



CITY OF LAWRENCE
Police Department
90 Lowell Street
Lawrence, Massachusetts 01840
(978) 794-5900
www.lawpd.com



NOTICE TO APPLICANT

To continue processing your application, you must complete the enclosed applicant questionnaire and have it notarized.

The following documents must be submitted as part of the application process.

1. The completed applicant questionnaire.
2. An (1) original and a copy (1) of your Social Security Card.
3. An (1) original and a copy (1) of your state driver's license.
4. One (1) copy of your High School Diploma.
5. One (1) copy of your Higher Education Diploma.
6. Two (2) copies of your Birth Certificate.
7. One (1) copy of an Official High School Transcript.
8. One (1) copy of an Official Transcript from each college attended.
9. One (1) copy of the Fair Credit Reporting Act.
10. One (1) sealed copy of your credit report.
11. One (1) copy of your DD214 and any military records (if applicable).
12. Three (3) years of attendance records from prior employer(s).
13. Three (3) years of tax returns (amounts can be omitted).
14. Three (3) years of vehicle insurance policy.
15. Current vehicle registration.
16. License to Carry (if any).
17. Copy of personnel file from current and two (2) prior employers.

You should not consider this to be a notice of appointment. A decision on your employment with the City of Lawrence Police department will be made only after an investigation of your fitness and background and the approval of the appointing authority of the City of Lawrence.

Sincerely,

James Fitzpatrick
Police Chief



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Police Applicant Questionnaire

1. Full Name: If you have only initials in your name, use them and state (IN). If you have no middle name, enter (NMN). If your name has a suffix, enter the entire suffix.

Last Name: _____ First Name: _____
Middle Name: _____ Suffix: _____
Date of Birth (MM/DD/YYYY): _____ Social Security Number: _____ - _____ - _____
Place of Birth: City: _____, State: _____ Country: _____
Sex: Male Female

2. Other Names Used (Give other names used such as your maiden name, name(s) by former marriage, alias, etc.)

Name: _____ Date(s) used: _____
Name: _____ Date(s) used: _____
Name: _____ Date(s) used: _____
Name: _____ Date(s) used: _____

3. Telephone Numbers/Electronic Mail Address/Social Pages

Work: (_____) _____ - _____ Home: (_____) _____ - _____ Cellular: (_____) _____ - _____
Primary Email Address: _____
Secondary Email Address: _____
Twitter Handle: _____
Facebook Page: _____
Linkedin Page: _____

4. Public Safety Positions

Have you have applied for a public safety position with any other city, town, agency, etc.? Yes No

If yes, please list the agency, address, date of application, assigned investigator, whether it was a civil service or non-civil service position, and the outcome (ex. hired, bypassed, etc.).

5. Places Where You Have Lived

Fill in your address for every place you have lived beginning with the present and working backwards ten (10) years. If you attended school away from your permanent residence, list the address you lived while attending school. For any address in the past three years list a person who knew you at that address, preferably someone who still lives in that area. If you were in the Armed Forces and resided in single soldier housing write the unit and building number of where you resided.

____ to ____
Month/Year Street Address Apt# City State Zip Code
Time Frame

Name, current address and telephone number of any person who knows/knew you while living at the above address. _____

____ to ____
Month/Year Street Address Apt# City State Zip Code
Time Frame

Name, current address and telephone number of any person who knows/knew you while living at the above address. _____

____ to ____
Month/Year Street Address Apt# City State Zip Code
Time Frame

Name, current address and telephone number of any person who knows/knew you while living at the above address. _____

____ to ____
Month/Year Street Address Apt# City State Zip Code
Time Frame

Name, current address and telephone number of any person who knows/knew you while living at the above address. _____

____ to ____
Month/Year Street Address Apt# City State Zip Code
Time Frame

Name, current address and telephone number of any person who knows/knew you while living at the above address. _____

6. Education: Fill in the information about school(s) you have attended beyond your Junior High School, beginning with the most recent and working backwards. For schools you attended in the past three (3) years, list a person who knew you at school (such as an instructor or a student). For correspondence courses or extension classes, list the records location address. In the "Code" block, use one of the following codes: **1** = High School **2**=College/University **3**=Vocational/Trade School

____ to ____
Month/Year Code Name of School Degree/Diploma (Date)
Time Frame

Street Address and City of School State Zip Code

Name, current address and telephone number of any person who knows/knew you while you attended the above school. _____

____ to ____
Month/Year Code Name of School Degree/Diploma (Date)
Time Frame

Street Address and City of School State Zip Code

Name, current address and telephone number of any person who knows/knew you while you attended the above school. _____

____ to ____
Month/Year Code Name of School Degree/Diploma (Date)
Time Frame

Street Address and City of School State Zip Code

Name, current address and telephone number of any person who knows/knew you while you attended the above school. _____

7. Employment Activities: Fill in your employment activities, beginning with the present and working backward ten (10) years. Include: all full time work, all part-time work, all paid work, active military duty, self-employment, volunteer, internships.

