



EMPLOYMENT APPLICATION
FOR
ROCKPORT POLICE DEPARTMENT

The Rockport Police Department is an equal opportunity employer

To: John Horvath, Chief of Police
Rockport Police Department
168 Main Street
Rockport, MA 01966
978-546-1212

INSTRUCTIONS FOR COMPLETING APPLICATION

- A. This application is a permanent record. All information must be typed or neatly printed. Illegible or incomplete applications will **NOT** be accepted.
- B. All requested information and documents must be received before an appointment can be made.
- C. The items below must accompany this application:
1. A copy of your birth certificate.
 2. A copy of your Massachusetts Driver's License.
 3. A copy of your High School Diploma or equivalent.
 4. A copy of your College transcript (if applicable).
 5. A copy of your military DD214 form (if applicable).
- D. Upon completion of this application send to:
- John Horvath, Chief of Police
Rockport Police Department
168 Main Street
Rockport, Massachusetts 01966
-

ENTRANCE REQUIREMENTS

1. Must be a High School Graduate or equivalent.
2. Must be 19 years of age or over.
3. Must not have been convicted of a felony.
4. Must have a dependable background.
5. Must successfully pass a background investigation.
6. Must successfully pass a medical examination.
7. **Must qualify and be able to obtain a firearms License to Carry.**

**Town of Rockport
Police Department
AGREEMENT**

Carefully read each statement below, and after having the form notarized, return it by the date requested.

1. I swear (or affirm) that the information I have caused to be entered into the preceding pages of this Application and Personal History Statement for employment with the Rockport Police Department is true and complete.
2. I authorize investigation of all statements contained in this Application and Personal History Statement Form as may be necessary in arriving at an employment decision.
3. I understand that this Application and Personal History Statement is but one element of the selection process for employment with the Rockport Police Department, and that an acceptable background investigation does not guarantee employment.
4. I understand that false or misleading information given herein or during interview(s) will result in my being disqualified from further consideration and/or termination from employment with the Rockport Police Department.

Applicant's full Name (type or print legibly): _____

Applicants Signature: _____

Home Address: _____

Date: _____

Before me appeared the above named, _____,
Who acknowledged to me that he/she has signed, sealed and delivered this agreement
at his/her voluntary act or deed, for the use and purpose therein expressed.

In Witness Whereof, I have herein set my hand and official seal,
This _____ day of _____, _____.

Notary Public My Commission expires on: _____.

It is unlawful in Massachusetts to require or administer a polygraph as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability (MGL c149 s19b).

Rockport Police Department
168 Main Street, Rockport, MA 01966
(978) 546-1212

AUTHORIZATION FOR RELEASE OF INFORMATION

(Print clearly in ink or type)

PLEASE ACCURATELY COMPLETE THE FOLLOWING INFORMATION:

NAME: _____
Last Name First Name Middle Initial

PREVIOUS NAME OR ALIAS: _____

RESIDENTIAL ADDRESS: _____
(Not a Post Office Box) Number Street

MAILING ADDRESS (if different) _____
City/Town State Zip Code

HAVE YOU EVER RESIDED IN ANOTHER STATE? _____ IF YES, WHERE? _____

SOCIAL SECURITY NO.: _____ DRIVERS LICENSE NO.: _____

DATE OF BIRTH: / / PLACE OF BIRTH: _____

I, _____, do hereby authorize a review of and a full disclosure of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Rockport Police Department, whether the said records are public, private or confidential nature.

The intent of this authorization is to give my consent for a full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of deposits, withdrawals and balances of checking, and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances wherever filed by me or against me, and salary records; real and personal property tax statement and records, and other financial statements and records wherever filed; records of complaint, arrest, trial, and/or convictions for alleged or actual violations of the law, including criminal, civil and/or traffic records; records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have an interest.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Rockport Police Department to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Rockport Police Department. I understand that all materials pertaining to this background investigation become the property of the Rockport Police Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

I understand a photocopy of this release form will be valid as an original hereof, even though said photocopy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Subscribed and Sworn before me this _____ Day of _____, _____
Signature _____

My commission expires _____ Street Address _____

Notary: _____ City _____
State _____ Zip Code _____

Rockport Police Department
168 Main Street
Rockport, MA 01966

Application and Personal History Statement- Position applied for:

Date:

1. FULL NAME: If you have initials in your name, use them and state (IO). If you have no middle name, enter "NMI"> If you're a Jr., Sr., III, etc., enter that in the first box after your middle name.

