HULL POLICE DEPARTMENT
1 SCHOOL STREET
HULL, MA 02045

SPECIAL/ SEASONAL POLICE
EMPLOYMENT APPLICATION
PACKAGE
NOTICE TO POLICE APPLICANTS

Thank you for your interest in the position of Seasonal/Special Police Officer with the Town of Hull. In order to begin processing applicants, it is necessary that you meet the requirements and follow the instructions below.

John E. Dunn  
Chief of Police

REQUIREMENTS

1. You must be at least **21 years of age**.
2. You must have completed the **M.P.T.C. Reserve Police Academy**.
3. You must be certified in **C.P.R. and First Responder**.
4. **Candidates will be required to submit to a full background and CORI check.**
5. You must complete, at your own cost, the **Physical Ability Test**. Information regarding the PAT can be found at: https://www.mass.gov/guides/schedule-physical-ability-test-pat.
6. You are required to pass a medical physical at your own cost. The medical exam date must be within six (6) months of the requested PAT date.
7. You must have an active **LTC**.
8. You are required to pass a department sanctioned pre-employment psychological screening at your own cost.

INSTRUCTIONS

You will be notified when to appear at the Hull Police Department for processing. You must complete the enclosed **APPLICANT BACKGROUND INFORMATION PACKAGE** and the **RELEASE OF PERSONAL INFORMATION WAIVER PACKAGE** and have them notarized where applicable.

You must submit the following on the prescribed date and time:

1. The completed Applicant Background Information Package, **signed and notarized** where indicated.
2. The completed Release of Personal Information Waiver Package, **signed and notarized** where indicated.
3. Copy of your Social Security Card.
4. Copy of your Massachusetts Driver’s License.
5. Copy of your High School Diploma or Equivalency Certificate.
6. Copy of your Higher Education Diploma or Copy of Transcript.
7. Copy of your Birth Certificate.
8. Copy of your Automobile Registration, if any.
9. Copy of your Military Discharge and DD214 if you were in the service.
10. Current Resume

NOTE: Failure to produce any of these documents may disqualify your application from further consideration. A decision on your employment with this department will be made only after an investigation of your fitness and background.

Applications, supporting documentation and questions should be directed to Sergeant Scott Saunders, ssaunders@hullpolice.org (781) 925-1214 ext. 3891.
APPLICATION FOR SPECIAL/SEASONAL POLICE OFFICER

Applicant's name: ____________________________________________

Last    First    Middle

Hull Police Department
1 School Street
Hull, Massachusetts 02045

1. These forms must be typewritten or printed in blue or black ink by the applicant himself/herself.

2. All questions must be answered, if applicable. If not applicable, indicate n/a.

3. Failure to answer any and all questions truthfully, accurately or completely shall result in the applicant's disqualification, or, if discovered after an individual is hired, termination from employment.

4. If the space provided is not sufficient for complete answers, or you wish to make additional comments, attach sheets the same size as these forms and indicate to which question those sheets pertain.

5. You are applying for a responsible public safety position. It is essential that you follow instructions specifically as directed. Make sure all dates and information are absolutely accurate.

6. If, after submitting this application, you become no longer interested in appointment, please notify the Chief of Police in a timely manner.

7. A Criminal Offender Record Information (CORI) check will be performed on each applicant who submits an application for employment with this police department.

I have read and understand the above instructions.

__________________________________________
Applicant

Application closing date: __________________________

Date Received: __________________________
To the Applicant. READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS.

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, national origin or disability, (As does the Americans with Disabilities Act). Federal Law also prohibits discrimination on the basis of age with respect to certain individuals. The Laws of Massachusetts also prohibit some or all of the above-stated discrimination as well as some additional types, such as discrimination based upon ancestry, sexual orientation and marital status.

Questions with an asterisk (*) immediately to the left of the questions are optional. Although the information is useful in our examination of applicants, your decision not to answer any or all of the asterisk questions will not be held against you.

I. PERSONAL HISTORY

a. Name: ____________________________
   (First) (Middle) (Last)

Address: ________________________________________________________
   (Number & Street)

   ______________________________________________________________
   (City/Town) (State) / (Country) (Zip)

Email address: ________________________________________________

b. Date of Birth ___________________ Social Security No.: ______________

c. Other Names Used: Give any other names by which you have been legally known (if any):
   Name: ______________________________ Date(s) When Used: _______
   Why Used: ______________________________
   Name: ______________________________ Date(s) When Used: _______
   Why Used: ______________________________

d. How long have you lived at current address? _______________________
   Phone: ______________________________________________
   (Home) (Cell)

e. Neighbor's Name, Address and Telephone Number who can verify above:
   Name: ______________________________
   Address: ______________________________
   Phone: ______________________________

f. *Weight __________ *Height __________
g. In chronological order, please state every place you have resided within the past ten years. Include addresses while attending school, if away from home, and all military addresses. (Note: Your present address should be listed on the first line below.)

