

OAK BLUFFS POLICE DEPARTMENT
P.O. Box 1504
2 Oak Bluffs Avenue Oak Bluffs, MA 02557

Application Instructions

You are required to fill out the application completely and accurately. It is considered a measurement of your ability to follow instructions. All statements are subject to a review and verification. Any applicant intentionally giving false information or withholding information will be disqualified.

The applicant information sheet may be completed by typewriter or legibly printed in ink. If the space provided is insufficient, provide the necessary information on the supplemental narrative form (page 11). You must indicate the question being responded to.

All applicants must submit a photocopy of their driver's license and social security card.

All applicants must submit copies of their college transcripts to the department as well as a photocopy of their high school diploma.

All waivers must be signed and notarized.

Resume and cover letters are mandatory.

Incomplete applications i.e. failure to sign application, no notarization, return of any requested information, releases of information authorization, or discovery waivers will result in your application not being considered.

Note: You are discouraged from contacting the Department to check on the status of your application. A letter will be mailed to you within 45 days of receipt of your application either giving a conditional offer of employment or notice of rejection. A conditional offer is not a guarantee of employment. Appointment will be contingent on passing (1) a comprehensive background investigation to determine your suitability for police employment; (2) certification from a health care provider that you can physically perform the duties of a police officer; (3) an Oral Board interview (4) selection by the Chief of Police; and (5) appointment to the position by the Board of Selectmen.

Completed applications shall be returned to the Oak Bluffs Police Department to the attention of
Office Administrator Patricia Mark.

Instructions:

Fill out this application completely and accurately. All statements are subject to review and verification. Any applicant withholding or providing false information shall be disqualified. If a question does not apply to you, please indicate by placing *N/A* in the space provided

Basic Information:

Full Name: _____

Date of Birth: _____ Social Security Number: _____

Permanent Mailing Address: _____

Island Mailing Address: _____

Home Telephone #: _____ Cellular Telephone #: _____

Height: _____	Married: <input type="checkbox"/>
Weight: _____	Single: <input type="checkbox"/>
Gender: _____	Divorced: <input type="checkbox"/>
Race: _____	Separated: <input type="checkbox"/>

Place of Birth: _____

Mother's Maiden Name: _____

Father's Name: _____

In Case of Emergency Contact:

Name: _____
Address: _____
Phone Number: _____

Name: _____
Address: _____
Phone Number: _____

Are you a citizen of The United State of America? Yes: No:

If naturalized, date and location: _____

Have you ever had your name legally changed? Yes: No:

If yes, indicate previous name: _____

Date and location of change: _____

Reason for name change: _____

Do you currently possess a license to carry firearms (LTC)? Yes: No:

State: _____

Number: _____

Expiration Date: _____

Have you ever been denied an LTC or had an LTC suspended or revoked? Yes: No:

*If yes, please provide the details on the supplemental narrative form.

Address History:

How long have you resided at your current address? _____

Chronologically list all previous places of residence since leaving high school as well as landlords or residence managers in Schedule A and B respectively. Do not include any family members on Schedule B. If you need additional space please use the supplemental narrative form.

Schedule A

Complete Street Address

Schedule B

Name	Phone Number	Complete Street Address

Drug Use Questionnaire:

Do you drink alcoholic beverages? Yes: No:

If yes, what types of beverages do you prefer and what is your estimated weekly intake?

Have you used, tried, experimented or in any way introduced in to your body by any means the following:

Drug	Yes	No	First Used	Last Used	Used Once	Comments
Marijuana						
Hashish, Hashish Oil						
Cocaine						
Crack, Rock, Ice						
Barbiturates, Hypnotics "Downers"						
Amphetamines (Crosstos Whites, Bennies, "Uppers"						
Methamphetamines (Speed, Crank)						
LSD or other hallucinogens						
PCP (Angel Dust, Sherm)						
Heroin or other Opiates						
Steroids						
Pharmaceutical drugs abused/ not prescribed for you						

Is there any other illegal drug, narcotic, or controlled substance not listed above that you have introduced in to your body? Yes: No:

Have you introduced in to your body a substance which your thought was an illegal drug and then found out that it was not? Yes: No:

Have you ever injected any illegal drug in to your body? Yes: No:

Have you ever sold any illegal drug? Yes: No:

Have you ever purchased any drug, narcotic or controlled substance other than by a doctor's prescription?
Yes: No:

Have you ever participated in the manufacturing, cultivation or production of any illegal drug, narcotic or controlled substance? Yes: No:

Have you ever acted as a courier by transporting any illegal drug, narcotic or controlled substance?
Yes: No:

Have you ever acted as a middle man, go-between or "done a favor for a friend" by becoming involved in any illegal drug transaction? Yes: No:

Have you ever told anyone where to purchase illegal drugs? Yes: No:

Have you ever temporarily stored or "held" any illegal drug, narcotic or controlled substance? Yes: No:

Have you ever had illegal drugs in your possession while at work? Yes: No:

Are any illegal drugs presently in your residence or vehicle? Yes: No:

*If you answered "yes" to any answer in the drug use questionnaire explain all "yes" responses in detail on the supplemental narrative form. Be sure to include when, where, what kind of drug, how the drug was taken and or the circumstances surrounding your contact with said drug.