Last Name: _____ First: _____ MI _____ JR, SR,ETC. _____

2. Date of Birth ____/____/____ 3. Social Security Number _____

4. Place of Birth. (Use the two letter code for the state.

CITY: _____ State: _____ Country: _____

5. OTHER NAMES USED Give other names used such as your maiden name, name(s) by a former marriage, alias, adoption, etc.

NAME _____ Date(s) when used _____

6. IDENTIFYING INFORMATION:

Height _____ Weight _____ Hair color _____

Eyes _____

Sex: Male ___ Female ___ Scars, Tattoos, or other Distinguishing marks: _____

7. Telephone Numbers/ Email Address:

Home: _____ Work: _____ Email: _____

8. RESIDENCE INFORMATION:

Fill in your address for every place you have lived, beginning with the present and working backward since your 15th Birthday. If you attended school away from your permanent residence, list the address you lived at while attending school. For any address in the past three (3) years, list a person who knew you at that address, preferably someone who still lives in that area. If you rented, please give the name and address of the person responsible for collecting rent.

1. From ____ month/year To ____ month/year Name of person who knows you _____
Street address _____ Street Address _____
City/State/Zip _____ City/State/Zip _____
Telephone number _____

2. From ____ month/year To ____ month/year Name of person who knows you _____
Street address _____ Street Address _____
City/State/Zip _____ City/State/Zip _____
Telephone number _____

3. From ____ month/year To ____ month/year Name of person who knows you _____
Street address _____ Street Address _____
City/State/Zip _____ City/State/Zip _____
Telephone number _____

4. From ____ month/year To ____ month/year Name of person who knows you _____
Street address _____ Street Address _____
City/State/Zip _____ City/State/Zip _____
Telephone number _____

The Town of Rockport is an equal opportunity Employer

9. EDUCATION.

Fill in information about schools you have attended, beyond Junior High School, beginning with the most recent (#1) and working backward. For schools you attended in the past three (3) years, list a person who knows you at school, such as an instructor or student. For correspondence schools and extension classes, list records location and address. In the "Code" Block, use one of the following codes: 1 = HIGH SCHOOL, 2 = COLLEGE/UNIVERSITY, 3 = VOCATIONAL/TRADE SCHOOL.

School Name	Elementary	High	College/University	Graduate/Professional
Street Address and City of School				
Years Completed (circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Dates Attended				
Diploma/Degree (include date)				
Code				
Name of person who knew you including street address and Telephone number. (past 3 years only)				
Honors Received				

9a. ACADEMIC RECORD.

Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include two and four year colleges, universities and business and vocational schools - any formal education beyond the high school level.) If "YES", please explain (include school, date(s) and circumstances). ___ YES ___ NO

10. EMPLOYMENT ACTIVITIES.

Fill in your employment activities, beginning with the present (#1) and working backward ten (10) years. PLEASE INCLUDE ALL FULL-TIME AND PART-TIME WORK, ALL PAID WORK, ANY SELF-EMPLOYMENT, ALL PERIODS OF UNEMPLOYMENT, ACTIVE MILITARY DUTY AND VOLUNTEER WORK.

#1 From _____ To _____ Exact Title of Position _____
 Month/Year Month/Year
 Name of Employer _____ Street Address of Employer _____
 Telephone Number of Employer _____
 Name & Title of Supervisor _____ Telephone Number of Supervisor _____
 Reason for Leaving Employment _____

#2 From _____ To _____ Exact Title of Position _____
 Month/Year Month/Year
 Name of Employer _____ Street Address of Employer _____
 Telephone Number of Employer _____
 Name & Title of Supervisor _____ Telephone Number of Supervisor _____
 Reason for Leaving Employment _____

#3 From _____ To _____ Exact Title of Position _____
 Month/Year Month/Year
 Name of Employer _____ Street Address of Employer _____
 Telephone Number of Employer _____
 Name & Title of Supervisor _____ Telephone Number of Supervisor _____
 Reason for Leaving Employment _____

#4 From _____ To _____ Exact Title of Position _____
 Month/Year Month/Year
 Name of Employer _____ Street Address of Employer _____
 Telephone Number of Employer _____
 Name & Title of Supervisor _____ Telephone Number of Supervisor _____
 Reason for Leaving Employment _____

#5 From _____ To _____ Exact Title of Position _____
 Month/Year Month/Year
 Name of Employer _____ Street Address of Employer _____
 Telephone Number of Employer _____
 Name & Title of Supervisor _____ Telephone Number of Supervisor _____
 Reason for Leaving Employment _____

10a. **EXTENDED ABSENCE FROM EMPLOYMENT.**
 Have you had any extended work absences for reasons other than earned vacations?
 If "YES", please explain (include when, name of employer, circumstances). YES NO

11. **OUTSIDE ACTIVITIES**
 List any activities which you may wish to have considered as reflecting favorably on your reputation for leadership, responsibility, honesty and integrity (response is optional).

