



Stockbridge Police Department

Police Officer Candidate Application Instructions



1. These forms must be typewritten or printed in blue or black ink by the applicant.
2. All questions must be answered, if applicable. If not applicable indicate "n/a".
3. Failure to answer any and all applicable questions truthfully, accurately and completely or willfully withholding information shall result in rejection of the application or dismissal from the department and removal from this department's list of eligibility.
4. Applications that are not complete and legible will be rejected. If the space provided is not sufficient for complete answers, or you wish to make additional comments, attach sheets the same size as these forms. Please reference the applicable question on the attached sheets.
5. You are applying for a responsible public safety position. It is essential that you follow instructions specifically as directed. Make sure all dates and information are absolutely accurate.
6. If after submitting this application, you become no longer interested in appointment, please notify the Chief of Police in a timely manner.
7. All applicants must submit the following documents with their applications.
 1. One copy of your High School Diploma or GED
 2. Certified copy of all transcripts from any/all college and graduate study.
 3. One certified copy of your birth certificate.
 4. A copy of your social security card.
 5. A copy of your driver's license.
 6. *Writing Sample-Please submit with your application a handwritten 150 word essay explaining why you want to be a police officer. You may also include in this essay other topic areas such as your career goals and knowledge about Stockbridge and the Stockbridge Police Department.*

I have read and understand the above instructions.

Signature of Applicant

Date



TOWN OF STOCKBRIDGE
STOCKBRIDGE POLICE DEPARTMENT

50 Main Street, P. O. Box 417
Stockbridge, Massachusetts 01262



POLICE OFFICER
Application for Employment

This application must be typed or clearly printed in ink. All items in this application must be filled in completely, correctly and truthfully, to the best of your knowledge, and signed by the applicant. Any applications that are incomplete and/or illegible may be rejected by the Town of Stockbridge.

SECTION I - PERSONAL HISTORY

NAME: Last		First		Middle	
PRESENT HOME ADDRESS		CITY		STATE	ZIP CODE
MAILING ADDRESS - If Different					
DATE OF BIRTH (MM/DD/YR)		SOCIAL SECURITY NUMBER		HOME TELEPHONE NUMBER	
ARE YOU A RESIDENT OF MA? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF NO, THEN WHAT STATE?		ARE YOU A CITIZEN OF THE U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
ARE YOU A LICENSED AUTOMOBILE OPERATOR? YES <input type="checkbox"/> NO <input type="checkbox"/>		OPERATOR LICENSE NUMBER		STATE	
HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? IF YES, WHAT STATE AND REASON. YES <input type="checkbox"/> NO <input type="checkbox"/> STATE _____ REASON _____					
HAVE YOU EVER SUBMITTED AN APPLICATION FOR EMPLOYMENT WITH THE STOCKBRIDGE POLICE DEPARTMENT? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, LIST DATE(S): _____					
HAVE YOU EVER SUBMITTED AN APPLICATION WITH ANY OTHER LAW ENFORCEMENT AGENCY IN THE U.S.? IF YES, INDICATE THE AGENCY/S AND THE DATE/S OF THE APPLICATIONS. YES <input type="checkbox"/> NO <input type="checkbox"/>					
AGENCY			DATE		

THE TOWN OF STOCKBRIDGE IS AN EQUAL OPPORTUNITY EMPLOYER

SECTION II -EDUCATION

DATES				SCHOOLS / COLLEGES			
FROM		TO					
MO.	YR.	MO.	YR.				
				HIGH SCHOOL		MAJOR	DIPLOMA OR DEGREE
				ADDRESS	CITY / TOWN	STATE	
				COLLEGE OR UNIVERISTY		MAJOR	DIPLOMA OR DEGREE
				ADDRESS	CITY / TOWN	STATE	
				COLLEGE OR UNIVERSITY		MAJOR	DIPLOMA OR DEGREE
				ADDRESS	CITY / TOWN	STATE	
				OTHER EDUCATIONAL INSTITUTIONS		MAJOR	DIPLOMA OR DEGREE
				ADDRESS	CITY / TOWN	STATE	

WERE YOU EVER SUSPENDED, DISMISSED, OR EXPELLED FROM ANY OF THE ABOVE SCHOOLS OR ANY OTHER EDUCATIONAL INSTITUTIONS, DURING YOUR SCHOLASTIC CAREER?

