

11. Do you possess the following skills? Please list in detail all that apply.

Specialized Training? YES NO Name of Training/Course: _____
Professional Licenses? YES NO Licenses: _____
Professional Memberships? YES NO Name of Organizations: _____
Computer Software? YES NO Name of Programs: _____
Office Equipment? YES NO Describe Equipment: _____

If more room is required, an additional sheet may be attached.

Employment History

List present employer first. A resume or supplemental sheet may be included; however, this section must be completed.

12. Employer's Name: _____

Address: _____ Telephone Number: _____

Job title: _____ Worked From: _____ To: _____

Immediate Supervisor's Name and Job Title: _____

Salary: _____ / _____ May we contact this employer? YES NO
Starting Ending

Describe the work you performed: _____

Reason(s) for leaving: _____

13. Employer's Name: _____

Address: _____ Telephone Number: _____

Job title: _____ Worked From: _____ To: _____

Immediate Supervisor's Name and Job Title: _____

Salary: _____ / _____ May we contact this employer? YES NO
Starting Ending

Describe the work you performed: _____

Reason(s) for leaving: _____

References

Please provide professional and/or business references only. Note that references listed in this section will be contacted.

14. Reference #1

Name: _____ Address: _____

Business Position: _____ Telephone _____ Home: _____

Work: _____

15. Reference #2

Name: _____ Address: _____

Business Position: _____ Telephone _____ Home: _____

Work: _____

16. How did you learn about the job for which you are applying? Walk-in Town Employee

Newspaper; title _____ Professional Journal; title _____

Posted Town Bulletin _____ the Internet _____

Agreement

I certify that the information provided in this application for employment is true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I authorize investigation of all statements contained in this application and the release of any pertinent information regarding my education, past employment history and background. I authorize the Edgartown Police Dept. to obtain any information from schools, employers, professional licenses, certifications, driver's license and history (if job related), professional references and any other information concerning knowledge, skills and abilities. This information may include, but is not limited to: academics, achievement, performance, attendance, personal history and discipline. Further, I hereby authorize all references, persons, schools, my current employer (if applicable) and previous employers and organizations named in this application, unless otherwise stated, to provide the Edgartown Police Dept. any relevant information that may be required to arrive at an employment decision. I understand that the information released is for the Edgartown Police Dept.'s use only.

I hereby voluntarily release, discharge and exonerate the Edgartown Police Dept., its agents and representatives, and any person so furnishing information from any and all liabilities 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 Edgartown Police Dept.

I understand that all appointments are probationary and that I must demonstrate my ability for continued employment. I also understand that I must be available from time to time to work outside normal business hours, as the needs of the department require.

I understand that any offer of employment that I receive from the Edgartown Police Dept. may be contingent upon my successful completion of the pre-employment screening process, including, but not limited to, the Dept. receiving satisfactory references, review of my driving history, completion of a complete criminal background check and/or a Sex Offender Record Information ("SORI") check, and if appropriate, pre-employment drug test, physical examination, and/or psychological screening. I understand that any such test results will be communicated in a confidential manner.

I understand that any employment offer by the Dept. is conditional upon my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986 and an I9 so certifying must be completed no later than the first day of employment.

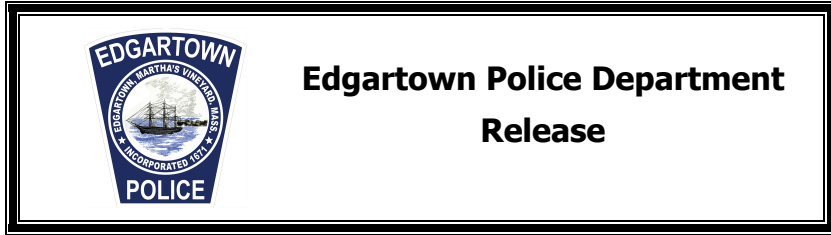
I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature: _____

Date: _____

By typing in your legal name, you are signing this form electronically. You agree your electronic signature is the legal equivalent of your manual signature on this form.

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



I _____, a candidate for the position of _____, hereby authorize the Edgartown Police to investigate all statements in my application and to secure any necessary information from all my employers, references, and academic institutions. I hereby release all of those employers, references, academic institutions, and the Edgartown Police from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the Edgartown Police Dept.

I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my academic credentials and employment references. I further understand that any false or misleading statements will be sufficient cause for rejection of my application if the Edgartown Police Dept. has not yet employed me and for immediate dismissal if the Edgartown Police Dept. has employed me. I also authorize the Dept. to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency, or other party having legal and proper interest, and I hereby release the Edgartown Police Dept. from any and all liability for its providing this information.

In the event of my employment with the Edgartown Police Dept., I shall comply with all rules, regulations, and policies of the Dept. and set forth in the Town of Edgartown personnel Bylaws or other communications distributed by the Dept. and the Town of Edgartown.

I understand that nothing in this employment application, in the Edgartown Police Dept.'s policy statements or personnel guidelines, or in my communications with any Edgartown Police Dept. official is intended to create an employment contract between the Edgartown Police Dept. and me. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the Edgartown Police Dept. unless it is made in writing and signed by a Town of Edgartown official who possesses the authority to make such promise or guarantee.

I hereby acknowledge that I have read and understand the preceding statement.

Signed: _____

Date: _____

[Signature of Applicant]

By typing in your legal name, you are signing this form electronically. You agree your electronic signature is the legal equivalent of your manual signature on this form.

Application Checklist

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. All applicants must submit the following documents with their applications.
 - a. One certified copy of your High School Diploma or Equivalency Certificate
 - b. One certified copy of your higher education diploma (if applicable), and all transcripts from any/all college and graduate study.
 - c. One certified copy of your birth certificate.
 - d. Writing Sample -- Please submit with your application a handwritten 150 word essay explaining why you are seeking employment with the Edgartown Police Department. You may also include in this essay other topic areas such as your career goals.
 - e. A copy of your social security card.
 - f. A copy of your driver's license.

I have read and understand the above instructions.

Candidate: _____

Date: _____

This application will be held on file for a period of one year.

Date Received: _____

By typing in your legal name, you are signing this form electronically.
You agree your electronic signature is the legal equivalent of your
manual signature on this form.

Please Mail or Email to:

**Edgartown Police Department
Attn: Chief Christopher Dolby
PO BX 1118
Edgartown, MA 02539**

cdolby@edgartown-ma.us