(Current Employment)

____ to ____
Month/Year Employer Job Title
Time Frame

Street Address and City of Employer State Zip Code

Street Address and City of Job Location/Site (if different than above) State Zip Code

Name and telephone number of your supervisor at this job (Address if different than above)

Reason for leaving this employment

(Previous Employment)

____ to ____
Month/Year Employer Job Title
Time Frame

Street Address and City of Employer State Zip Code

Street Address and City of Job Location/Site (if different than above) State Zip Code

Name and telephone number of your supervisor at this job (Address if different than above)

Reason for leaving this employment

(Previous Employment History Continued)

____ to ____
Month/Year Employer Job Title
Time Frame

Street Address and City of Employer

State Zip Code

Street Address and City of Job Location/Site (if different than above)

State Zip Code

Name and telephone number of your supervisor at this job (Address if different than above)

Reason for leaving this employment

(Previous Employment History Continued)

to _____

Month/Year

Employer

Job Title

Time Frame

Street Address and City of Employer

State Zip Code

Street Address and City of Job Location/Site (if different than above)

State Zip Code

Name and telephone number of your supervisor at this job (Address if different than above)

Reason for leaving this employment

(Previous Employment History Continued)

to _____

Month/Year

Employer

Job Title

Time Frame

Street Address and City of Employer

State Zip Code

Street Address and City of Job Location/Site (if different than above)

State Zip Code

Name and telephone number of your supervisor at this job (Address if different than above)

Reason for leaving this employment

8. Outside Activities: List any activities in which you may have considered as reflecting favorably on your reputation for leadership responsibility, honesty, and integrity. (Response is Optional)

Month/Year	Activity	Location of Activity (City, County, State)
_____ to _____	_____	_____
_____ to _____	_____	_____
_____ to _____	_____	_____
_____ to _____	_____	_____
_____ to _____	_____	_____

9. Foreign Travels: List foreign countries you have visited beginning with the most recent and working backward ten (10) years. In the "code" block use one of the following codes: **1=Business** **2=Pleasure** **3=Education** **4=Other**

Month/Year	Code	Country
_____ to _____	_____	_____
_____ to _____	_____	_____
_____ to _____	_____	_____
_____ to _____	_____	_____
_____ to _____	_____	_____

10. Military History/Information

- Are you registered for selective service? (Check One) Yes No Selective Service # _____
- Have you served in the United States Armed Forces? Yes No
- Have you served in the United States Merchant Marines? Yes No

If you answered "No" to both questions, proceed to item 11. If you answered "Yes" to either of the above questions, proceed for completion of the below information.

*Starting with the most current and working backward, enter information for all periods of Active/Reserve Service into the table below. In the code block use one of the following codes: **1 = Army** **2 = Air Force** **3 = Navy** **4 = Marine Corp** **5 = Merchant Marines** **6 = National Guard** **7 = Coast Guard***

For duty as a Reserve, place the letter "R" after the appropriate code block. E.G., Army Reserves would be "2R".

Indicate Status (Mark X) in the appropriate blocks – Use State Code for National Guard Service

Month/Year From	Month/Year To	Code	Rank/Grade	Active Duty	Active Reserves	National Guard	Inactive reserves	Retired

Have you ever received other than honorable discharge from the military? Yes No

If yes, provide: Date of Discharge (MM/DD/YYYY) _____ Type of Discharge _____

Page 7 of 18 Name: _____ Last Four of SSN: _____

Was any type of disciplinary action taken against you while in the service? Yes No

If yes, complete the following information.

Month/Year Charge of Specification/Action Taken Place (City and County/Country if outside the U.S.)