YES ☐ NO ☐ SCHOOL _____ DATE _____ TYPE OF ACTION _____

LIST ANY AWARDS, HONORS, CITATIONS, POSITIONS HELD IN SCHOOL ORGANIZATIONS, ATHLETIC ENDEAVORS, OR OTHER SPECIAL RECOGNITION YOU HAVE RECEIVED WHILE ATTENDING SCHOOL

1	
2.	
3.	
4.	

SECTION III - FORMER ADDRESSES

LIST CHRONOLOGICALLY ALL OF YOUR RESIDENCES IN THE PAST TEN YEARS, INCLUDING THOSE IN THE MILITARY (OFF BASE) AND THOSE WHILE AWAY FOR SCHOOL IF APPLICABLE. PLEASE ACCOUNT FOR ALL TIME. USE ANOTHER SHEET OF PAPER IF NECESSARY.

DATES				STREET ADDRESS	CITY	STATE	ZIP
FROM		TO					
MO.	YR.	MO.	YR.				

SECTION IV - MILITARY SERVICE RECORD

Read and Answer ALL BOXES within this section

HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE ARMED FORCES OF THE U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>		BRANCH OF MILITARY SERVICE	
HIGHEST RANK ATTAINED: DATE COMMISSIONED (If applicable)		TYPE OF DISCHARGE BASIS OF DISCHARGE	
SERIAL NUMBER DATES OF ACTIVE DUTY (MM/DD/YY) <div style="display: flex; justify-content: space-around; width: 100%;"> FROM / / TO / / </div>		WAS ANY TYPE OF DISCIPLINARY ACTION TAKEN AGAINST YOU WHILE IN THE SERVICE? YES <input type="checkbox"/> NO <input type="checkbox"/> ACTION:	
HAVE YOU OR ARE YOU NOW SERVING IN A MILITARY RESERVE UNIT? IF YES, THEN WHAT BRANCH?		YES <input type="checkbox"/> NO <input type="checkbox"/>	BRANCH:
HAVE YOU OR ARE YOU NOW SERVING IN A NATIONAL GUARD UNIT? IF YES, THEN WHAT UNIT?		YES <input type="checkbox"/> NO <input type="checkbox"/>	BRANCH:

SECTION V - EMPLOYMENT HISTORY

LIST ALL EMPLOYMENT CHRONOLOGICALLY, INCLUDING SUMMER AND PART-TIME EMPLOYMENT, FOR THE LAST TEN YEARS. BE SURE TO ACCOUNT FOR TIME WHILE UNEMPLOYED, IF APPLICABLE. ALL TELEPHONE NUMBERS ARE MANDATORY.

COMPANY NAME	NAME OF SUPERVISOR	TELEPHONE ()
ADDRESS / CITY / STATE		
SALARY / WAGES	TYPE OF WORK	POSITION
STARTING DATE / /	ENDING DATE / /	REASON FOR LEAVING

COMPANY NAME	NAME OF SUPERVISOR	TELEPHONE ()
ADDRESS / CITY / STATE		
SALARY / WAGES	TYPE OF WORK	POSITION
STARTING DATE / /	ENDING DATE / /	REASON FOR LEAVING

COMPANY NAME	NAME OF SUPERVISOR	TELEPHONE ()
ADDRESS / CITY / STATE		
SALARY / WAGES	TYPE OF WORK	POSITION
STARTING DATE / /	ENDING DATE / /	REASON FOR LEAVING

COMPANY NAME	NAME OF SUPERVISOR	TELEPHONE ()
ADDRESS / CITY / STATE		
SALARY / WAGES	TYPE OF WORK	POSITION
STARTING DATE / /	ENDING DATE / /	REASON FOR LEAVING

COMPANY NAME	NAME OF SUPERVISOR	TELEPHONE ()
ADDRESS / CITY / STATE		
SALARY / WAGES	TYPE OF WORK	POSITION
STARTING DATE / /	ENDING DATE / /	REASON FOR LEAVING

HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FROM A POSITION?