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

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

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

12. **FOREIGN COUNTRIES YOU HAVE VISITED**
 List foreign countries you have visited, beginning with the most recent (#1), and working backward (10) years. In the "CODE" block, use one of the following: 1 = Business, 2 = Pleasure, 3 = Education, 4 = Other.

#1 _____ to _____ Country _____ Code _____
 Month/Year Month/Year

#2 _____ to _____ Country _____ Code _____
 Month/Year Month/Year

#3 _____ to _____ Country _____ Code _____
 Month/Year Month/Year

13. MILITARY HISTORY

A. Are you registered for Selective Service? ___ YES ___ NO
 If "YES", please provide:

Selective Service Number _____ Local Board Number _____ City _____ State _____

B. Have you served in the United States Military? ___ YES ___ NO
 Have you served in the United States Merchant Marine? ___ YES ___ NO
 If your answer to both questions is "NO", go to question 14.
 If your answer to either question is "YES", go to C.

C. Starting with the most current (#1) 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: 1 = Air Force, 2 = Army, 3 = Navy, 4 = Marine Corps, 5 = Coast Guard, 6 = Merchant Marine, 7 = National Guard (For Reserves, place an "R", after the appropriate CODE; for example - Army Reserve would be "2R"). Indicate Status (mark an "X" in appropriate blocks - use state code for National Guard)

Month/Yr.	Code	Rank	None	Active Duty	Active Reserve	National Guard	Inactive Reserve	Retired
#1 to								
#2 to								
#3 to								
#4 to								

13a. MILITARY RECORD - PAST COMMANDING OFFICERS OR MILITARY ACQUAINTANCES are potential sources of relevant information pertaining to your background, Please list those individuals who know you well enough to provide accurate information about you.

Name Contact Address/City/State Contact Telephone Years Known

14. RELATIVES

All applicants must give complete information concerning their relatives (Mother, Father, Siblings). If you have been married more than once, give the requested information concerning each former husband or wife. 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, the requested information should be furnished concerning them, as well as your natural parents. If you are engaged to be married or contemplating marriage in the near future, completed information must be included for your future spouse.

COMPLETE NAME, INCLUDING MIDDLE NAME (NO INITIALS), COMPLETE ADDRESS

Name _____ Relationship to You _____

Birth Date _____ Birthplace _____ Tel. # _____

Street Address _____ City/State/Zip _____

Occupation and Employer _____ Supervisor/Co-Worker _____ Tel. # _____

Name _____ Relationship to You _____

Birth Date _____ Birthplace _____ Tel. # _____

Street Address _____ City/State/Zip _____

Occupation and Employer _____ Supervisor/Co-Worker _____ Tel. # _____

Name _____ Relationship to You _____

Birth Date _____ Birthplace _____ Tel. # _____

Street Address _____ City/State/Zip _____

Occupation and Employer _____ Supervisor/Co-Worker _____ Tel. # _____

Name _____ Relationship to You _____

Birth Date _____ Birthplace _____ Tel. # _____

Street Address _____ City/State/Zip _____

Occupation and Employer _____ Supervisor/Co-Worker _____ Tel. # _____

Name _____ Relationship to You _____

Birth Date _____ Birthplace _____ Tel. # _____

Street Address _____ City/State/Zip _____

Occupation and Employer _____ Supervisor/Co-Worker _____ Tel. # _____

Name _____ Relationship to You _____

Birth Date _____ Birthplace _____ Tel. # _____

Street Address _____ City/State/Zip _____

Occupation and Employer _____ Supervisor/Co-Worker _____ Tel. # _____

Name _____ Relationship to You _____

Birth Date _____ Birthplace _____ Tel. # _____

Street Address _____ City/State/Zip _____

Occupation and Employer _____ Supervisor/Co-Worker _____ Tel. # _____

Name _____ Relationship to You _____

Birth Date _____ Birthplace _____ Tel. # _____

Street Address _____ City/State/Zip _____

Occupation and Employer _____ Supervisor/Co-Worker _____ Tel. # _____

15. **MARITAL STATUS.** Mark one of the following to show your current marital status:
____ 1 – Never Married (go to question 16). ____ 2 – Married ____ 3 – Separated ____ 4 – Legally Separated
____ 5 – Divorced ____ 6 – Widowed