<table>
<thead>
<tr>
<th>From Month/Year</th>
<th>To Month/Year</th>
<th>Address</th>
<th>(Apt. #)</th>
<th>City/Town</th>
<th>State</th>
<th>Landlord's Name and Telephone #</th>
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</table>

h. Do you own a home [ ], rent [ ], live with parents [ ], other [ ]? If other, please elaborate ________________________________.

i. Are you lawfully eligible for employment in the United States? Yes [ ] No [ ]

j. Do you have a relative employed by this municipality? Yes [ ] No [ ] If yes, please give name and relationship: ________________________________

k. Do you personally know any police officers working in this department? Yes [ ] No [ ] If yes, name and rank (if known): ________________________________

l. Are you willing to work any shift, including, for example, 11 p.m. - 7 a.m. or midnight to 8:00 a.m. during the week, and holidays if required? Yes [ ] No [ ] If no, why not? ________________________________

m. If your application is considered favorably, on what date can you start work? ________________________________

n. Do you possess a valid driver's license from the Commonwealth of Massachusetts? Yes [ ] No [ ] Driver's License No.: ________________________________

o. Was your driver’s license in this state, or any state, ever suspended or revoked? Yes [ ] No [ ] If yes, give details: ________________________________
p. List all of your previous and current social media site accounts:

<table>
<thead>
<tr>
<th>Active Yes or No</th>
<th>Site Name</th>
<th>User Name</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

II. EDUCATION

a. List the name and address of the following schools you attended and dates of graduation:

<table>
<thead>
<tr>
<th>School Name, Address and Phone Number</th>
<th>Graduated Yes/No</th>
<th>Number of Years Attended</th>
<th>Degree</th>
<th>Major</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School</td>
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<tr>
<td>College</td>
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<tr>
<td>Other:</td>
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</table>

b. Were you ever dismissed from a school or was any disciplinary action, including scholastic probation, ever taken against you during your scholastic career? Yes [ ] No [ ] If yes, give school, date and action taken:

School: ___________________________ Date: ________________
Action Taken: __________________________

III. EMPLOYMENT HISTORY

a. In reverse chronological order, list all employments (including summer and part-time employments while attending school). All time must be accounted for. If you were
unemployed for a period of time, please indicate the dates of unemployment. (Use additional sheets of paper if necessary.) Applicants may also include verifiable work performed on a volunteer basis.

<table>
<thead>
<tr>
<th>Dates</th>
<th>Rates of Pay</th>
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<tbody>
<tr>
<td>From Mo./Yr</td>
<td>To Mo./Yr</td>
</tr>
<tr>
<td>Name, Address and Telephone Number of Employment</td>
<td>Start Finish Supervisor’s Name and Title</td>
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</table>

Reason for Leaving:

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<th>Dates</th>
<th>Rates of Pay</th>
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<tr>
<td>Name, Address and Telephone Number of Employment</td>
<td>Start Finish Supervisor’s Name and Title</td>
</tr>
</tbody>
</table>

Reason for Leaving:

b. Have you ever been fired or forced to resign because of misconduct or unsatisfactory employment? Yes [ ] No [ ]. If yes, give details:

________________________________________________________________________________________

c. Are you eligible for rehire with each of your former employers? Yes [ ] No [ ] If no, please explain:

7
d. Have you ever provided false information on any application for employment?
Yes [ ] No [ ] If yes, please explain:

________________________________________

e. Have you ever withheld information on any application for employment?
Yes [ ] No [ ] If yes, please explain:

________________________________________

IV. MILITARY SERVICE

Have you ever served on active duty in the Armed Forces of the United States or the National Guard? Yes [ ] No [ ] If yes, what was the highest rank attained? ______________________

__________

If yes, please complete each of the following:
a. General Information
Branch of Military Service ____________________________ Serial Number ____________________________ Dates of Active Duty From: __________ To: __________ Type of Discharge ____________________________ Date of Discharge __________ Member of Reserve? Yes [ ] No [ ]

Branch: ____________________________

Have you ever been the subject of non-judicial punishment; Article 15 or Captains Mast?
Yes [ ] No [ ] If yes, provide details on separate sheet of paper.

V. REFERENCES

a. List three references (not relatives, in-laws, former or present employers, fellow employees or school teachers) who are responsible adults, have reputable standing in their community and who have known you for at least five years. All persons to whom
you refer may be asked to appraise your character, ability, experience, personality and other qualities.

