

Erik Josephson
Chief of Police



171 Egremont Plain Road
P.O Box 368
Egremont Mass. 01258

**TOWN OF EGREMONT
MASSACHUSETTS**

Telephone: (413) 528-2160
Fax: (413) 528-3308

POLICE DEPARTMENT

TO ALL APPLICANTS:

Please fill out the attached application and return it to Chief Race within seven (7) days. Please enclose with your completed application photocopies of the following documents, if applicable.

- Valid Driver's License, Birth Certificate, Social Security Card
- Massachusetts Class A License to Carry Firearms (or State of residence)
- Any High School or College Diplomas or Certificates
- Certificate of successful completion and attendance at Massachusetts Police Training Academy
- NIMS 700 and ICS 100 & 200 certificates; 1st Responder, CPR
- Doctor's letter or current physical; proof of Health Insurance
- Any other certificate (s) or specialize training documents that you may have that can assist in reviewing your application

Upon receipt of the completed application, the Chief of Police will initiate the following phases of the recruitment/selection process:

- Initial interview with the Chief (Senior Officer, etc.)
- Background Investigation and checks

If your application is approved, an interview will be scheduled with the Select Board.

If for some reason there is information that you have forgotten to provide with the application or there is information on the application that needs to be updated, you will be allowed to do so at any time up until the interview is held.

If you have any questions, please contact me personally at 413-528-2160.

Sincerely,

Erik Josephson,
Chief of Police

Erik Jospelson
Chief of Police



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POLICE DEPARTMENT

EMPLOYMENT APPLICATION INSTRUCTIONS
The Town of Egremont is an equal opportunity employer.

FULL TIME

PART TIME

APPLICATIONS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, SEX, NATIONAL ORIGIN, AGE, SEXUAL PREFERENCE, OR THE PRESENCE OF A NON-JOB RELATED MEDICAL CONDITION OR HANDICAP.

1. These forms must be typewritten or printed in BLUE INK by the applicant him/herself.
2. All questions must be answered if applicable. If not applicable, indicate N/A.
3. Failure to answer any question truthfully, accurately, or completely shall result in the applicant's disqualification, or if discovered after an individual has been appointed, may result in termination.
4. Once an application has been submitted, you will be allowed to provide information That you inadvertently omitted, that has changed, or needs to be updated.
5. If the space provided is inadequate for complete responses, or if you wish to make additional comments, please attach sheets the same size of this application and indicate to which question the sheet/page pertains.
6. You are applying for a responsible public safety position. It is essential that you follow accurate instructions specifically as directed. Make sure that all dates and information are accurate.

I have read and understand the above instructions.

APPLICANT signature: _____ DATE: _____

This application shall remain on file for a period of at least two years.

Administrative use only

Date received: _____ By: _____

To the Applicant:

READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS.

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, national origin or disability. Federal Law also prohibits discrimination on the basis of age with respect to certain individuals. The Laws of Massachusetts also prohibit some or all of the above stated discrimination as well as some additional types, such as discrimination based upon ancestry and marital status. Questions with an asterisk (*) are optional. Although the information is useful on our examination of applicants, your decision not to answer any or all of the asterisk questions will not be held against you. We use your SSN to seek information about you from your employers, schools, banks, and others who know you. We may use your SSN in studies and computer matching with other Government files.

I. PERSONAL HISTORY

Name: _____
Last First Middle

Address: _____
Number Street/ P.O.Box Town State Zip Code

Date of Birth: _____ Social Security Number* _____

Phone: _____ Cell: _____ Other: _____

Are you lawfully eligible for employment in the United States? Yes () No ()

Have you ever used another name? Yes () No () if yes please explain: _____

EMPLOYMENT VERIFICATION: Public law 99-603 requires an agency to demonstrate a "good faith effort" in complying with the illegal alien employment statutes. Should you be hired for a position with the Town, you will be asked to present proper identification.

Which licenses, skills, or qualifications do you possess which should be considered?

Do you have a relative in our employ? Yes () No () If yes, please give name and relationship. _____

This job entails "shift work." Are you able and willing to work overnights Sun-Sat. and holidays when required?
Yes () No () If no, why not? _____

If your application is considered favorably, on what date can you start work? _____

Do you possess a valid driver's license? Yes () No () **Please attach a copy with your application.**

Do you authorize the Town to check your driving record for repeated or significant traffic violations? Yes () No ()

Has your driver's license ever been suspended or revoked? Yes () No () if yes, give details and dates:

II. EDUCATION

Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4

Did you graduate from High School or possess a high school equivalency (GED)? Yes () No ()

Name of High School _____
 City/Town _____ State _____

COLLEGE OR OTHER TRAINING AFTER HIGH SCHOOL, INCLUDING MILITARY SCHOOLS:

Name of School or College	Dates Attended		Major	Date of Diploma/Degree
	From	To		

Indicate your proficiency in each phase of each foreign language as "none" "good" or "fluent."