CURRENT SPOUSE – Please complete the following about your current spouse:

Full Name _____ Date of Birth _____

Place of Birth (include Country if outside US) _____ Social Security # _____

Country of Citizenship _____ Date Married _____ Place Married _____ State _____

Other Names Used (Specify Maiden name, names by other marriages, etc., and show all dates used for each time)

Country of Citizenship _____ Date Married _____ Place Married _____ State _____

If Separated, Date of Separation _____ If Legally Separated, where is the record located (City/State/Country) _____

Address of Current Spouse (Street, City and Country if outside of US) _____

FORMER SPOUSE. Complete the following about your former spouse(s). (Use continuation sheet if necessary)

Full Name _____ Date of Birth _____
Place of Birth (include Country if outside US) _____ Social Security # _____
Country of Citizenship _____ Date Married _____ Place Married _____ State _____
Check one of the below, then give date Month/Day/Year. If Divorced, where is the record located (City/State/Country).
___ Divorced ___ Widowed _____
Address of Former Spouse (Street, City and Country if outside of US) _____

16. PERSONS RESIDING WITH YOU

Does anyone reside with you, other than your spouse or relatives indicated in questions 14?
If "YES", provide the information below: _____ YES ___ NO

Name of Person	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

17. MILITARY RECORD (If never in the military, go to question 18).

A. Have you ever received other than an honorable discharge from the military? _____ YES ___ NO

If "YES" provide:

Date of Discharge _____ Type of Discharge _____

B. Was any type of disciplinary action taken against you while in the service? _____ YES ___ NO

If "YES", complete the following:

Month/Yr.	Charge or Specification/Action Taken	Place (City and County/Country if outside US)
_____	_____	_____
_____	_____	_____

18. EMPLOYMENT RECORD

Has any of the following happened to you in the last ten (10) years?

If "YES", begin with the most recent occurrence and go backward, providing the date fired, quit, or left under conditions other than favorable and other information requested:

1 - Fired from a job; 2 - Quit a job after being told you would be fired; 3 - Left a job by mutual agreement under unfavorable circumstances; 4 - Left a job by mutual agreement following allegations of unsatisfactory performance; 5 - Left a job for other reasons under unfavorable circumstances _____ YES ___ NO

Month/yr.	Code	Specify Reason	Employer's Name and Address (City, State, Zip Code)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

19. POLICE RECORD (Do not include anything that happened before your 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 arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer "NO RECORD" with respect to prior arrests, court appearances and adjudications 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, S100c).

A. Have you ever been convicted of any felony? _____ YES ___ NO

B. Have you been convicted of a misdemeanor within the past five years (other than a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace)? YES NO

C. Have you completed a period of incarceration within the past five years for any misdemeanor (other than a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace)? YES NO

D. If the answer to question C. above, is "yes", please state whether you were convicted more than five years ago for any offenses (other than a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace)? YES NO

19a. MISSING PERSONS. Have you ever been reported to a law enforcement agency as a missing person or a runaway? If "YES", please give details: YES NO

Date	Law Enforcement Agency	Circumstances
_____	_____	_____
_____	_____	_____

20. ILLEGAL DRUGS. Do you currently use, or in the last five (5) years, have you used, possessed, supplied or manufactured any illegal drugs? When used without a prescription, illegal drugs include marijuana, cocaine, hashish, narcotics, opium, morphine, codeine, heroin, etc.), stimulants (cocaine, amphetamines, etc.), depressants (barbiturates, methaqualorte, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc). NOTE: The information you provide in response to this question WILL NOT be provided for use in any criminal proceedings against you. YES NO

If "YES", provide below any information relating to the types of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs:

Month/yr. to	Type of Substance	Explanation
_____ to _____	_____	_____
_____ to _____	_____	_____
_____ to _____	_____	_____

21. INVESTIGATIONS RECORD

A. To the best of your knowledge, has the Commonwealth of Massachusetts or the United States Government or any other police or law enforcement agency, ever investigated your background? YES NO

