. Label your response to match the question.

4. Have you ever been ordered or agreed to pay child support? Yes ___ No ___

5. Have your wages ever been garnished? Yes ___ No ___

If you answered **Yes** to question 4 or question 5, write or type your version of the incident on a separate sheet of paper. Be specific with regards to dates, creditors, individuals, amounts, courts, type of action and final outcome. Label your response to match the question.

6. Have your state tax returns been filed on time for the past five (5) years? Yes ___ No ___

7. Have your federal tax returns been filed on time for the past five (5) years? Yes ___ No ___

If you answered **No** to question 7 or question 8, write or type your version of the incident on a separate sheet of paper. Be specific with regards to dates, amounts, agencies involved, type of action and final outcome. Label your response to match the question.

8. Are you delinquent on any state or federal tax liabilities? Yes ___ No ___

If **Yes**, write or type your version of the liability on a separate sheet of paper. Be specific with regards to dates, amounts, agencies involved and types of action taken. Label your response to match the question.

9. List all your sources of income *other than* the employment that you have listed in **Section VI. EMPLOYMENT, Question 1.**

Source of Income	Monthly Amount

10. List any real property in which you, your spouse, or your minor children have an equity or financial interest:

Property Address	Owner	Relationship

XIII. GENERAL BEHAVIOR

1. Do you now, or have you ever gambled? Yes _____ No _____

If Yes, you must answer all the following questions:

a. What types of gambling have you participated in?

- 1. Horse/Dog Track _____
- 2. Lottery _____
- 3. Professional or College Sports _____
- 4. Casino Games _____
- 5. Card Games _____
- 6. Football Cards _____
- 7. Scratch Tickets _____

b. How much do you spend on gambling in a year? \$ _____

c. What is the largest sum of money you have won while gambling? \$ _____

d. What is the largest sum of money you have lost while gambling? \$ _____

e. Have you ever borrowed money to cover a gambling debt? \$ _____

f. Have you ever, or do you presently have a gambling debt? \$ _____

g. How many times do you gamble per year?
 1-5 _____ 6-10 _____ more than 10 _____ more than 50 _____ more than 100 _____

2. Have you ever sued someone or have you ever been sued? Yes _____ No _____

3. Do you have any knowledge of any forthcoming civil suits in which you will be either a defendant or a complainant? Yes _____ No _____

If you answered **Yes** to either question 2 or question 3, please write or type a summary of the legal action and the incident that initiated it on a separate sheet of paper. Be specific with regards to dates, places, individuals, courts and case status/outcome.

4. Are you now or have you ever been a member of any club, society, professional association or organization? Yes _____ No _____

If Yes, please provide the following information:

Organization	Address	Positions Held	Dates

5. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which is totalitarian, fascist, communist, or subversive, or which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of the government of the United States by unconstitutional means? Yes ____ No ____

If the answer was **Yes**, explain fully below:

6. Do you object to wearing a uniform? Yes ____ No ____

7. Do you object to working nights? Yes ____ No ____

8. Have you had any experience with shift work? Yes ____ No ____

9. Do you foresee any conflict of interest between your personal habits and beliefs and the role of a police officer with the Wilmington Police Department? Yes ____ No ____

If the answer was **Yes**, explain fully below:

XIV. LICENSES

1. Have you ever been issued a firearms license, firearms identification card or firearms permit of any sort? Yes ____ No ____

If **Yes**, provide the following information for each firearms license, card or permit you have possessed:

Type of License	License Number	Reason for Issue	Date of Issue	Place of Issue

2. Have you ever applied for and been denied a firearms license, firearms identification card or permit of any sort? Yes ___ No ___

If Yes, provide the following information for each license denial:

Type of License	Reason for Denial	Date of Denial	Place of Denial

3. Has your firearms license, identification card or permit ever been suspended or revoked or have you been forced to surrender a firearm(s), firearms license, firearms identification card or permit of any sort due to the issuance of a protective order (i.e. MGL CH209A)?

Yes ___ No ___

If Yes, write or type your version of the incident on a separate sheet of paper. Be specific with regards to dates, locations, individuals, courts, agencies, action taken, and protective order status. Label your response to match the question.

4. Have you ever been issued a Hackney License? Yes ___ No ___

If Yes, provide the following information:

Date of Issuance	City or City of Issuance

5. Have you ever had a Hackney License denied, revoked or suspended? Yes ___ No ___

If Yes, write or type your version of the incident on a separate sheet of paper. Be specific with regards to dates, location, agencies, and reason for denial/suspension/revocation. Label your response to match the question.

