



Application for Volunteer Position of Auxiliary Police Officer

THIS IS A VOLUNTEER POSITION WITH NO COMPENSATION



The City of Somerville, Massachusetts

Auxiliary Police Department

Joseph A. Curtatone
Mayor

220 Washington Street • Somerville, MA • 02143 • (617) 625 -1600 Ext: 7600

1. Name:

Last: _____ FIRST: _____ MI: _____ Jr., Sr. etc: _____
If you have only initials in your name use them and state (IO). If you have no middle name, enter "NMN". If you are a Jr., Sr., etc., enter this in the space provided.

2. Date of Birth:

(MM/DD/YY) _____/_____/_____

3. Social Security Number:

_____-_____-_____

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

City: _____ State: _____ Country: _____

Are you a citizen of the United States of America? Yes _____ No _____

5. Other Names Used Give other names used such as your maiden name, name(s) by a former marriage, alias, etc

Name: _____ Dates(s) When Used: _____

Name: _____ Dates(s) When Used: _____

Name: _____ Dates(s) When Used: _____

6. Identifying Information

HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____ SEX: _____ M _____ F

7. Contact Information

Home: (_____) _____ - _____ Work: (_____) _____ - _____ Mobile: (_____) _____ - _____

E-mail Address: _____

8. Residential History Last 5 Years - Please use page # 15 for more space

#1 Month/Year

From _____ to Present _____

Street Address, City, State, Zip Code

#2 Month/Year

From _____ to _____
Street Address, City, State, Zip Code

9. Educational Background - Please use page # 15 for more space

Provide information about schools you have attended, beyond Middle School, beginning with the most recent (#1)

#1 Month/Year

From _____ to _____
Name of School Degree/Diploma (Date)

Street Address, City, State, Zip Code

#2 Month/Year

From _____ to _____
Name of School Degree/Diploma (Date)

Street Address, City, State, Zip Code

#3 Month/Year

From _____ to _____
Name of School Degree/Diploma (Date)

Street Address, City, State, Zip Code

11. Employment Activities

Fill in your employment activities, beginning with the present (#1) and working backward 10 years. Please include all full-time, part-time, unemployment, Military, and self-employment.

#1 Month/Year

From _____ to _____
Employed by Position/Title

Employer's Street Address, City, State, Zip Code, Tel #

Supervisor's Name Reason for Leaving Employment

#2 Month/Year

From _____ to _____
Employed by Position/Title

Employer's Street Address, City, State, Zip Code, Tel #

Supervisor's Name Reason for Leaving Employment

11. Employment Activities Cont. - Please use page #15 for more space

Fill in your employment activities, beginning with the present (#1) and working backward 10 years. Please include all full-time, part-time, unemployment, Military, and self-employment.

#1 Month/Year

From _____ to _____ Employed by _____ Position/Title _____

Employer's Street Address, City, State, Zip Code, Tel # _____

Supervisor's Name _____ Reason for Leaving Employment _____

#2 Month/Year

From _____ to _____ Employed by _____ Position/Title _____

Employer's Street Address, City, State, Zip Code, Tel # _____

Supervisor's Name _____ Reason for Leaving Employment _____

12. Outside Activities - Please use page #15 for more space

List any activities, which you may wish to have considered as reflecting favorably on your reputation for leadership, responsibility, honesty, and integrity.

#1 Month/Year

From _____ to _____ Activity and Location of Activity (City and State) _____

#2 Month/Year

From _____ to _____ Activity and Location of Activity (City and State) _____

#3 Month/Year

From _____ to _____ Activity and Location of Activity (City and State) _____

#4 Month/Year

From _____ to _____ Activity and Location of Activity (City and State) _____

13. Military History - Please use page #15 for more space

Have you served in the United States Military?

From _____ to _____
Branch and type of Discharge

From _____ to _____
Branch and type of Discharge

Please explain if other than Honorable Discharge

14. Relatives

All applicants must give complete information concerning their relatives (Mother, Father, and Siblings). If you have been married more than once, give the requested information concerning each former spouse.

#1

Name Relationship to you D.O.B

Street Address, City, State, Zip Code

Employer

#2

Name Relationship to you D.O.B

Street Address, City, State, Zip Code

Employer

#3

Name Relationship to you D.O.B

Street Address, City, State, Zip Code

Employer

#4

Name Relationship to you D.O.B

Street Address, City, State, Zip Code

Employer

15. Persons Residing With You - Please use page #15 for more space

Does anyone reside with you, other than your former spouse or relatives indicated in question 14? If "yes", provide the information required below.