Month/yr.	Investigating Agency	Month/yr.	Investigating Agency
_____	_____	_____	_____
_____	_____	_____	_____

B. To your knowledge, have you ever had a clearance or access authorization denied, suspended or revoked, or have you ever been debarred from Government employment? YES NO
If "YES", give date of action and agency

Month/yr.	Department or Agency	Month/yr.	Department or Agency
_____	_____	_____	_____
_____	_____	_____	_____

22. FINANCIAL RECORD. 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 judgement rendered against it for a debt? If you answer "YES", provide the date of initial action and other information requested below: YES NO

Month/yr.	Type of Action	Business Name	Name/Address of Court Handling case (State/Zip)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A. Are you now over 180 days delinquent on any loan or financial obligation? Include loan or obligations funded or guaranteed by the Federal Government. If you answer "YES", provide the information requested below: ___ YES ___ NO

Month/yr.	Type of Loan or obligation (Account #)	Name/Address of Creditor or Obligee (State/Zip)
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. List all loans whose principal outstanding balance exceeds \$1,000.00, and on which you are individually or jointly liable either directly or as a guarantor:

Lender	Loan #	Original Balance	Outstanding Balance	Purpose of Loan
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

C. SUPPORT ORDERS

1. Are there any order/agreements entered into court regarding child support/alimony? ___ YES ___ NO
If "NO", go to question 23.
2. If "YES" to question 1, are the orders/agreements being fulfilled to their fullest? ___ YES ___ NO
3. If "YES" to question 1, have there been any previous problems in fulfilling these orders/agreements? ___ YES ___ NO

If you answered "YES" to 1, 2, or 3 above, explain your answer(s) in the space below (include court, judgement, and penalties):

23. INCOME TAXES

- A. Have your Massachusetts Tax Returns been filed on time for the last seven (7) years? ___ YES ___ NO
 - B. Have your Federal Tax Returns been filed on time for the last seven (7) years? ___ YES ___ NO
 - C. Are you delinquent on any State or Federal Tax liabilities? ___ YES ___ NO
- If you answered "YES" to C, or "NO" to A or B above, explain your answer(s) in the space provided below:

24. BUSINESS INVOLVEMENT

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", provide the required information below:

Name of Business	Location (Address/City/Zip)	Percentage Owned
_____	_____	_____
_____	_____	_____

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).

Agency	Nature of Business Conducted
_____	_____
_____	_____

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

If you answered "YES", to B above, provide the information required in the space provided below:

Name of Business	Location (Address/City/Zip)	Percentage Owned
_____	_____	_____
_____	_____	_____

Who owns the Business Interest?	Nature of Business Conducted
_____	_____
_____	_____

25. 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 favorable or adversely? YES NO

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

26. PREVIOUS INTERACTIONS WITH STATE AGENCIES

A. Have you ever filed a financial disclosure form with the State Ethics Commission or a similar body in another state? If "YES", submit with this form a copy of your most recent submission. 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 matters 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, or F above, explain your answer(s) in the space below (include nature of allegations, date and outcome of proceedings):

27. LICENSES

A. Are you a licensed motor vehicle operator? YES NO

If "YES", please provide the information requested below:

Drivers License Number State Expiration Date Restrictions (if any) Status (active, revoked, etc).

B. Please list other states where you have been a licensed motor vehicle operator:

License Number _____ State _____

License Number _____ State _____

C. Have you ever been refused a driver's license by any state? ___ YES ___ NO

If "YES", please explain (include when, where and why)
 Month/yr. State Circumstances

D. Has your license, in any state, ever been suspended or revoked?
 If "YES", provide details below (include, why, when, length of time taken away):

E. Have you received any traffic citations (exclude parking tickets) within the last seven (7) years? ___ YES ___ NO

If "YES", list all traffic citations and other information requested below:

Nature of violation	Location (City/State)	Approximate Date	Action Taken
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

F. Have you ever been involved, as a driver of a motor vehicle, in an accident within the last seven (7) years? ___ YES ___ NO

If "YES", please give details for each accident in the spaces below:

Month/Day/Year	Location (City/State)	Injuries (yes or no)	Investigating Police Agency, if any
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

G. Have you ever applied for a permit to carry a firearm or FID card? ___ YES ___ NO

H. Do you possess any other license(s) permit(s), or registration(s) such as Firearms, Professional, Trade, etc. ___ YES ___ NO

If "YES", provide the information required below:

Type of License	License Number	Date Issued	Date of Expiration
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Issuing State	Issuing Agency (include address)
1. _____	_____
2. _____	_____
3. _____	_____

28. 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

29. **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.)
_____	_____	_____
_____	_____	_____
_____	_____	_____

30. **REFERENCES**

A. List three (3) people who know you "PROFESSIONALLY", and can attest to your qualifications and fitness for the position for which you are applying.