6. Have you ever applied for a bond or a job that requires a bond? Yes ___ No ___

If Yes, provide the following information:

Position	Employer	Address	Date

XV. APPLICATION HISTORY

1. Have you ever taken any other local (*include civil service exams*), county, state or federal law enforcement/police entrance exams? Yes ___ No ___

If Yes, provide the following information:

Date of Exam	Department or Agency

2. Have you previously submitted an application for employment with any other local, county, state or federal law enforcement agency? Yes ___ No ___

If Yes, provide the following information:

Date of Application	Department/Agency	Outcome of Application

XVI. On-line and Internet History

Please provide complete and accurate answers on this form to establish your qualifications. All answers will be subject to verification. This information will be used as part of your background investigation for employment with the Wilmington Police Department. Please do not provide any passwords.

Legal Name _____

Date of Birth _____

Virtual Identities

Please provide e-mail addresses, screen names, nicknames, on-line names, handles and other identifiers you have used in the past seven (7) years. Check if address is shared with a spouse or another person.

E-mail address 1 _____

E-mail address 2 _____

Email address 3 _____

More to enter? Use additional information space at the end.

On-line Activities

Please list any websites you have hosted, run or participated in frequently, or other on-line activities you have often done. List the name and URL, if known.

Name	URL
Website 1	http://
Website 2	http://
Website 3	http://
Website 4	http://

More to enter? Use the additional information space at the end.

If you have any information to add, please do so in the space below:

I certify that all of the information provided in this form is true and correct.

Applicant's Signature

Date

XVII. REFERENCES

1. List four (4) references below. **These persons should not be related to you, present or former employers or current fellow employees.** All persons to whom you refer may be asked to appraise your character, ability, experience, personality and other qualities.

Name _____	Occupation _____	Yrs. Known ____
Residential Address _____	Phone () _____	
Business Address _____	Phone () _____	
Relationship to You _____		

Name _____	Occupation _____	Yrs. Known ____
Residential Address _____	Phone () _____	
Business Address _____	Phone () _____	
Relationship to You _____		

Name _____	Occupation _____	Yrs. Known ____
Residential Address _____	Phone () _____	
Business Address _____	Phone () _____	
Relationship to You _____		

Name _____	Occupation _____	Yrs. Known ____
Residential Address _____	Phone () _____	
Business Address _____	Phone () _____	
Relationship to You _____		

EMPLOYMENT STATEMENT

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liabilities.

I understand that all appointments are **probationary for a period of one (1) year**, during which I must first demonstrate my fitness for continued employment by the Wilmington Police Department. I understand that I must abide by and meet the training standards for police officers established by the Massachusetts Municipal Police Training Committee and the Wilmington Police Department. I also understand that, in many parts of the Wilmington Police Department, it is necessary to establish regular night and midnight shifts in view of which I must be available for such assignments as the needs might require. I further understand that any appointment tendered to 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 Wilmington Police Department. I also understand that once appointed as a police officer I must maintain any conditions of employment established for police officers by the Town of Wilmington and state or federal law. I further understand that as a condition of joining the Wilmington Auxiliary Police, I will fulfill a minimum 5 year commitment, and in the event of my separation from the unit for any reason, I will reimburse the Town Of Wilmington for any and all expenses related to, but not limited to, training & equipment expenses. 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.

Signature of Applicant

Name of Applicant (print or type)

Date

HIRING PROCESS STATEMENT

I understand that if I am appointed to the Wilmington Auxiliary Police Department, I am subject to all rules and regulations of the Wilmington Auxiliary Police Department, the Wilmington Police Department and the Town of Wilmington.

I also understand that a background investigation will be conducted by the Wilmington Police Department, including but not limited to: education, employment, friends, criminal records, driving history, relatives, military service, neighbors, credit rating, and any other area deemed necessary by the Chief of Police.

I also understand that I may be required to furnish the Wilmington Police Department with additional information as required by the Chief of Police.

I also understand that I will be required to participate in a complete medical examination conducted by a medical doctor approved by the Town of Wilmington, at my expense, including a drug screen, laboratory and other tests, to determine my physical fitness to serve as a police officer in the Town of Wilmington.

I understand that I must complete the requirements listed above, as well as other requirements set forth by the Chief of Police or the Division of Human Resources, successfully and within a specified time. I also understand that if I fail to meet these or any other requirements successfully and within the specified time, my name will be withdrawn from consideration as an auxiliary police officer in the Town of Wilmington.

I have read the above statement and understand its provisions.

Signature of Applicant

Name of Applicant (print or type)

Date

NOTICE

TO POLICE OFFICER AND FIREFIGHTER CANDIDATES

Subsequent to January first, nineteen hundred and eighty-eight, no person who smokes any tobacco product shall be eligible for appointment as a police officer or firefighter in a city or city and no person so appointed after said date shall continue in such office or position if such person thereafter smokes any tobacco products. (MGL Chapter 41 Section 101A)

I have read the above notice and understand its provisions.