#1

Name	Relationship to you	D.O.B
------	---------------------	-------

#2

Name	Relationship to you	D.O.B
------	---------------------	-------

#3

Name	Relationship to you	D.O.B
------	---------------------	-------

#4

Name	Relationship to you	D.O.B
------	---------------------	-------

#5

Name	Relationship to you	D.O.B
------	---------------------	-------

16. Police Record

Have you ever been convicted of any felony offense? _____ Yes _____ No

Have you ever been convicted of any misdemeanor offense? _____ Yes _____ No

Have you ever been convicted of any offense(s) related to drugs? _____ Yes _____ No

Are there currently any felony or drug charges pending against you? _____ Yes _____ No

If you answered yes to any of the question above, explain your answer(s) in the space provided below

#1	Month/Year	Offense	Action Taken
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Law Enforcement Authority or Court

#2	Month/Year	Offense	Action Taken
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Law Enforcement Authority or Court

17. Illegal Drugs

Do you currently use, or in the past 5 years, have you used, possessed, supplied, or manufactured any illegal drugs? When used without a prescription, illegal drugs include steroids, marijuana, cocaine, hashish, narcotics (Opium, morphine, codeine, heroin, etc.), stimulants (cocaine, amphetamines, etc.), depressants (barbiturates, methaqualorte, tranquilizers, etc.), hallucinogenic (LSD, PCP, etc.), or designer drugs. _____Yes _____No

(NOTE: The information you provide in response to this question will not be provided for use in any criminal proceedings against you).

Month/Year	Type of Substance	Explanation
Month/Year	Type of Substance	Explanation
Month/Year	Type of Substance	Explanation
Month/Year	Type of Substance	Explanation

18. INVESTIGATIONS RECORD

To the best of your knowledge has the Commonwealth of Massachusetts or the Unites States Government ever investigated your background? If "Yes" provide the information below.

Month/Year	Investigating Agency
Month/Year	Investigating Agency

To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have your even been debarred from Government employment? If "Yes" give the date, action and agency.

Month/Year	Investigating Agency
Month/Year	Investigating Agency

19. Financial Record

A. In the last 5 years, have you, or a company of which you own 10% or more, filed for bankruptcy, been declared bankrupt, been subject to tax lien, or had legal judgment rendered against it for a debt? If you answered "Yes" provide date of initial action and other information requested below. ____ Yes ____ No

Month/Year Action Business Name

Name/Address of Court handling case, City and State

Month/Year Action Business Name

Name/Address of Court handling case, City and State

Month/Year Action Business Name

Name/Address of Court handling case, City and State

B. Are you now over 180 days delinquent on any loan or financial obligations? Include loan or obligations funded or guaranteed by the Federal Government. If you answered "Yes" provide the information requested below
____ Yes ____ No

Month/Year Action Business Name

Name/Address of Court handling case, City and State

C. List all loans whose principal outstanding balance exceeds \$1000.00 and on which you are individually or jointly liable either directly or as a guarantor

Lender Loan # Outstanding Balance Purpose for Loan

Lender Loan # Outstanding Balance Purpose for Loan

Lender Loan # Outstanding Balance Purpose for Loan

D. Support Orders

1. Are there any orders/agreements entered into regarding child support/alimony? ____ Yes ____ No

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, judgment, & penalties.

20. Income Tax

A. Have your Massachusetts Tax Returns been filed on time for the last 7 years? ____Yes ____No

B. Have your Federal Tax Returns been filed on time for the last 7 years? ____Yes ____No

C. Are you delinquent on any State or Federal Tax Liabilities? ____Yes ____No

If you answered "No to A or B or "Yes" to C above, explain your answer(s) in the space below.

21. 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 7 years? ____Yes ____No

If you answered "Yes" to A or B above, explain your answer(s) in the space below

22. Previous Interactions with State Agencies (Professional / Trade License)

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 application, 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, hearing, complaint or claim with any regulatory agency or board? ____Yes ____No

F. Within the past 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, E or F above, explain your answer(s) in the space below. (Include nature of allegations, date and outcome of proceedings).

23. Licenses

A. Are you a licensed automobile operator? ____Yes ____No

B. Do you hold a CDL? ____Yes ____No

C. Do you possess any other license(s), permit(s), or registration(s) such as Firearms, etc.? ____Yes ____No

If you answered "Yes" to any of the above, provide the information required below.

Type of License	Lic. Number	Issuing State/County
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Agency Expiration Date

Type of License	Lic. Number	Issuing State/County
-----------------	-------------	----------------------

Agency Expiration Date

Type of License	Lic. Number	Issuing State/County
-----------------	-------------	----------------------

Agency Expiration Date

24. References

A. List three people who know you "Personally" and can attest to your qualifications and fitness for the position for which you are applying. Also include an e-mail address if available

Name	Tel. #	Relationship
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Address, City, State, Zip	E-mail
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Name	Tel. #	Relationship
------	--------	--------------

Address, City, State, Zip	E-mail
---------------------------	--------

Name	Tel. #	Relationship
------	--------	--------------

Address, City, State, Zip	E-mail
---------------------------	--------

B. A. List three people who know you "Professionally" and can attest to your qualifications and fitness for the position for which you are applying. Also include an e-mail address if available

Name	Tel. #	Relationship
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Address, City, State, Zip	E-mail
---------------------------	--------

Name	Tel. #	Relationship
------	--------	--------------

Address, City, State, Zip	E-mail
---------------------------	--------

Name	Tel. #	Relationship
------	--------	--------------

Address, City, State, Zip	E-mail
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25. Language

Indicates the languages you can speak, read and/or write.

[illegible]

26. Why do you want to join the Somerville Auxiliary Police?

[illegible]

27. What are you personally looking to get out of your appointment to the Somerville Auxiliary Police?

28. Aside from what has been asked, is there anything that you think of that can help or hurt your chances of being accepted to the Somerville Auxiliary Police Department?

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

After completing this application 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.