YES ☐ NO ☐

IF YES, GIVE NAME OF EMPLOYER

SECTION VI - CHARACTER REFERENCES

LIST THREE REFERENCES, WHO ARE REPUTABLE CITIZENS OF THEIR COMMUNITIES, AND ARE WILLING TO ATTEST TO YOUR CHARACTER AND REPUTATION. LIST THOSE WHO HAVE KNOWN YOU FOR AT LEAST FIVE YEARS, PREFERABLY THE LAST FIVE YEARS. (DO NOT INCLUDE ANY PRESENT OR PAST EMPLOYERS. ANY RELATIVES BY BLOOD OR MARRIAGE, OR SCHOOL TEACHERS).

COMPLETE NAME	OCCUPATION			NO. OF YEARS KNOWN
RESIDENCE ADDRESS	CITY	STATE	ZIP	TELEPHONE ()
BUSINESS ADDRESS	CITY	STATE	ZIP	TELEPHONE ()

COMPLETE NAME	OCCUPATION			NO. OF YEARS KNOWN
RESIDENCE ADDRESS	CITY	STATE	ZIP	TELEPHONE ()
BUSINESS ADDRESS	CITY	STATE	ZIP	TELEPHONE ()

COMPLETE NAME	OCCUPATION			NO. OF YEARS KNOWN
RESIDENCE ADDRESS	CITY	STATE	ZIP	TELEPHONE ()
BUSINESS ADDRESS	CITY	STATE	ZIP	TELEPHONE ()

SECTION VIII - DRIVING RECORD

LIST ALL MOTOR VEHICLE VIOLATIONS YOU HAVE RECEIVED OVER THE LAST TEN YEARS.

DATE	VIOLATION	POLICE DEPARTMENT	DISPOSITION

LIST ALL ACCIDENTS YOU HAVE BEEN INVOLVED IN WHILE OPERATING A MOTOR VEHICLE OVER THE LAST TEN YEARS.

DATE	TYPE	POLICE DEPARTMENT	WERE YOU INJURED?	WERE YOU FOUND AT FAULT?
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

PERSONAL QUESTIONNAIRE

LIST ANY SPECIAL SKILLS OR TRAINING YOU HAVE ACQUIRED THAT WOULD BE BENEFICIAL TO THE STOCKBRIDGE POLICE DEPARTMENT. (INCLUDE ANY LANGUAGE SKILLS, FIREARMS TRAINING, COMPUTER SKILLS, ETC.)

LIST ANY AWARDS, CERTIFICATES, OR HONORS RECEIVED, OTHER THAN THOSE LISTED UNDER "SECTION II - EDUCATION" OF THIS APPLICATION.

LIST ANY PUBLIC SERVICE OR COMMUNITY ACTIVITIES IN WHICH YOU ARE CURRENTLY INVOLVED OR HAVE BEEN INVOLVED IN PAST YEARS.

IS THERE ANYTHING IN YOUR BACKGROUND OR PERSONAL HISTORY THAT WOULD ADVERSELY AFFECT YOUR ABILITY TO PERFORM THE DUTIES AND RESPONSIBILITIES OF A POLICE OFFICER? YES ☐ NO ☐

IF YES, EXPLAIN BELOW.

EXPLAIN IN YOUR OWN WORDS WHY YOU ARE INTERESTED IN BECOMING A MEMBER OF THE STOCKBRIDGE POLICE DEPARTMENT. (PLEASE ATTACH A SEPARATE PIECE OF PAPER FOR THIS RESPONSE, WHICH SHOULD NOT EXCEED ONE PAGE.)

