

West Newbury Police Department

401 Main Street, West Newbury, MA 01985

Police Chief Michael Dwyer dwyer@westnewburysafety.org

## PRELIMINARY APPLICATION FOR EMPLOYMENT

In compliance with Federal and State Equal Opportunity Laws, all qualified candidates will be considered for employment without regard to their race, creed, national origin, ancestry, sex, age, marital status, veteran status, or the presence of non-job related medical conditions or handicaps.

Position desired:	Availabl	e to work: Full-	-Time	Part-Time		
Today's Date:	on what	_on what date would you be available to start work?				
YOUR PERSONA	L DATA					
Social Security Numbe	er:					
Home Telephone Number:		Work/Alternate Telephone		one Number:		
Name:						
Last		First	M	Middle		
		y which you ma	ay have been k	nown:		
Current Address:# Stree		State	Zip	Lived there how long?		
Previous addresses (pri	or 5 years- chro	nologically):				
Address:						
#Street	City	State	Zip	Lived there how long?		
Address:				#Street		
	City	State	Zip	Lived there how long?		
Address:						
#Street	City	State	Zip	Lived there how long?		

Have you or one of your immediate family members ever been employed by the Town of West Newbury, MA?\_\_\_\_\_If yes, who, when and in what capacity?\_\_\_\_\_

West Newbury Police Department Phone: (978)363-1213 Fax: (978)363-1114

## EDUCATIONAL BACKGROUND

Name of School:	Diploma, Degree or Credits	Date Graduated:
	Received:	
Post Graduate:		
College:		
High School:		
Other:		

## **Employment**

(Include your current and previous 10 years of employment. Use extra paper if necessary. If you have never been employed, write in names of non-relatives who may be contacted as reference persons.)

Employer and Address:			
Position and Duties:			
		Rate of pay:	
Supervisor's Name and Tit	tle:		
Employer and Address:			
Position and Duties:			
		Rate of pay:	
Supervisor's Name and Tit	tle:		
Employer and Address:			
Position and Duties:			
		Rate of pay:	
Supervisor's Name and Tit	tle:		

*2 West Newbury Police Department Phone: (978)363-1213 Fax: (978)363-1114*  Are you involved with any clubs, professional organizations, community or school activities which you consider relevant to, or which may restrict your ability to perform the job for which you have applied? (Do not list organizations which reveal your race, sex, age, religion, or national origin):

## **APPLICANT'S CERTIFICATIONS AND AGREEMENTS**

The distribution after receiving this application by the Town of West Newbury Police Department does not imply or intend to imply an agreement or contract to employ the applicant. The purpose of this application is solely to allow persons a standardized form on which to submit their qualifications.

I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements or material omissions in this application shall be considered sufficient cause for dismissal. I hereby authorize you to make any investigation of my personal history record including motor vehicle record checks, the use of investigative agencies, or bureaus of your choice. In accordance with the requirements of the Fair Credit Reporting Act, Title 15, U.S.C.S. 1618 et seq., this is to disclose to you that we may request that an investigative consumer credit report be prepared by the consumer credit reporting agency as part of your application for employment with the Town of West Newbury Police Department. This report may include information as to your character, general reputation, financial condition, personal characteristics, and mode of living.

Signature of Applicant

Date

Date

I further hereby certify that I am legally eligible to work in the United States of America and understand that the law (Immigration Reform & Control Act of 1986) requires that I prove my identity and produce proof of work eligibility to the Town of West Newbury Police Department in order to be considered for employment.

Signature of Applicant

Date Application Received: \_\_\_\_\_\_Recruiting Officer: \_\_\_\_\_

This application will be kept on file for one calendar year. You must submit a new application after one year from the date of submission, to maintain an active application with this department.