LANGUAGE	SPEAK	UNDERSTAND	READ	WRITE
Spanish				
French				
Italian				
German				
Russian				
Other				

III. EMPLOYMENT HISTORY

In reverse chronological order, list all employments (including summer and part-time employments while attending school). All times must be accounted for. If you were unemployed for any period of time please note the dates of unemployment. (Use additional sheets of paper if necessary.) Applicants may also indicate verifiable work performed on a volunteer basis.

Employer (Present or Last)	Starting Date	Describe your duties & accomplishments
Address	Ending Date	
	Starting Salary	
Your Job Title	Final Salary	
Supervisor Name and Title	Supervisor Phone #	
Reason for Leaving		
Employer (Present or Last)	Starting Date	Describe your duties & accomplishments
Address	Ending Date	

	Starting Salary	
Your Job Title	Final Salary	
Supervisor Name and Title	Supervisor Phone #	
Reason for Leaving		
Employer (Present or Last)	Starting Date	Describe your duties & accomplishments
Address	Ending Date	
	Starting Salary	
Your Job Title	Final Salary	
Supervisor Name and Title	Supervisor Phone #	
Reason for Leaving		
Employer (Present or Last)	Starting Date	Describe your duties & accomplishments
Address	Ending Date	
	Starting Salary	
Your Job Title	Final Salary	
Supervisor Name and Title	Supervisor Phone #	
Reason for Leaving		

IV. MILITARY HISTORY

Have you ever served on active duty in the Armed Forces of the United States? Yes () No ()

If yes, what was your highest rank attained? _____

Branch of Military Service: _____ Serial # _____

Dates of Active Duty: From: _____ To: _____

Type of Discharge: _____ Date of Discharge: _____

Member of the Reserve? Yes [] No [] Branch: _____

Was any type of disciplinary action taken against you in the military service? Yes () No () If yes, please explain: _____

Are you now or were you formerly in the National Guard? Present () Former () Never ()

If you are a member of the National Guard and attend drills, meetings, or camps, give unit and location: _____

Summer Camp attendance From: _____ To: _____ Location: _____

V. REFERENCES

List three references, (NOT relatives, former or present employers, fellow employees or school teachers) who are responsible adults, have reputable standing in their community and who have known you for at least five years. All persons to whom you refer may be asked to appraise your character, ability, experience, personality and other qualities.

NAME	ADDRESS	PHONE NUMBERS
_____	_____	_____
_____	_____	_____
_____	_____	_____

VI. LICENSES

Do you have experience with firearms? Yes () No () If yes, please explain:

Have you ever been issued a License to Carry Permit? Yes () No () If yes, please specify:

Issued by	Date Issued	Reason	Firearms License #

Have you ever applied for and been denied a License to Carry Permit? Yes () No () If yes, please provide details, including the date of denial, person denying application and reason:

Was the license ever revoked or suspended? Yes () No () If yes, please give details:

EXPLAIN in no more than 500 words why you want to be considered for a police officer position for the Egremont Police Department. **(USE BACK SIDE)**

PLEASE ATTACH PHOTOCOPIES OF ALL LICENSES AND PERMITS TO THIS APPLICATION, INCLUDE YOUR DRIVER'S LICENSE AND ANY FIREARMS LICENSES THAT ARE PRESENTLY ACTIVE.

Thank you for completing this application and your interest in employment with the

EGREMONT POLICE DEPARTMENT

"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 penalties and civil liability."



EGREMONT POLICE DEPARTMENT

P.O. Box 368

South Egremont, MA 01258

Telephone (413) 528-2160

Fax (413) 528-3308

**AUTHORIZATION FOR RELEASE OF PERSONAL RECORDS
AND INFORMATION CONSENT FORM**

I hereby authorize the EGREMONT POLICE DEPARTMENT to obtain and/or receive any criminal history record and/or driving history record information pertaining to me, which may be in the files of any State or local criminal justice agency in Massachusetts, and any other State, or any other Country.

I also authorize any police officer or other authorized representative of the EGREMONT POLICE DEPARTMENT bearing this release, or copy thereof, within one year of its date, to obtain any information and/or records that are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the following records and request that the custodian of such records/information permit my records to be examined, copied, or otherwise reviewed:

1. Information and/or records from any educational institution that I have attended, including but not limited to, academic achievement, attendance, athletic, personal history, and disciplinary actions.
2. Information and/or records pertaining to my employment past and/or present, including but not limited to, current and past employment records, background reports, efficiency ratings, complaints, or grievances filed by or against me, disciplinary records, and personal history. I also authorize release of any information concerning pre-employment records for which I am currently or have been an applicant or candidate; these records/information to include but not be limited to, background reports and any other information included in my pre-employment file.
3. Information and/or records pertaining to my personal history past and/or present, including but not limited to, birth records, marriage and/or divorce documents, and name changes wherever filed.

A photocopy of this release form will be valid as an original hereof even though the said photocopy does not contain an original writing of my signature.

