

TOWN OF HAMPDEN

MASSACHUSETTS

TOWN HOUSE

625 Main Street
Hampden, MA 01036

FAX: (413)566-2010



POLICE DEPARTMENT

P. O. BOX 266
Hampden, MA 01036

Tel: (413)566-8011

TO ALL APPLICANTS FOR THE POSITION OF FULL TIME OR PART TIME DISPATCHER

A copy of the following must be submitted with your personal history statement:

1. birth certificate
2. high school diploma or G.E.D. certificate
3. higher education diploma or latest transcript, if still attending school (if applicable)
4. military DD-214 (if applicable)
5. veterans status (if applicable)
6. Massachusetts driver's license
7. firearms ID card, front only (if applicable)
8. license to carry firearms, front and back (if applicable)
9. CPR and First Responder certificate or card.
10. Suicide Prevention certificate.

HAMPDEN POLICE DEPARTMENT
P.O. BOX 266
HAMPDEN, MA 01036

PERSONAL HISTORY STATEMENT
INSTRUCTIONS

This questionnaire is to be completed fully and accurately. All statements in your questionnaire are subject to verification and any incorrect statements may bar or remove you from employment. All information is to be typewritten or printed.

DATE _____

PERSONAL

1. Name _____
(first) (middle) (last and maiden)

2. Address _____
(number) (street)

_____ (city or town) (state) (zip)

Phone _____
(area code - home number) (area code - business number)

3. Social Security number _____ height _____ weight _____

4. Place of Birth _____ Date of Birth _____
(city) (state)

5. Citizen of the United States: YES NO

natural born naturalized

6. Have you previously submitted an application for employment with any police department?
Yes No Approximate date _____

If yes, give details _____

7. Have you ever taken a Civil Service Police Examination?

Yes No Approximate Date _____

8. List all organizations, clubs and associations of which you are, or have been, a member. Indicate offices held.

9. List your hobbies and special skills and abilities, including the ability to speak foreign languages _____

MARITAL

10. Marital Status: Single Married Separated Divorced

11. Spouse's Name (Maiden): _____

12. Give the following information regarding your children:

Name	Date of Birth	Place of Birth	Address

FAMILY HISTORY

13. Give the names of every member of your immediate family who is still living. Include father, mother, sisters and brothers.

Name	Relation	Address	Telephone

RESIDENCES

14. List your addresses during the past five years starting with the present address

From Mo.-Year	To Mo.-Year	Address	City and State

WORK HISTORY

15. List all jobs you have held in the last five years, beginning with your present or most recent job. If you need more space, you may attach additional sheets. Include part-time jobs.

Dates	_____	Title/Position	_____
Employer	_____		
Address	_____	Phone	_____
Supervisor	_____		
Nature of Work	_____		
Reason for Leaving	_____	Salary	_____

WORK HISTORY - Continued

Dates _____ Title/Position _____

Employer _____

Address _____ Phone _____

Supervisor _____

Nature of Work _____

Reason for Leaving _____ Salary _____

Dates _____ Title/Position _____

Employer _____

Address _____ Phone _____

Supervisor _____

Nature of Work _____

Reason for Leaving _____ Salary _____

Dates _____ Title/Position _____

Employer _____

Address _____ Phone _____

Supervisor _____

Nature of Work _____

Reason for Leaving _____ Salary _____

WORK HISTORY - Continued

=====

as _____ Title/Position _____

Employer _____

Address _____ Phone _____

Supervisor _____

Nature of Work _____

Reason for Leaving _____ Salary _____

=====

Dates _____ Title/Position _____

Employer _____

Address _____ Phone _____

Supervisor _____

Nature of Work _____

Reason for Leaving _____ Salary _____

=====

Dates _____ Title/Position _____

Employer _____

Address _____ Phone _____

Supervisor _____

Nature of Work _____

Reason for Leaving _____ Salary _____

- | | | |
|--|-----|----|
| 17. Have your employers always treated you fairly? | YES | NO |
| If not, explain _____ | | |
| _____ | | |
| 18. Do you object to wearing a uniform? | YES | NO |
| 19. Do you object to working nights? | YES | NO |
| 20. If married, would your spouse object to your working nights? | YES | NO |
| 21. Have you had experience with shift work | YES | NO |

CRIMINAL HISTORY

Massachusetts General Laws, Chapter 151 B, Section 4 (9) (cited below) concerns an applicant's right with regard to information about his/her criminal record. Please read the excerpt of that law below before answering the questions in this section.