11. Relatives: All applicants shall provide complete information regarding their relatives (Mother, father, Siblings). If you have been married more than once, give the requested information concerning each former spouse. Even though a relative is deceased; give all the information requested, and indicate last residence and year of death. If you have been reared by someone other than your parents (loco-parentis), the requested information should be furnished regarding them, as well as your natural parents. If you are engaged to be married or contemplating marriage in the near future, complete information must be included for your future spouse. Make sure you provide complete name, including middle name (no initials) and complete address.

Name Relationship to You Birth Date Birthplace

Street Address City State Zip Code

Occupation and Employer

Name Relationship to You Birth Date Birthplace

Street Address City State Zip Code

Occupation and Employer

Name Relationship to You Birth Date Birthplace

Street Address City State Zip Code

Occupation and Employer

Name Relationship to You Birth Date Birthplace

Page 8 of 18 Name: _____ Last Four of SSN: _____

Street Address

City

State Zip Code

Occupation and Employer

Name

Relationship to You

Birth Date

Birthplace

Street Address

City

State Zip Code

Occupation and Employer

Name

Relationship to You

Birth Date

Birthplace

Street Address

City

State Zip Code

Occupation and Employer

Name

Relationship to You

Birth Date

Birthplace

Street Address

City

State Zip Code

Occupation and Employer

Name

Relationship to You

Birth Date

Birthplace

Street Address

City

State Zip Code

Occupation and Employer

Marital Status: Mark one of the following boxes to show your current marital status:

Never married (Go to question 13) Separated Divorced Married Legally Separated

Current Spouse: Complete the following information regarding your current spouse.

Full Name Date of Birth Place of Birth
(Include country if outside the U.S.) SSN

Other names Used (Specify maiden name, names by other marriages, etc., and show dates used for each name)

Country of Citizenship Date Married Place of Marriage State

If separated, date of separation (MM/DD/YYYY) If legally separated, where is the record located, City & State

Address of Current Spouse (Street Address, City, and Country if outside the U.S.)

Former Spouse: Complete the following information regarding your former spouse(s).

Full Name Date of Birth Place of Birth
(Include country if outside the U.S.) SSN

Country of Citizenship Date Married Place of Marriage State

(Check One)

Divorced Widowed

MM/DD/YYYY

if Divorced, Where is the record located? (City/Country)

Address of Former Spouse (Street Address, City, and Country if outside the U.S.)

12. Person(s) Residing With You: Does anyone reside with you, other than your spouse or relatives indicated in question 11? Yes No If "yes", provide the information required below.

Full name of Person

Relationship

Full name of Person

Relationship

Full name of Person

Relationship

13. Employment Record: Has any of the following occurred in the last ten (10) years? If "yes" begin with the most recent occurrences and go backward, providing date fired, quit, or left under conditions other than favorable and other information requested below.

Use the following codes and explain the reason your employment was ended: 1 = Discharged from employment 2 = Quit employment after being told you would be fired 3 = Left employment by mutual agreement 4 = Left employment by mutual agreement following allegations of unsatisfactory performance 5 = Left a job for other reasons under unfavorable circumstances.

Month/Year	Code	Specify Reason
------------	------	----------------

Employers name and Address (City, State & Zip Code)

14. Illegal Drugs: Do you currently use, or in the last five years (5) have used, possessed, supplied, or manufactured any illegal drugs? When used without a legal prescription, illegal drugs include marijuana, cocaine, hashish, narcotics (opium, codeine, heroin, etc.) stimulants (cocaine, amphetamines, etc.) depressants (barbiturates, methaqualone, tranquilizers, etc.) hallucinogenic (LSD, PCP, etc.). (NOTE: the information you provide in response to this question will not be provided for any use in criminal proceedings against you.)

Yes No

If you answered "yes" to the previous question, provide below any information relating to the types of substance(s), the nature of activity, and any other detail relating to your involvement with illegal drugs.

Month/Year	Type of Substance	Explanation
Month/Year	Type of Substance	Explanation
Month/Year	Type of Substance	Explanation

15. Investigations Record: To the best of your knowledge, has the Commonwealth of Massachusetts, or the United States Government, ever investigated your background? If "Yes", provide the information below. Include background checks of security nature while in the military.