Full name of Reference	Telephone Number	Address	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

A. List three (3) people who know you "PERSONALLY", and can attest to your qualifications and fitness for the position for which you are applying.

Full name of Reference	Telephone Number	Address	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

31. **CONTINUATION SPACE.** Use the space below to continue answers to all questions and any information you would like to add. If more space is needed than what is provided below, use a blank sheet(s) of paper. Start each sheet with your Name and Social Security Number, Identify the number of the question.

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 that my answers are true:

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.

Signature (sign in ink) _____ Date: _____

ROCKPORT



POLICE
DEPARTMENT

Rockport Police Department Manual
POLICIES & PROCEDURES
Job Descriptions

PATROL OFFICER

A. SUMMARY

A Patrol Officer shall be responsible for the efficient performance of all required duties in conformance with the rules, regulations, policies and procedures contained in this Rockport Police Department Manual.

Duties shall consist of, but are not necessarily limited to, a number of general police responsibilities necessary to the stability and safety of the community. A Patrol Officer shall be expected to:

- 1. Identify criminal offenders and criminal activity and, where appropriate, apprehend offenders and participate in subsequent court proceedings.**

RULE: Attention to Duty – All officers shall at all times be alert and vigilant in the performance of their duties and respond prudently but decisively when police action is required. Recreational reading will not be permitted while on duty.

- 2. Reduce the opportunities for the commission of crime through preventive patrol, arrests, summons and other measures.**

RULE: Devotion to Duty – All officers, while on duty, shall devote their full time and attention to the service of the Department and to the citizens of the community. They shall remain awake and alert at all times while on duty.

- 3. Aid individuals who are in danger of physical harm.**

- 4. Facilitate the movement of vehicular and pedestrian traffic.**

- 5. Identify problems that are potentially serious law enforcement or governmental problems.**

- 6. Create and maintain a feeling of security in the community.**

- 7. Promote and preserve the peace.**

RULE: Neglect of Duty – Being absent from assigned duty without leave; leaving post or assignment without being properly relieved; failing to take suitable and appropriate police action when any crime, public disorder or other incident requires police attention or service.

- 8. Provide other services on an emergency basis.**

B. GENERAL DUTIES AND RESPONSIBILITIES

It is the duty and responsibility of a Patrol Officer to:

- 1. Exercise authority consistent with the obligations imposed by the Oath of Office and be accountable to Superior Officers. Promptly obey all lawful orders.**

RULE: Insubordination – Failure or deliberate refusal to obey a lawful order given or issued by a superior officer.

- 2. Coordinate efforts with those of other members of the department so that teamwork may ensure continuity of purpose and maximum achievement of police objectives.**

RULE: Furnishing Assistance – Officers shall furnish police assistance to all persons making such request, consistent with their police duties and assignments. They shall assist and cooperate with all other law enforcement agencies, provide them with any authorized information they are entitled to receive, and submit a report on all such action taken.

- 3. Communicate to superiors and to fellow officers all information obtained which is pertinent to the achievement of police objectives.**

RULE: Departmental Communications – All officers shall transmit all official communications promptly, accurately and completely to other officers of the department as required, and shall immediately inform the Shift Commander or the Officer-in-Charge of any matter of police importance coming to their attention during their tour of duty, or otherwise. They shall call to the attention of their relieving officers any information regarding unresolved problems or problems that may arise during the next tour of duty.

- 4. Respond punctually to all assignments.**

RULE: Reporting for Duty – All officers shall report for duty promptly at the time and place required by their assignment or as otherwise directed by the Chief of Police or their designee. They shall be properly uniformed and suitably equipped, ready to immediately assume their duties. While on duty they shall avoid any activities not directly related to their police responsibilities and shall not absent themselves from duty without leave.

Officers unable to report for duty because of sickness or injury shall notify, or cause to be notified, the Chief of Police or their designee at least four (4) hours prior to their next tour of duty, except in cases of emergency, and file the required sick leave questionnaire upon return to duty.