Massachusetts General Laws Chapter 41 Section 101A states:

"Subsequent to January first, nineteen hundred and eighty-eight, no person who smokes any tobacco product shall be eligible for appointment as a police officer or firefighter in a city or town and no person so appointed after said date shall continue in such office or position if such person thereafter smokes any tobacco products. The personnel administrator shall promulgate regulations for the implementation of this section. "

Education:

List all schools and colleges you have attended beginning with the most recent:

Start Date	End Date	Graduate?	Institution	Address and Telephone Number

What is the highest grade you have completed? For each year of higher education please indicate accordingly (Freshman 13, Sophomore 14 etc.)? _____

What is/was your major field of study? _____

If applicable, what was is/was you minor field of study? _____

On a separate sheet of paper please list any special qualifications, skills, languages military or emergency care training that you would like considered with your application.

While in school, were you ever suspended or expelled? Yes: No:

*If yes, please provide the details on the supplemental narrative form.

Military Service:

Have you ever served in a military organization of the United State of America? Yes: No:

*If yes please complete the following fields.

Period of service: From _____ to _____

Serial Number: _____

Rank at time of discharge: _____

Type of discharge: _____

Reason for discharge: _____

Were you ever tried, punished or reduced rank for any infraction of military rules and regulations?

Yes: No:

*If yes, on the supplemental narrative form please provide the date, charge against you, type of court martial or other proceeding and the disposition.

Has your discharge or separation ever been corrected or changed? Yes: No:

*If yes, please indicate said changes below:

Change from: _____ To: _____

By Authority of: _____ Date: _____

Social Organizations:

List all clubs, societies and fraternal orders, professional, civic and political groups where you would be considered a member. If you need additional space please use the supplemental narrative form:

Organization	Address	Positions Held	Date From

Employment History:

List all employers beginning with the most recent. If you need additional space please use the supplemental narrative form:

Date From	Date To	Employer and Telephone	Position	Supervisor	Reason for Leaving

List any employer who is related to you: _____

Have you ever been disciplined, discharged or forced to resign because of misconduct or unsatisfactory service? Yes: No:

*If yes, indicate the employer, offense and supervisor involved on the supplemental narrative form.

List all unemployment exceeding 21 days:

Date From	Date To	Unemployment Office	Reason for Unemployment

Have you ever applied for a position with another Law Enforcement Agency? Yes: No:

*If yes, on the supplemental narrative form list the name of the agency, the date of the application and whether you were accepted or rejected. If you were rejected, give the reason. If you were accepted, give the reason you declined employment.

Financial History:

List all banks where you have accounts or loans:

Name and Address of Banking Institution

Have you ever filed for bankruptcy or been declared bankrupt? Yes: No:

Have you ever had your wages attached by any court or creditor? Yes: No:

Have you ever been a party to any small claims or collection action? Yes: No:

Do you have any civil action pending against you? Yes: No:

Have you ever had any property that was repossessed? Yes: No:

Have you ever been refused credit? Yes: No:

Have you ever been refused homeowner's or automobile insurance coverage? Yes: No:

Have you ever had a homeowner's or automobile insurance policy cancelled? Yes: No:

Are you responsible for any child support or alimony? Yes: No:

If employed by this department, do you anticipate any income other than your police salary? Yes: No:

*If you answered "yes" to any of the above questions, provide the details on the supplemental narrative form.

Criminal History:

Have you ever been arrested or convicted for any breach or violation of the laws of this or any state or nation, or the ordinances and by-laws of any city or town, since you reached the age of 17? This includes military service. Yes: No:

*If yes, list the following information:

Date	Location	Charge	Court and Disposition

Motor Vehicle Record:

Do you have a valid motor vehicle operator's license? Yes: No:

License Number: _____ Class of License: _____

State of Issue: _____ Expiration Date: _____

Note: All officers must have or change over to a Massachusetts Operator's License before the start of employment.

Have you ever been refused an operator's license in any state? Yes: No:

Has your operator's license ever been suspended or revoked? Yes: No:

*If yes, list the following information:

State	Date	Reason for Suspension or Revocation

Have you had a driver education class or training in emergency response vehicle operation? Yes: No:

Have you ever been involved in a motor vehicle collision? Yes: No:

*If yes, list the following information:

Date	Location	Injuries Y/N	Charges	Disposition

Were you found at fault for any of the accidents listed above? Yes: No:

Do you have any unpaid fines, summonses, or restrictions affecting your right of license or registration renewal? Yes: No:

Have you ever received a citation for a motor vehicle violation? Yes: No:

*If yes, list the following information

Date	Location	Agency	Charges	Court and Disposition

Pre-Employment Investigation Discovery Waiver

As an applicant to the Oak Bluffs Police Department, I recognize that an employing law enforcement agency has a legal as well as a moral obligation, to take every reasonable effort to ensure that persons employed by them as police officers or in other positions, conform to the very highest standards.

