



Aquinnah Police Department

67 State Road Aquinnah, MA. 02535

508-645-2313 Main 508-645-2316 Fax

INFO@aquinnahpolice.us

March 7, 2006

To All Applicants:

The Aquinnah Police Department is currently accepting applications for the position of Summer Special Police Officers for the 2006 Summer Season.

Primary duties include, but are not limited to, traffic & parking ticket enforcement, enforcement of all Massachusetts criminal & motor vehicle laws, and rendering medical assistance. Special Officers are armed, provided you are able to pass a firearms proficiency test provided by this department. Firearms are provided to you by this department for official use while on duty only. You do not need to possess a Massachusetts License to Carry Firearms; however, it is strongly encouraged. Special Officers are required to purchase their own uniforms to department specifications. Badges, duty belts, and other duty equipment are provided by this department.

If you have completed the Massachusetts Police Training Committee Reserve Intermittent (180 hour) Academy you are strongly encouraged to apply. Applicants that have not had any police related training are still eligible to apply.

The hiring process consists of a criminal background check and an oral interview. Those that are granted an oral interview will be contacted via phone. Please do not call to check on the status of your application. You will be notified as to the status of your application.

An application can be downloaded and printed from our website at www.aquinnahpolice.us <<http://www.aquinnahpolice.us/>> or you can mail a self addressed stamped envelope to Aquinnah Police Department, 67 State Road, Aquinnah, MA 02535, to request an application be mailed to you. Deadline for receipt of applications is Saturday, April 1, 2006. Only original copies of the application will be accepted; NO faxed copies will be accepted.

Thank you,

Randhi P. Belain
Chief of Police



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2006 Summer Special Officer **Employment Application**

All applicants must submit the following with this completed application

Please type or print legibly in **BLACK** ink

1. Copy of your Drivers License
2. Copy of your social Social Security Card
3. Copy of your Military DD-214 if applicable
4. Copy of your High School Diploma or G.E.D
5. Copy of your Birth Certificate
6. Copy of your Firearms License if applicable
7. Copy of your Police Officer Training Certificates
8. Cover letter
9. Resume

PERSONAL HISTORY

Applicants Full Name: _____
Last Middle First

Current Residential Street Address:

Number Street Apt/Suite

City/Town State Zip Code

Mailing Address (if different from above):

Number Street Apt/Suite

City/Town State Zip Code

Telephone Number(s) Home: _____ Work: _____ Cellular: _____

Date of Birth: ___ / ___ / 19___

Social Security Number: _____

Email Address: _____

Height: _____

Weight: _____

Sex M/F: _____

U.S. Citizen: YES / NO (please circle one)

Drivers License Number and State of Issue: _____

Vehicle Registration Number and State of Issue: _____

Do you currently possess a license to carry a firearm? _____

If yes, Please provide:

State: _____ License Number: _____ Class: _____ Expiration: _____

Have you ever been refused, denied, or had a license to carry a firearm suspended or revoked?

If yes, please provide a detailed account of the circumstances:

Have you ever been convicted of or charged with a misdemeanor or felony crime. If yes please give details below. List the offense, disposition, court and criminal justice agency.

MEDICAL HISTORY

List any past or present physical defects or disabilities, including the extent of defective vision, with and without glasses, and deficiencies in color, vision or hearing.

List any physical handicaps, including any which would prevent you from properly performing the work required for the position that you have applied for.