First Reference
Name:________________________________________
Address:_____________________________________

_____________________________________________________
Phone:_________________ Relationship
How Long Has This Person Known You?_________________

Second Reference
Name:________________________________________
Address:_____________________________________

_____________________________________________________
Phone:_________________ Relationship
How Long Has This Person Known You?_________________

Third Reference
Name:________________________________________
Address:_____________________________________

_____________________________________________________
Phone:_________________ Relationship
How Long Has This Person Known You?_________________

VI. CRIMINAL RECORD

Note: With regard to questions contained in this section, under Massachusetts Law, you may answer "no record" if any of the following circumstances are applicable:

(1) You have never been arrested for violation of a criminal statute;
(2) You have been arrested but have never been tried for a criminal offense;
(3) You have been tried for a criminal offense but were not convicted;
(4) You have a first conviction for any of the following misdemeanors:
   (a) drunkenness   (b) simple assault   (c) speeding
   (d) minor traffic violation   (e) affray or   (f) disturbance of the peace;
(5) You have not been convicted of a criminal offense within the five years before the date of this application and you have been convicted of misdemeanors where the
date of conviction or the termination of incarceration, if any, occurred more than five years before the date of this application;

(6) You have felony or misdemeanor convictions which have been sealed pursuant to Massachusetts Law; or

(7) You have juvenile delinquency or child in need of services complaints which were not transferred to Superior Court for prosecution.

(8) Have you ever been convicted of a felony? Yes [ ] No [ ]

(9) Have you ever been or are you currently the subject of any petition for restraining order requested or issued pursuant to c. 209A or other abuse prevention statutes, of the Massachusetts General Laws or similar laws of other states? Yes [ ] No [ ] If you have answered yes, please explain when and where.

<table>
<thead>
<tr>
<th>Date</th>
<th>Police/Department</th>
<th>Charge/Court/Disposition</th>
<th>Docket No.</th>
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VII. LICENSES

a. Do you have experience with firearms? Yes [ ] No [ ]

b. Have you ever been issued a license to carry firearms? Yes [ ] No [ ] If yes, please specify:

<table>
<thead>
<tr>
<th>Issued By</th>
<th>Date Issued</th>
<th>Reason</th>
<th>Firearm License Number</th>
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c. Have you ever applied for and been denied a license to carry a firearm? Yes [ ] No [ ]

If yes, please provide details, including the date of denial, person denying application and reason:

__________________________________________________________________________

__________________________________________________________________________
VIII. PRIOR POLICE APPLICATIONS

a. Have you ever applied for a police position within the Commonwealth of Massachusetts, the United States Government, any State, Municipality, or other police agency?
   Yes [ ]    No [ ]

If yes, provide the information below:

<table>
<thead>
<tr>
<th>Date Applied</th>
<th>Agency Name and Address</th>
<th>Standing With Agency: Hired, application withdrawn, pending, etc.</th>
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After completing this form you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification.

Certification That My Answers Are True and Accurate

I have read, understood and answered each question completely and truthfully. My statements on this application, and any attachments to this form, including but not limited to a resume, are true, and accurate. No required information in this application has been omitted or misrepresented.

Signature: ________________  Date: ________________

Notary Public signature: ________________  Date: ________________

Thank you for completing this application and your interest in employment with The Hull Police Department
PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW INDICATING THAT YOU UNDERSTAND AND AGREE TO THE TERMS AS STATED.

I understand that a physical, which includes a drug screening urinalysis, may be required after an employment offer has been made. I understand that this is not a contract of employment and I or the municipality 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 a City/Town representative, are disavowed and may not be relied upon by any prospective or existing employee.

I understand also that the Hull Police Department has established day and night 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 the basis for rejection of my application or dismissal from the Hull Police Department. 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. I hereby give the Hull 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 also 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 this municipality, 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
GENERAL RELEASE

Date: ________________________

I, __________________________, born at __________________________
on ________________________, having filed an application for employment with
the Hull 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 also agree that such
information as may be received, reported to and reviewed by 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, to furnish to the Hull 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
Hull Police Department or any of its agents or representatives to inspect and make copies of
such documents, records and other information.

Specifically, in addition, I hereby authorize the release of the following data or records to the
Hull Police Department: __________________________

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

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

__________________________
Signed

__________________________
Witness

__________________________
Address
CREDIT CHECK AUTHORIZATION

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 Hull 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.

__________________________________________  Hull Police Department Employee
Applicant                              Requesting This Report

__________________________
Title

CORI CHECK ACKNOWLEDGMENT

I, ____________________________________________, residing at ____________________________________________, acknowledge that a Criminal Offender Record Information (CORI) check will be performed as part of the Hull Police Department's hiring process. I further acknowledge that a refusal to allow the CORI check to be performed will cause my application to no longer be considered for employment.

________________________________________
Signature