Therefore, I release and hold harmless the Oak Bluffs Police Department and their officers, agents, or assigns, now and in the future, from claim or damage in law of inequity on behalf of myself, my heirs, and assigns, for their refusal to make available any and all information contained in this pre-employment investigation, including by not limited to the identity(ies) of any person(s) and/or organization(s) which may have supplied information in the course of this investigation, as well as the substance of any information supplied.

I hereby waive my right now and in the future, to examine, review, or otherwise discover the contents of this investigation and all related documents thereto.

Dated this _____ day of _____ in the year _____.

Signature of Applicant: _____

Printed Name of Applicant: _____

Sworn and Subscribed before me this _____ day of _____ in the year _____.

Notary Public in and for said County of: _____

State of: _____

(SEAL):

Authorization to Release Information

Printed Name of Applicant: _____

Date of Birth: _____ Social Security Number: _____

As an applicant for a position with the Oak Bluffs Police Department I am required to furnish information for use in determining my qualifications and suitability. I realize that this agency will not release the information provided to them to any person, including myself. The information submitted to this agency is confidential and will be used only for investigating my suitability for law enforcement employment.

Toward this end, I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature. I hereby authorize all my previous employers, physicians, and professionals who may have treated me, friends, acquaintances, credit reporting services, public agencies, and all others to furnish the Oak Bluffs Police Department any and all information that they may have concerning me.

I hereby release you, your organization, or others from liability or damage, which may result from furnishing the information requested. I further authorize that a photocopy of this form shall be for all intents and purposes, as valid as the original. I authorize you to retain a copy of this form in your files.

This release is valid for information supplied within one (1) year of the date of my signature.

Signature of Applicant: _____ss

Sworn and Subscribed before me this _____ day of _____ in the year _____.

Notary Public in and for said County of: _____

State of: _____

(SEAL):

SELECTION PROCESS

1. **JOB VACANY NOTICES; Posting and Advertisement.** Notices of vacant positions, not including emergency appointments, shall be posted for fourteen (14) business days on the town hall bulletin board. Job vacancy notices shall be placed in a local newspaper at least fourteen (14) days prior to the close of applications. Notices may also be posted on the town or department websites or social media pages. Advertising should be adequate to ensure that a sufficient number of qualified applicants apply for available vacancies. [31.3.1(b)]

2. APPLICATION PROCESS

- i. Each potential candidate will be provided with an application package. This package will include the application itself; information containing specifics on the position, which will include the annual rate of pay and benefits; a description of the hiring process (to include: all elements and dates of the selection process, expected duration of the process, policy on reapplication [32.1.4]); and a pre-employment agreement which outlines what is expected of the candidate should he/she be appointed. Candidates who meet at least the minimum standards may be invited to apply.
- ii. Each applicant shall sign all required forms, and the truth of all statements shall be certified by the applicant's signature. All candidates who complete the employment application form accurately and honestly shall be entitled to a fair and equitable review of their qualifications. Minor application omissions or deficiencies that can be corrected prior to testing or the interview process shall not be grounds for rejection (sworn and civilian applications). [31.3.4]
- iii. The components for a selection process are as follows:

(Sworn)

1. Internal performance assessment (current special officers);
2. Written exam/Assessment Center (optional);
3. Oral interview;
4. Experience and education;
5. Experience related to police work;
6. Physical Abilities Test (PAT); and
7. Any other qualifications that have prepared the candidate.

(Civilian)

1. Internal performance assessment
2. Written exam (optional);
3. Oral interview;
4. Experience and education;
5. Experience related to police work;
6. Any other qualifications that have prepared the candidate.

3. SELECTION COMMITTEE

1. Generally, the selection committee should be comprised of a minimum of three (3) members. The committee may include the Chief of Police, member(s) of the Edgartown Superior's or Patrolman's unions, and/or one or more members of an outside police agency. The Board of Selectmen, as well as the Chief of Police, at his/her discretion, may add additional individuals to the selection committee from either inside or outside the Department. The selection committee shall conduct interviews of candidates.

4. FINAL HIRING LIST

1. The final hiring list will be determined after a review of the qualifying candidates by the selection committee and Chief of Police. Each candidate will be ranked according to performance as compared to the other participants. Following this initial ranking, the candidates will then be assessed by the selection committee in the area of experience and education. A subject will be given a higher consideration in these two areas based on applicable education, experience related to police work and any other qualifications that have prepared the candidate.
2. The expected duration of the selection process is 30 days.
3. Applicants who fail to qualify shall be notified in writing within 30 days of the completion of the process. [32.1.5]

RE-APPLICATION POLICY

1. Candidates who withdraw during the evaluation process may be considered for future positions.
2. Candidates who are screened out for failing to meet minimum qualifications or are medically disqualified may be considered for future positions provided that they meet the minimum qualifications at the time of re-application.
3. Candidates who are rejected for intentional false, misleading, or exaggerated information will not be reconsidered for future positions.