"For an employer, himself or through his agent, in connection with an application for employment, or the terms, conditions, or privileges of employment, or the transfer, promotion, bonding, or discharge of any person, or in any other matter relating to the employment of any person to request any information, to make or keep a record of such information, to use any form of application or application blank which requests such information, or to exclude, limit or otherwise discriminate against any person by reason of his or her failure to furnish such information through a written application or oral inquiry or otherwise regarding: (i) an arrest, detention, or disposition regarding any violation of law in which no conviction resulted, or (ii) a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace, or (iii) and conviction of a misdemeanor where the date of such 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 such application for employment of such request for information, unless such person has been convicted of any offense within five years immediately preceding the date of such application for employment or such request for information.

No person shall be held under any provision of any law to be guilty of perjury or of otherwise giving a false statement by reason of his failure to recite or acknowledge such information as he has a right to withhold by this subsection.

Nothing contained herein shall be construed to effect the application of section thirty-four of chapter ninety-four C, or of chapter two hundred and seventy-six relative to the sealing of records."

- | | | |
|---|-----|----|
| 22. Have you ever been convicted of a felony? | YES | NO |
|---|-----|----|

If yes, give details below:

Crime _____	Arresting Agency _____
Date of Conviction _____	Sentence _____

23. Have you been convicted of a misdemeanor which is not excluded by Massachusetts General Laws, Chapter 151 B, Section 4 (9) as stated above? YES NO

If yes, give details below:

Crime _____ Arresting Agency _____

Date of Conviction _____ Sentence _____

Crime _____ Arresting Agency _____

Date of Conviction _____ Sentence _____

MILITARY

24. Have you ever served in a military or naval organization of the United States? YES NO

Branch of Service _____

Date and location of entrance to active duty _____

Highest rank held _____ Service No. _____

25. List all awards, medals and decorations you received as a member of the armed forces:

26. Give the date, location, and exact type of your discharge _____

27. Are you now, or were you ever, a member of any branch of the United States Reserve Forces? YES NO

Branch _____ Unit _____ Rank _____

Address _____ Dates _____

Type of Discharge _____

28. Are you now, or were you ever, a member of the National Guard? YES NO

State _____ Unit _____ Rank _____

Address _____ Dates _____

Type of Discharge _____

Name _____ Address _____

Business, Occupation or Profession _____ Years known _____

Business Address _____ Business Phone _____ Home Phone _____

=====
Name _____ Address _____

Business, Occupation or Profession _____ Years known _____

Business Address _____ Business Phone _____ Home Phone _____

=====
Name _____ Address _____

Business, Occupation or Profession _____ Years known _____

Business Address _____ Business Phone _____ Home Phone _____

=====
In the space provided below, list **all** the police training you have received, including dates taken: include copies of all certificates received.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

TOWN OF HAMPDEN

MASSACHUSETTS



TOWN HOUSE
625 Main Street
Hampden, MA 01036

FAX: (413)566-2010

POLICE DEPARTMENT

P. O. BOX 266
Hampden, MA 01036

Tel: (413)566-8011

AUTHORITY FOR RELEASE OF INFORMATION

HAMPDEN 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 and such information as may be received, reported to the
appointing authority. 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 other information pertaining to me,
formal or informal, pending or closed, or any other pertinent data, and to permit the Police Department or
any of its agents or representative to inspect and make copies of such documents, records and other
information.

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
the Police Department or in its behalf.

This authority shall continue for one year unless sooner revoked in writing by the undersigned.

Signature

Address

Date of Birth

Witness