Signature of Applicant

Name of Applicant (print or type)

Date

CONSUMER REPORT DISCLOSURE

The undersigned applicant acknowledges that the Wilmington Police Department and Town of Wilmington may obtain a consumer report for employment purposes in reviewing the undersigned for employment with the Wilmington Police Department. 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 Wilmington Police Department 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.

Signature of Applicant

Name of Applicant (print or type)

Date

Authorization for Disclosure of Social Networking Information

I, _____, give my permission for the Wilmington Police Department to have access to my personal social networking accounts, for the purpose of background investigations. If my accounts are set to "private", I will log into the account in the presence of the authorized Wilmington Police Officer and allow him or her to review the contents of the account(s). Access to the account(s) must be granted immediately upon request.

I understand that the information present on my personal social networking account(s) is part of my background investigation for employment with the Wilmington Police Department. Any information that is racist, sexist or would bring discredit upon my candidacy for the position that I am applying for, may disqualify me from further consideration with the Wilmington Police Department.

I understand that refusal to allow the Wilmington Police Department access to my personal social networking account(s) will disqualify me from further consideration for employment with the Wilmington Police Department.

By signing this document, I am agreeing to provide the Wilmington Police Department immediate access to my personal social networking accounts.

- I do not have a social networking account
- I authorize the Wilmington Police Department access to my social networking account(s).
- I do not authorize the Wilmington Police Department access to my social networking account(s)

Applicant Signature

Date

Background Investigator

Date

Social Networking Account Name

Additional Social Networking Account Names

CERTIFICATION OF RESPONSES

I have read each question asked of me and understand each question. My statements on this form and any attachments to this form, including but not limited to a resume, are true, correct and complete to the best of my knowledge and belief and are made in good faith. I am aware that willfully withholding information or making false statements can lead to rejection or dismissal.

Signature (Sign in ink).

Date

NOTARY PUBLIC'S SEAL

COMMONWEALTH OF MASSACHUSETTS |
COUNTY OF MIDDLESEX | 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 (or typewritten) answers to each and every question therein I do solemnly swear that each answer is full, true and correct in every respect.

Applicant's Signature

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

Notary Public Signature

DO NOT SIGN BELOW UNTIL DIRECTED BY
THE WILMINGTON POLICE DEPARTMENT

Applicant Sign Here

Date

Signature of Investigating Officer

Date

AUTHORITY FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Wilmington Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied, and to then use and disclose that information as a basis for and in support of its decisions regarding my application. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Wilmington Police Department bearing this release to obtain any information in your files and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Wilmington Police Department, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Wilmington Police Department to consider in determining my suitability for employment in that department and to authorize the Town of Wilmington to then use and disclose that information as a basis for and in support of its decisions regarding my application however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my medical and/or psychological records, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed, and to permit any duly authorized agent of the Wilmington Police Department to inspect and make copies of any documents, records or other information. I hereby specifically waive any attorney-client privilege which may apply to any information sought in connection with my application and this release, both as to this application process and any administrative and/or judicial proceedings which may arise from it.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of

_____ Organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Wilmington Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Wilmington Police Department's acceptance and processing of my application for employment, I agree to hold the _____; its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Wilmington Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure or records, and I waive those rights with the understanding that information furnished will be used by the Wilmington Police Department in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid, as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

TO THE TOWN OF WILMINGTON: I hereby authorize the Wilmington Police Department to use the information obtained pursuant to this release, or otherwise obtained as part of my application process, in making its determination on my employment application. I further authorize the Wilmington Police Department and the Town of Wilmington to disclose any such information: (1) to any individual, department, or entity involved in the processing of my application; (2) in all administrative and judicial proceedings arising out of the processing of my application; and (3) to any civil or criminal law enforcement agency.

This waiver is valid from the time information is furnished through and including its use by the Wilmington Police Department and the Town of Wilmington in processing my application, all administrative and judicial proceedings arising there from, and all civil or criminal enforcement actions arising there from.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and the Town of Wilmington and their 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, or using and disclosing the information as authorized pursuant to this request.

Signature

Date of Birth

Social Security Number

Print or Type Full Name

Legal Address

Date

Telephone Number

AUTHENTICATION OF SIGNATURE BY NOTARY PUBLIC

COMMONWEALTH OF MASSACHUSETTS |
COUNTY OF MIDDLESEX | SS

Then appeared before me the above-named, _____,
and swore the statements made herein to be true.

Dated _____

Notary Public Signature

My commission expires: _____