Month/Year	Investigating Agency
Month/Year	Investigating Agency

Financial Record

A. In the last five (5) years, have you, or a company of which you own 10% or more, filed for bankruptcy, been declared bankrupt, been subject to a tax lien, or had legal judgment rendered against it for a debt? If "yes", provide date of initial action and other information requested below. Yes No

Month/Year	Type of Action	Business Name
------------	----------------	---------------

Name/Address of Court handling case (State, Zip Code)

B. Are you now over 180 days delinquent on any loan or financial obligation? Include loan or obligation funded or guaranteed by the Federal Government. If you answered "yes", provide the information requested below. Yes No

Month/Year	Type of Action	Business Name
------------	----------------	---------------

Name/Address of Creditor or Obligee (State, Zip Code)

C. List all loans whose principal outstanding balance exceeds one-thousand dollars (\$1,000), and which you are individually or jointly listed either directly or as a guarantor.

Lender	Loan	Original Balance	Purpose of Loan

D. Support Orders

D1. Are there any orders/agreements entered into regarding child support/alimony? If "No", proceed to question twenty-three (23). Yes No

D2. If "Yes" to question D1, are the orders/agreements being fulfilled to their fullest? Yes No

D3. If "Yes" to question D1, have there been any previous problems in fulfilling these orders/agreements?

Yes No

16. Income Taxes/Fines/Tickets

- A. Have your Massachusetts Tax return been filed on time for the last 7 years? Yes No
- B. Have your Federal Tax returns been filed on time for the last seven years? Yes No
- C. Are you delinquent on any State or federal Tax Liabilities? Yes No

If you answered "No" to questions A or B, or answered "Yes" to question C, explain your answer below.

- D. Do you owe money for traffic fines in any jurisdiction?
- E. Do you owe money for parking tickets in any jurisdiction?
- F. Do you owe money for excise taxes in any jurisdiction?

If you answered yes to D, E or F above, list the towns or court jurisdiction and amount owed.

17. Business Involvement

- A. Do you presently own, or within the last seven (7) years have you owned, more than 10% of the following:
 - 1. A Company Yes No
 - 2. A Partnership (include general or limited partnership) Yes No
 - 3. Joint Venture Yes No
 - 4. Joint Enterprise Yes No

If you answered "yes" to any of the above, provide the required information below.

<u>Name of Business</u>	<u>Location (Address, City, State)</u>	<u>Percentage Owned</u>

If the Company does business with the Commonwealth, list the agency(ies) and the nature of business conducted with the agency(ies).

- B. Do you or any member of your immediate family (spouse, child) presently have greater than 10% equity interest in any business entity (include general or limited partnership, joint venture or joint enterprise)? Yes No

If you answered "yes" to question B, provide the information required below.

<u>Name of Business</u>	<u>Location (Address, City, State)</u>	<u>Percentage Owned</u>

Who owns the business interest? Describe the nature of the business?

If the company does business with the Commonwealth, list the agency(ies) and the nature of business conducted with the agency(ies).

18. Civil Litigation

- A. To the best of your knowledge, are there any civil actions pending against you? Yes No
- B. Have there been any civil actions concluded against you within the past seven (7) years? (Favorably or adversely) Yes No

If you answered "Yes" to any of the above, explain your answer(s) in the space below (If known, include: court(s), case name, docket number, nature of lawsuit and outcome).

19. Previous Interaction With State Agencies

- A. Have you ever filed a financial disclosure form with the State Ethics Commission or a similar body in another state? Yes No
- B. Have any proceedings been instituted against you by the State Ethics Commission or a similar body in another state? Yes No
- C. To your knowledge, have any complaints or disciplinary actions been filed against you with regard to any licenses or registrations you possess? Yes No
- D. To your knowledge, have any complaints or disciplinary actions been filed against you with regard to your membership in any professional or trade association(s)? Yes No
- E. Do you presently have any business, hearings, complaints, or claims or any other matter pending before any regulatory agency or board? Yes No
- F. Within the past seven (7) years have you had any business, hearing, complaint or claim with any regulatory agency or board? Yes No

If you answered "Yes", to B, C, D, E or F above, explain your answer(s) in the space provide below. (include nature of allegations, date and outcome of proceedings).

20. Licenses

- A. Are you a licensed automobile operator? Yes No
- B. Do you possess any other license(s), permit(s), or registration(s) such as firearm, professional, trade, etc. Yes No If you answered "Yes" to A or B, provide the information required below.

Type of License	License Number	Date Issued MM/DD/YYYY	Date of Expiration MM/DD/YYYY
A.			
B.			
C.			
D.			

Issuing State Issuing Agency (include Address)

- A. _____
- B. _____
- C. _____

21. Professional Trade Associations: Do you hold membership in any professional or trade organization(s). Yes No
If "Yes", provide the information required below.)