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 _____

**Stockbridge Police Department
Police Officer Candidate
Application**

The Town of Stockbridge is an equal opportunity/affirmative action employer. We are committed to a policy of non-discrimination in our programs, activities and employment practices. Applicants are considered for all positions without regard to race, color, religion, sex, sexual orientation, national origin, age, marital or veteran's status, disability or any other legally protected status.

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

I am fully 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 and removal from the list of eligibility.

I understand that any appointment tendered me will be conditional upon the results of a physical and psychological evaluation and satisfactory pre-employment background investigation.

I understand that, starting with my graduation from the police academy, I will serve a probationary period that will last until I have actually performed the duties of a police officer on a full-time basis for a period of twelve months.

I understand that I must successfully pass a physical abilities test (PAT) conducted by the Commonwealth of Massachusetts and also must successfully pass the Basic Student Officer Course at the police academy.

I understand that this department has established day and night tours for which I must be available as required. I further understand that I may be called upon to work a variety of shifts including nights, holidays and weekends and I agree to be available for any and all such assignments, as the police department requires.

Signature of Applicant

Date

While the Town of Stockbridge does not require or request applicants or employees to take a lie detector test, state law requires the following notice:

“It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment. An employer who violates this law shall be subject to criminal penalties and civil liability”

I, _____, being duly sworn, depose and state that I am the above named person, I signed the foregoing statement, I personally read and printed by hand or type written 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, to the best of my knowledge.

Sworn before me _____ day of _____, 20____.

Signature _____

Notary Public

My Commission Expires on: _____

GENERAL RELEASE

I, _____, born at _____
on _____, having filed an application for employment with the
Stockbridge Police Department, consent to have an investigation made as to my moral character,
reputation and fitness for the position to which I have applied. I also agree that such information may be
received, reported to and reviewed by the appointing authority. I agree to give any further information
that may be required in reference to my past record.

I also authorize and request every person, firm, company, corporation, governmental agency, court,
association or institution having control of any documents, records and other information pertaining to
me, to furnish to the Stockbridge Police Department any such information, including, documents,
records files regarding charges or complaints filed against me, formal or informal, pending or closed, or
any other pertinent data, and to permit the police department or any of its agents or representatives to
inspect and make copies of such documents, records and other information.

I hereby release, discharge and exonerate the Stockbridge Police Department, its agents and
representatives and any person so furnishing information from any and all liability of every nature and
kind arising out of the furnishing or inspection of such documents, records and other information or the
investigations made by or on behalf of the Stockbridge Police Department.

This authority shall continue for one year unless sooner revoked in writing by the undersigned.

Applicant Signature

Date

Address

Sworn before me _____ day of _____, 20____.

Signature _____

Notary Public

My Commission Expires on: _____

CORI CHECK ACKNOWLEDGMENT

I, _____residing _____

acknowledge that a Criminal Offender Record Information (CORI) check will be performed as part of the Town of Stockbridge hiring process. I further acknowledge that a refusal to allow the CORI check to be performed will disqualify me from further consideration for employment.

Applicant Signature

Date

Sworn before me _____day of _____, 20____.

Signature _____

Notary Public

My Commission Expires on: _____

TOWN OF STOCKBRIDGE
STOCKBRIDGE POLICE DEPARTMENT

50 Main Street, P. O. Box 417
Stockbridge, Massachusetts 01262

POLICE OFFICER

Applicant Contact Information & Checklist

Applicant Name (Last, First, MI): _____ , _____

Primary email address: _____ @ _____

Secondary email address: _____ @ _____

Cell phone number & carrier: (____) _____ - _____ (Verizon, Sprint, AT&T, etc...)

Home phone number (____) _____ - _____

How else can you stay updated?



Would you like email notifications of
recruitment process updates?

YES ☐

NO ☐



Would you like to receive text alerts
about recruitment process updates?

YES ☐

NO ☐

Reminder Checklist

- Did you sign and date the certification statement on Page 9, 10, 11 & 12? YES ☐
- Did you attach your one-page statement explaining why you are interested in becoming a member of the Stockbridge Police Department? YES ☐
- The questions on Page 4 regarding Military Reserve and National Guard service require an answer. Did you check a box for each question? YES ☐