



# POLICE DEPARTMENT • TOWN OF HOPKINTON

406 Woodville Road Hopkinton, RI 02833 • 401-377-7750 FAX 401-377-7755



David S. Palmer, Chief of Police

## Application for Employment

The Town of Hopkinton is an equal opportunity employer and does not discriminate against employees or applicants for employment on any legally-recognized basis including, but not limited to, age, race, color, religion, national origin, sex, sexual orientation except where a bona fide occupational qualification exists. Reasonable accommodations will be made for qualified disabled persons to assist them in fulfilling the essential functions of a job, provided that such accommodations do not impose an undue hardship upon the Town.

### SECTION I – PERSONAL HISTORY

<b>PLEASE TYPE OR PRINT CLEARLY</b>				Date of Birth
Name (Last)	(First)	(Middle)	Social Security Number	
Street Address (Street)	(City)	(State)	(Zip Code)	Telephone Number (Primary)
				Secondary
Mailing Address (Street)	(City)	(State)	(Zip Code)	Email Address

### TYPE OF POSITION DESIRED

Position Applied For	
Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
Summer <input type="checkbox"/>	Temporary <input type="checkbox"/>
Have you ever applied to the Town of Hopkinton?	If Yes, When and Where?
Have you ever worked for the Town of Hopkinton?	If Yes, When and Where?
How were you referred to the Town of Hopkinton?	
Are you legally authorized to work in this country? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you prevented in any way from lawfully being employed in the United States because of your Visa or Immigration Status? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you currently possess a current and valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Driver's License number and state:	
Have you ever submitted an application for employment with the Hopkinton Police Department? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, list date(s):	
Have you ever obtained an operator's license in any other state? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, what state(s):	

## SECTION II – EDUCATION

Name and Addresses of School(s)	Dates Attended From To		Graduated		Type of degree/ diploma received	Major/Minor Fields of Study
	Mo/Yr	Mo/Yr	Yes	No		
High School (Last Attended)						
Colleges/ Universities						
Graduate School						
Other (Business, Technical, Secretarial)						

Were you ever dismissed from a school, or was any disciplinary action taken against you during your scholastic career?

Yes  No  School \_\_\_\_\_ Date \_\_\_\_\_

Type of Action:

---



---



---

List awards, honor, citations, positions held in school organizations, athletic endeavors, and other special recognition you have received while attending school.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

List chronologically **all** of your residences in the past five (5) years (including addresses while attending school if away from home and all military addresses off-military base). There should not be any time not accounted for.

<b>SECTION III – FORMER ADDRESSES</b>							
<b>DATES</b>				<b>STREET ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>FROM</b>		<b>TO</b>					
<b>MO.</b>	<b>YR.</b>	<b>MO.</b>	<b>YR.</b>				

Please list any professional affiliations or accreditations, which have a direct bearing upon your qualifications for the job which you are seeking. (Indicate all licenses and certifications, which may relate to the job for which you are applying.)

---



---



---



---



---

## SECTION IV – EMPLOYMENT HISTORY

1. Name and Address of Employer	Starting Position	Ending Position
<hr/> <hr/> <hr/>		
From Mo/Yr. To Mo/Yr.	Salary	Name and Title of Supervisor
Phone Number:	Starting    Ending	Reason for Leaving
2. Name and Address of Employer	Starting Position	Ending Position
<hr/> <hr/> <hr/>		
From Mo/Yr. To Mo/Yr.	Salary	Name and Title of Supervisor
Phone Number:	Starting    Ending	Reason for Leaving
3. Name and Address of Employer	Starting Position	Ending Position
<hr/> <hr/> <hr/>		
From Mo/Yr. To Mo/Yr.	Salary	Name and Title of Supervisor
Phone Number:	Starting    Ending	Reason for Leaving
May we contact your current employer listed above? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If not, why not?		

Please use this space to describe any previous work history and/or to detail particular job responsibilities listed above. Include any additional information, which you feel may be relevant to the job for which you are applying.

Do you have any special skills or abilities, which directly relate to the job for which you are applying?


Have you ever been dismissed from a position? Yes  No

If yes, give name of employer and reason for dismissal \_\_\_\_\_

SECTION V – FAMILY HISTORY			
Name	Relationship	Address	Phone #

SECTION VI – MILITARY SERVICE RECORD	
Have you ever served on active duty in the U.S. Armed Forces?	Branch of Service:
Highest rank attained:	Type of discharge:
Date commissioned:	Basis of discharge:
Serial Number:	Dates of active duty (MM/DD/YY)
	From: / / To: / /
Have you or are you now serving in a military reserve unit?	If yes, then what branch?
Have you or are you now serving in a National Guard unit?	If yes, then what unit?

Provide three references of individuals (not relatives, former or present employers, fellow employees or school teachers) of reputable standing in their communities, who have known you well for at least five (5) years and preferably those who have known you during the past five (5) years. If retired, give their former occupation.

<b>SECTION VII - REFERENCES</b>				
Complete Name	Occupation			No. of Yrs. Acquainted
Residence Address	City	State	Zip	Telephone (    )
Business Address	City	State	Zip	Telephone (    )
Complete Name	Occupation			No. of Yrs. Acquainted
Residence Address	City	State	Zip	Telephone (    )
Business Address	City	State	Zip	Telephone (    )
Complete Name	Occupation			No. of Yrs. Acquainted
Residence Address	City	State	Zip	Telephone (    )
Business Address	City	State	Zip	Telephone (    )

I HAVE READ THIS APPLICATION AND THE ENTRIES MADE HEREIN, AND HEREBY STATE THAT ALL SUCH STATEMENTS MADE BY ME ARE TRUE. I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION GIVEN IN THIS APPLICATION MAY SERVE AS THE BASIS FOR DISMISSAL FROM THE RECRUIT SELECTION PROCESS.

I AGREE TO THESE CONDITIONS, AND I HEREBY CERTIFY THAT ALL STATEMENTS MADE BY ME ON THIS APPLICATION ARE COMPLETE, CORRECT AND TRUTHFUL TO THE BEST OF MY KNOWLEDGE.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



# POLICE DEPARTMENT • TOWN OF HOPKINTON

406 Woodville Road Hopkinton, RI 02833 • 401-377-7750 FAX 401-377-7755



David S. Palmer, Chief of Police

## AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, have made an application for employment with the Town of Hopkinton, and it is my understanding that a comprehensive investigation of my background will be conducted in connection with my application. I understand that any history, which adversely reflects on my qualifications for employment, may cause for disqualification from further consideration for employment.

I hereby give the Town of Hopkinton and its agents, the authority to conduct a comprehensive investigation of my background including, but not limited to, oral interviews with any person concerning my background and a review with full disclosure of all records and other information, whether such records and other information are public, private, privileged or confidential. This review includes records maintained by past and present employers, law enforcement agencies, public utility companies and other local, state and federal agencies. This *Authorization for Release of Information* form is solely for the purpose of conducting an applicant background investigation for the current employee selection process for the Town of Hopkinton for the position of \_\_\_\_\_.

To the custodian of records discussed herein, I hereby authorize you to release information to the bearer of the *Authorization for Release of Information* form. I consider a copy of the *Authorization for Release of Information* form to be as valid as the original, even though a copy does not have my original signature.

I hereby release to the Town of Hopkinton and its agents and anyone who gives written or oral information about me to the Town of Hopkinton from any claims of liability or damages, which may occur as a result of the background investigation. This release also extends to my heirs, associates, assigns and representatives.

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date