- 5. Acquire and record information concerning events that have taken place since the last tour of duty.**

RULE: Awareness of Activities – Upon returning to duty from any period of absence, all officers shall inform themselves about all new orders, regulations, memoranda and all other important matters governing their assignments. Every officer of the force shall familiarize themselves with all the laws, statutes, ordinances and regulations necessary for the proficient execution of his or her duty as a police officer.

- 6. Record activity during tour of duty in the manner prescribed by proper authority.**

RULE: Submitting Reports – All officers shall promptly and accurately complete and submit all reports and forms as required by departmental procedures.

- 7. Maintain weapons and equipment in a functional, presentable condition and report any damage or loss of equipment assigned to him or her immediately as prescribed.**

RULE: Care and Security of Firearms – All officers shall maintain their service firearms in good working order at all times and report any damage, loss or unserviceable condition immediately to the Chief of Police. All officers shall be personally responsible for the security and safekeeping of their service firearm at all times and shall not alter or repair any part of their service firearms without the approval of the Chief of Police.

- 8. Assist citizens requesting assistance or information. Courteously explain any instance where jurisdiction does not lie with the Rockport Police Department and suggest other procedures to be followed.**

RULE: Knowledge of the Community – Every officer shall familiarize themselves with the community, including routes of public transportation, the location of streets, highways, bridges, public buildings and places, hospitals, courts, transportation offices and stations, prominent or important office buildings, large industrial plants or commercial establishments, and such other information as may be disseminated by their superior officers.

- 9. Be accountable for the proper marking, securing, receipting, and proper transporting of all evidence and property coming into custody.**

RULE: Care and Custody of Property – All personal property, including money, which comes into an officer's custody while on duty, whether lost, stolen, confiscated, abandoned, turned in to the department or taken from a prisoner, shall be suitably tagged, recorded and turned over to the proper department authority, or placed in the designated place of storage, for safekeeping, in accordance with current departmental procedures.

- 10. Answer questions asked by the general public, counsel juveniles and adults when necessary and refer them to persons or agencies where they can obtain further assistance.**

- 11. Preserve the peace at public gatherings, neighborhood disputes and family quarrels.**

RULE: Civil Disputes – All officers shall take a neutral position in any dispute of a civil nature, acting only to prevent or control any breach of the peace that may arise.

- 12. Serve or deliver warrants, summonses, subpoenas, and other official papers promptly and accurately when so directed by a Superior Officer.**

- 13. Confer with Court Prosecutors and testify in Court.**

- 14. Accomplish other general duties as they are assigned or become necessary.**

- 15. Perform other such duties as assigned by the Chief of Police or his/her designee.**

C. SPECIFIC DUTIES AND RESPONSIBILITIES PREVENTIVE PATROL

1. Patrol an assigned area for general purposes of crime prevention and law enforcement. Patrol includes:

- (a) Being thoroughly familiar with the assigned route of patrol. Such familiarity includes knowledge of residents, merchants, businesses, roads, alleyways, paths, etc. Conditions that contribute to crime should be reported. The location of fire boxes, telephones and other emergency services should be noted;
- (b) Apprehending persons violating the law or wanted by the police;

RULE: Arrests – Whenever possible, arrests shall be made under the authority of a valid warrant. When necessary, arrests without a warrant shall be made in accordance with law and all prescribed departmental procedures. All constitutional and statutory rights shall be provided to all arrested persons at time of arrest and immediately thereafter.

- (c) Completing detailed reports on all crimes, vehicle accidents and other incidents requiring police attention. In cases where an arrest is made, an arrest report is submitted along with the required crime reports. When property is recovered or additional information is discovered pertaining to a previously reported offense, the officer completes an investigation report;
- (d) Preserving any crime scene until the Chief of Police, Shift Commander or the Officer-in-Charge arrives when such crime scene is encountered or when dispatched to the scene as the first responding officer;
- (e) Public assembly checks;
- (f) Building security checks;
- (g) Observing and interrogating of suspicious persons;
- (h) Issuing traffic citations;
- (i) Being alert for and reporting fires;
- (j) Reporting street light and traffic signals out-of-order, street hazards and any conditions that endanger public safety;

RULE: Defects in Streets or Roadways – Every officer shall observe and forthwith report in writing to the Shift Commander or the Officer-in-Charge any defect, obstruction, or nuisance in the streets, sidewalks or other public areas which may cause a hazard to the general public or create a civil liability upon the community. Appropriate notification shall be made to the radio dispatcher for more immediate remedial action where necessary.