The release is executed with full knowledge and understanding that the information is for the official use of the Town of Egremont. Consent is granted for the Egremont Police Department to furnish such information as is described to the Select Board for review/use in the hiring process.

Signature (in ink): _____ Date: _____

Full Name (type or print): _____ SSN: _____

Date of Birth: _____ Other Names used: _____

Home Phone: _____ Cell: _____

I hereby waive and release any claims against any party which I may have as a result of the release of records or information referenced in this Authorization and acknowledge that no party shall have any liability to me as a result of complying with a request for such information and/or records.

I am furnishing my social security account number on a voluntary basis with the understanding such is not required by federal statute or regulation. I have been advised that this information will be utilized only to facilitate the location of above information/records concerning me in connection with this application. Should there be any questions as to the validity of this Release, you may contact me as indicated below.

Print Full Name: _____
INCLUDE MAIDEN NAME OR OTHER PREVIOUSLY USED NAME

Signature: _____

Driver's License Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Business Number: _____
Area Code & Number Area Code & Number

Other Phone Number: _____
Area Code & Number

Date of Birth: ____/____/____ Race: _____ Sex: _____

Social Security Number: _____ Today's Date: _____

I, _____, being duly sworn, depose and state I am the above named person. I signed the foregoing statement. I personally read and printed by hand or typewriter answers to each and every question therein and I do solemnly swear that each and every answer is full, true, and correct in every respect.

Signature of Applicant: _____

Sworn before me this _____ day of _____ 20____.

Notary Public
My Commission Expires: _____



PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW INDICATING THAT YOU UNDERSTAND AND AGREE TO THE TERMS AS STATED.

I understand that a physical, which includes a drug screening urinalysis, may be required. I understand that this application is not a contract of employment at this time and I or the municipality may sever the employment application process at any time for any reason. Any oral or written statement to the contrary, including any which are made by a City/Town Representative are disavowed and may not be relied upon by any prospective or existing employee.

I understand also that this Department has established day and night shifts for which I must be available as required. I further understand that any appointment tendered 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 statements on this application will be the basis for rejection of my application or dismissal from the Department. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge. I hereby give the Egremont Police Department authorization to contact any person reasonably related to the character and fitness investigation and to request that an independent credit report be prepared as to my financial condition. I also authorize any person contacted to share written and oral information which is reasonably related to the public safety position for which I am applying.

Finally, I hereby release, discharge and exonerate this municipality, its agents and representatives, and any person so furnished information, from any and all liability, of every nature and kind arising out of the furnishings or inspection of such documents, records, or other information or investigations made by or on behalf of the municipality. This authority shall continue until revoked in writing by the undersigned.

_____ Date

_____ Signature of Applicant

COMMONWEALTH OF MASSACHUSETTS
Berkshire County, SS

I, _____, being duly sworn, depose and state I am the above named person. I signed the foregoing statement, I personally read and printed by hand or typewriter answers to each and every question therein and I do solemnly swear that each and every answer if full, true, and correct in every respect.

Signature of Applicant: _____

Sworn before me this _____ day of _____ 20_____.

Notary Public
My Commission Expires: _____

"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 PENALTIES AND CIVIL LIABILITY."



PLEASE use this space to provide any additional information that will assist those reviewing your application.

By signing this application, I acknowledge that I have read and understand the disclosures contained in the application and that the statements and answers made by me in this application are full and true to the best of my knowledge and belief. I understand and authorize that the information provided may be verified and that any willful misstatement of material facts herein will cause forfeiture on my part of all rights to any employment in the service of the Town of Egremont.

Signature _____ Date _____

**THE TOWN OF EGREMONT IS AN EQUAL EMPLOYMENT
OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER**



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APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, creed, religion, sex, national origin, age, sexual preference, or the presence of a non-job related medical condition or handicap.

As employers, we comply with governmental regulations and affirmative action responsibilities; solely to help us comply with government record-keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation and assistance.

This data is for periodic government reporting and will be kept in a CONFIDENTIAL FILE separate from the Application for Employment.

(PLEASE PRINT OR TYPE) Date of Application _____

Position(s) Applied For: _____

Name: _____
Last First MI

Address: _____
Number Street/P.O. Box Town State Zip Code

 Referral Source: Advertisement Friend Relative Employment Agency Walk-In Other

Sex: Female Male

Race/Ethnicity: (Please check one)

- Black:** A person having origins in any of the racial groups of South Africa.
- White:** A person having origins in any of the original people of Europe, North Africa, or the Middle East.
- Hispanic:** A person of Mexican, Puerto Rican, Cuban, Central or South American culture or other Spanish Culture or origin regardless of race.
- Asian or Pacific Islander:** A person having origins in any of the original people of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, India, Korea, the Philippine Islands and Samoa.
- Alaskan Native or American Indian:** A person having origins in any of the original people of North America and who maintains cultural identification through Tribal Affiliation or community recognition.
- Cape Verde an:** A person having origins in the Cape Verde Islands.