List any mental illnesses, out-patient care by a psychiatrist or psychologist. _____

EDUCATION

List all the schools & colleges you have attended:

High School : _____
Name Address Dates of Attendance Major

College: _____
Name Address Dates of Attendance Major

Graduate: _____
Name Address Dates of Attendance Major

Police Academy: _____
Name Address Dates of Attendance MPOC#

Miscellaneous:

EMPLOYMENT RECORD

List employment chronologically starting with the most recent:

Name Address City/Town State Zip code

Telephone Dates Employed Position Held Name of Supervisor Reason for Leaving

Name Address City/Town State Zip code

Telephone Dates Employed Position Held Name of Supervisor Reason for Leaving

Name Address City/Town State Zip code

Telephone Dates Employed Position Held Name of Supervisor Reason for Leaving

Name Address City/Town State Zip code

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Name Address City/Town State Zip code

Telephone Dates Employed Position Held Name of Supervisor Reason for Leaving

Have you ever been dismissed, asked to resign, suspended, reprimanded, censured or received any other type of discipline or job action from any employer? If yes please give details below.

Are you eligible for rehiring with each of your former employers? If no please give details below.

MILITARY RECORD

Active duty military service, provide a copy of your DD-214 with this application.

Branch	Rate / Specialty	Rank	Dates
Type of Discharge: _____		Rate of Discharge: _____	

List any disciplinary actions taken against you as an active duty member of the armed forces.

EMERGENCY CONTACTS

Name	Address	Telephone Number	Relationship

REFERENCES

Name	Address	Telephone Number	Relationship
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Name	Address	Telephone Number	Relationship
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Name	Address	Telephone Number	Relationship
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Please read the following carefully and sign below indicating that you understand and agree to the terms stated.

I understand that a physiological and physical exam, which includes a drug screening urinalysis, may be required after a conditional offer of employment has been made. I understand that this is not a contract of employment and I or the town of Aquinnah may sever the employment relationship at any time for any reason. Any oral or written statement to the contrary, including any which are made by any town representative, are disavowed and may not be relied upon by any prospective or existing employee.

I understand also that this department has established day, night and weekend tours for which I must be available as 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 basis for rejection of my application or dismissal from this department. I agree to these conditions and hereby certify that all statements made by me on this application are true and complete to the best of my knowledge. I hereby give the Aquinnah Police Department authorization to contact any person reasonably related to the character and fitness investigation and to request that an independent credit report be prepared as to my financial condition. I authorize any person contacted to share written and oral information which is reasonably related to the public safety position for which I am applying.

Finally, I hereby release, discharge and exonerate the Town of Aquinnah, 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 furnishing or inspection of such documents, records, or other information or investigations made by or on behalf of this municipality. This authority shall continue until revoked in writing by the undersigned.

Date: _____

Signature of Applicant: _____

NOTARY CERTIFICATION

State of: _____

County of: _____

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 respect.

Signature of Applicant: _____

Sworn before me this _____ day of _____, 2005

Notary Public: _____

My Commission expires: _____

GENERAL RELEASE



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AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I _____, do hereby authorize a review of and full disclosure of all records, or any part thereof concerning myself, by and to a duly authorized agent of the Aquinnah Police Department, whether said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure for the records of: educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and or savings accounts, loans, records of commercial or retail credit agencies, including credit reports and or ratings; medical and psychiatric treatment and or consultation, including hospitals, clinics private practitioners and the United States Veterans Administration; public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and salary records; real and personal property records and other financial statements and or records wherever filed; records of complaint, arrest, trial and or convictions for alleged or actual violations of law, including criminal and or traffic records; records of complaint of a civil nature made by me or against me wheresoever 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 had 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 Aquinnah Police Department to consider in determining my suitability for employment by that Department. It is my specific intent to provide access to my personal information, however personal or confidential I may appear to be, furthermore the sources of information specifically enumerated above is not intended to deny access to any records not specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part upon my authorization for release of information will be considered in determining my suitability for employment by the Aquinnah Police Department.

I also understand, and agree to the fact, that the information obtained by the Aquinnah Police Department is the personal property of said Department, and will not be disclosed to anyone, including myself.

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

_____ SIGNATURE OF APPLICANT	_____ DATE
NAME: _____	
ADDRESS: _____	
CITY, STATE, ZIP: _____	
SOCIAL SECURITY _____	
DATE of BIRTH _____	