- (k) Checking of schools, parks and playgrounds; and
- (l) Responding to any public emergency.

2. Conduct a thorough investigation of all offenses and incidents within the area of assignment and scope of activity. Collect evidence and record data, which will aid in identification, apprehension, and prosecution of offenders, as well as the recovery of property.
3. Be alert to the development of conditions tending to cause crime or indicative of criminal activity. Take preventive action to correct such conditions, and inform superiors as soon as the situation permits.
4. Respond to situations brought to the officer's attention while in the course of routine patrol or when assigned by radio. Render first aid, when qualified, to persons who are seriously ill or injured. Assist persons needing police services.
5. Remain on assigned route throughout the tour of duty except when a police emergency necessitates a temporary absence, or when the Chief of Police, Shift Commander or Officer-in-Charge has issued authorization for a temporary absence.

RULE: Leaving the Community – Whenever it is necessary in the performance of duty for an officer to leave the limits of the community and to enter another city or town, the officer shall inform the Shift Commander, Officer-in-Charge or the dispatcher prior to leaving and again upon return. If an emergency prevents following this procedure, the officer must contact the Shift Commander or the Officer-in-Charge as soon as possible. In all such cases, a subsequent report will be submitted, in writing, for the attention of the Chief of Police, to include the circumstances, the reason for leaving the community and the period of absence.

6. Patrol area giving particular attention to and frequently rechecking locations where the crime hazard is great. As much as possible, an officer shall not patrol an area according to any fixed route or schedule, but shall alternate frequently and backtrack in order to be at the location least expected.
7. Be alert for all nuisances, impediments, obstructions, defects or other conditions that might endanger or hinder the safety, health or convenience of the public within the patrol area.
8. If assigned to operate a motor vehicle:
 - (a) See that it is well maintained mechanically and that it is kept clean both inside and out;
 - (b) Inspect the vehicle at the beginning of the tour of duty for any defects or missing equipment. Immediately report all defects and damages sustained to the vehicle to the proper authority and complete all reports and forms required by current procedures (Cruiser Equipment/Maintenance Report);

RULE: Damaged, Defective or Inoperative Property and Equipment – Officers and employees shall immediately report to their Shift Commander or the Officer-in-Charge on designated forms any loss or damaged department property or equipment assigned to them. The Shift Commander or Officer-in-Charge shall also be notified of any defects or hazardous conditions existing in any department property or equipment.

RULE: Responsibility for Vehicle – Any officer who is assigned to duty as an operator of a department vehicle shall be responsible for checking the serviceability and emergency equipment of the vehicle assigned to his or hers use. Except when the vehicle is in emergency use, the officer or employee shall inspect the vehicle when it is turned over to him or her and shall submit a written report to the Shift Commander or the Officer-in-Charge, of any defect, damage, or UN - serviceability of said vehicle. The officer at the same time shall also inspect the interior of the vehicle for the presence of any unauthorized articles.

RULE: Report of Loss or Damage – In the event that department property is lost, or found bearing evidence of damage which has not been reported, the last person using the property may be charged with failure to report same and may be held responsible for damages.

(c) Remove the keys whenever the patrol car is left unattended for any reason;

RULE: Unattended Police Vehicles – The operator of a department motor vehicle shall lock the ignition and remove the key when leaving the vehicle unattended and, except in an emergency he or she shall also lock the doors of such vehicle when it is unattended.

(d) Use only vehicles assigned by the Chief of Police or his or her designee;

RULE: Department Vehicles, Use of – Officers shall not use any department vehicles without the permission of the Shift Commander or the Officer-in-Charge, or drive any department vehicle, to which they have not been assigned, except in an emergency.

RULE: Department Vehicles – A valid drivers' license is required of all officers. Officers shall not use department vehicles without permission of the Shift Commander or the Officer-in-Charge. Department vehicles shall only be used for official police business.

(e) Use the call number assigned to the car to contact Rockport Police Communications; and

(f) Operate the radio in line with FCC regulations and current departmental procedures.

9. Keep radio equipment in operation at all times and be thoroughly familiar with departmental policy concerning use of the radio.
10. Take measures to direct the flow of traffic in the area during periods of congestion.
11. Notify the Chief of Police, Shift Commander or the Officer-in-Charge if more than a temporary absence from regular duties is required.
12. Make periodic reports to Communications.