Organization Address Type Present Member Position Held

A. _____

B. _____

C. _____

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

Property Address **Owner** **Relationship (Self, Spouse, etc.)**

Owner

Relationship (Self, Spouse, etc.)

A. _____

B. _____

C. _____

23. References

A. List three people who know you “PROFESSIONALLY” and can attest to your qualifications and fitness for the position for which you are applying.

<u>Full Name of Reference</u>	<u>Telephone Number</u>	<u>Address</u>	<u>Relationship</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

B. List three people who know you "PERSONALLY" and can attest to your qualifications and fitness for the kind of position for which you are applying.

<u>Full Name of Reference</u>	<u>Telephone Number</u>	<u>Address</u>	<u>Relationship</u>
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

After completing this form and any attachments, 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 AND RELEASE

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, and correct to the best of my knowledge and belief and are made in good faith.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in no being selected for employment. I understand also that I am required by all rules and regulations of the City of Lawrence or the Commonwealth of Massachusetts.

I authorize investigation by the City of all statements contained in this application and hereby release individuals and corporations who are parties thereto from any and all liability and damage resulting from arising out of such investigation. I consent to taking an employment physical examination, psychological examinations, and drug screen and such future physical examinations as may be required by the City for employment. I authorize the City of Lawrence to conduct a CORI check and any other criminal check in which the investigating agency may rely on for background checks. I authorize the City of Lawrence to conduct a financial background check and any other check in the requirements for this process.

I understand that any misrepresentation or omission of essential facts in this application is cause for cancellation of the application under the rules of Civil Service. 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 prosecution or liability.

I understand that all data supplied (except those protected by laws) on this application is a matter of public record and will be disclosed upon request.

I understand that this application does not constitute an employment contract, but is used by the City of Lawrence for all Police Officer Candidates, or Auxiliary Police Candidates as listed in the Massachusetts Civil Service certification list and/or rules of the Massachusetts General Laws or the Ordinances of the City of Lawrence.

(Signature)

(Date)

POLICE RECORD

(Do not include anything that occurred before your seventeenth (17th) birthday)

An applicant for employment with a sealed record on file with the Commissioner of Probation may answer "no record" with respect to an inquiry herein relative to prior arrest, criminal court appearances or convictions. In addition, any applicant for employment may answer "no record" with respect to prior arrest, court appearances and adjudication's 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 c276, s100a, 100c)

A. Have you ever been arrested? Yes No

B. Have you ever been convicted of any felony offense? Yes No

C. Have you ever been convicted of any offense(s) related to drugs? Yes No

D. Are there currently any felony or drug charges pending against you? Yes No

If you answered "Yes" to A, B, C or D above, explain your answer(s) in the space provided below.

Date of Conviction:

Offense:

Action Taken:

Law Enforcement Authority or Court:

Date of Conviction:

Offense:

Action Taken:

Law Enforcement Authority or Court:

Date of Conviction:

Offense:

Action Taken:

Law Enforcement Authority or Court:

Date of Conviction:

Offense:

Action Taken:

Law Enforcement Authority or Court:

AGREEMENT OF UNDERSTANDING

I 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 statement(s) on this application will be the basis or rejection of my application or dismissal from the Lawrence Police Department and removal from the list of eligibility (Civil Service List).

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 further understand that all appointments are probationary for a period of one and a half year (1.5 years) during which period my employment may be terminated at any time.

I understand that I must successfully pass a physical abilities test (PAT) conducted by the Commonwealth of Massachusetts, and also must successfully pass the Basic Student Officer Course at Police Academy.

I also understand that the Lawrence Police Department has established regular night and midnight shifts. I understand that I may be called upon to work a variety of shifts including nights, holidays and weekends. I agree to be available for any and all such assignments as the Lawrence Police Department may require.

Signature of Applicant (Sign Your Full Legal Name)

Date

NOTARY PUBLIC SEAL

State of Massachusetts
County of Essex

I, _____ being duly sworn, do hereby depose and say the following:

1. I am the above named person,
2. I personally completed, reviewed, and signed the foregoing application and supplement(s),
3. That each and every answerer is full, true and correct in every respect,
4. That I am aware that willfully withholding information or making false statements on this application will be the basis of rejection of my application, or dismissal from the Lawrence Police removal from the Civil Service List of eligibility.

(Candidate Sign Here)

Sworn to me _____
Day of _____ 20 _____

(Notary Public or Commissioner of Deeds)

Print Home Address of Notary: _____

