

Initials: _____

Applicant #: _____

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE

B. Preliminary Information

1. **Names** | Current Name: _____
(First, Mid, Last) | _____
 Other Alias or Previous Name (including maiden name): _____

2. **Current Address** | _____

3. **Mailing Address** | _____
(if different) | _____

4. **Date and** | DOB (mm/dd/yy): _____ Place of Birth (City, State, Province/Country, etc. if not USA): _____
Place of Birth |

5. **Phone Numbers** | Home: _____ Work: _____ Cell: _____ Pager: _____

6. **Email Address** | _____

7. **Citizenship** | Are you a US citizen? _____ If not, indicate country of citizenship and US status: _____
 YES NO

8. **Identifying** | Describe all scars, marks, tattoos, burns, piercings, and birthmarks: _____
Marks | _____

9. **Marital Status** | Married Single Engaged Separated Divorced

10. **Family and** | List all persons who currently reside with you:
Roommates |

Name	DOB	Relationship

Initials: _____

Applicant #: _____

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE

C. Spousal Information

Current Spouse

1. Names (First, Mid, Last)	Current Name:		
	Maiden Name:		
	Other Alias or Previous Name (including other maiden names):		
2. Current Address			
3. Mailing Address (if different)			
4. Date and Place of Birth	DOB (mm/dd/yy):	Place (City, State, Province/Country, etc. if not USA):	
	Home:	Work:	Cell:
5. Phone Numbers			
6. Occupation			
7. Employer and Address			
8. Date and Place of Marriage	Date (mm/dd/yy):	Place (City, State, Province/Country, etc. if not USA):	

Former Spouse(s)

9. Names (First, Mid, Last)	Current Name:		
	Maiden Name:		
	Other Alias or Previous Name (including other maiden names):		
10. Current Address			
11. Mailing Address (if different)			
12. Date and Place of Birth	DOB (mm/dd/yy):	Place (City, State, Province/Country, etc. if not USA):	
	Home:	Work:	Cell:
13. Phone Numbers			
14. Occupation			
15. Employer and Address			
16. Date and Place of Marriage	Date (mm/dd/yy):	Place (City, State, Country if not USA):	
	Date (mm/dd/yy):	Court Granting Divorce:	Docket #:
17. Divorce			

Initials: _____

Applicant #: _____

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE

C. Spousal Information, continued

Former Spouse(s) continued

9. Names (First, Mid, Last)	Current Name:		
	Maiden Name:		
	Other Alias or Previous Name (including other maiden names):		
10. Current Address			
11. Mailing Address (if different)			
12. Date and Place of Birth	DOB (mm/dd/yy):	Place (City, State, Province/Country, etc. if not USA):	
	Home:	Work:	Cell:
13. Phone Numbers			Pager:
14. Occupation			
15. Employer and Address			
16. Date and Place of Marriage	Date (mm/dd/yy):	Place (City, State, Province/Country, etc. if not USA):	
	Date (mm/dd/yy):	Court Granting Divorce:	Docket #:
17. Divorce			

Initials: _____

Applicant #: _____

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE

D. Relative and Relationship Information

Complete information must be provided concerning your immediate relatives (parents, siblings, children) and close relationships whether through blood, marriage, adoption, or otherwise. If you were raised by someone other than your biological mother and/or father, their information should be provided in addition to that for your biological parents. If you are engaged, contemplating marriage, or are involved in a substantial dating relationship, complete information regarding your fiancé or significant other must be provided in one of the areas labeled "Other". "Other" is also for roommates, business partners, etc. Spouses and ex-spouses are covered in Section C so are not included here.

Father (Biological, Adoptive, Step, or Other)

1.	Names (First, Mid, Last) 	Current Name:			
		Other Alias or Previous Name:			

2.	Current Address 	_____			
4.	Date and Place of Birth 	DOB (mm/dd/yy):		Place (City, State, Province/Country, etc. if not USA):	

5.	Phone Numbers 	Home:	Work:	Cell:	Pager:
		_____	_____	_____	_____
6.	Occupation 	_____			
7.	Employer and Address 	_____			
8.	Relationship (please be specific) 	_____			
9.	Length of Relationship 	_____			

Mother (Biological, Adoptive, Step, or Other)

10.	Names (First, Mid, Last) 	Current Name:			
		Other Alias or Previous Name (including maiden name):			

11.	Current Address 	_____			
12.	Date and Place of Birth 	DOB (mm/dd/yy):		Place (City, State, Province/Country, etc. if not USA):	

13.	Phone Numbers 	Home:	Work:	Cell:	Pager:
		_____	_____	_____	_____
14.	Occupation 	_____			
15.	Employer and Address 	_____			
16.	Relationship (please be specific) 	_____			
17.	Length of Relationship 	_____			

Initials: _____

Applicant #: _____

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE

D. Relative and Relationship Information (continued)

Sibling (Biological, Adoptive, Step, or Other)

18.	Names (First, Mid, Last) 	Current Name:			
		Other Alias or Previous Name (including maiden name):			
19.	Current Address 				
20.	Date and Place of Birth 	DOB (mm/dd/yy):	Place (City, State, Province/Country, etc. if not USA):		
		Home:	Work:	Cell:	Pager:
21.	Phone Numbers 				
22.	Occupation 				
23.	Employer and Address 				
24.	Relationship (please be specific) 				
25.	Length of Relationship 				

Sibling (Biological, Adoptive, Step, or Other)

18.	Names (First, Mid, Last) 	Current Name:			
		Other Alias or Previous Name (including maiden name):			
19.	Current Address 				
20.	Date and Place of Birth 	DOB (mm/dd/yy):	Place (City, State, Province/Country, etc. if not USA):		
		Home:	Work:	Cell:	Pager:
21.	Phone Numbers 				
22.	Occupation 				
23.	Employer and Address 				
24.	Relationship (please be specific) 				
25.	Length of Relationship 				

Initials: _____

Applicant #: _____

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE

D. Relative and Relationship Information (continued)

Child (Biological, Adoptive, Step, or Other)

26.	Names (First, Mid, Last) 	Current Name:			
		Other Alias or Previous Name (including maiden name):			
27.	Current Address 				
28.	Date and Place of Birth 	DOB (mm/dd/yy):	Place (City, State, Province/Country, etc. if not USA):		
29.	Phone Numbers 	Home:	Work:	Cell:	Pager:
30.	Occupation 				
31.	Employer and Address 				
32.	Relationship (please be specific) 				
33.	Length of Relationship 				

Child (Biological, Adoptive, Step, or Other)

26.	Names (First, Mid, Last) 	Current Name:			
		Other Alias or Previous Name (including maiden name):			
27.	Current Address 				
28.	Date and Place of Birth 	DOB (mm/dd/yy):	Place (City, State, Province/Country, etc. if not USA):		
29.	Phone Numbers 	Home:	Work:	Cell:	Pager:
30.	Occupation 				
31.	Employer and Address 				
32.	Relationship (please be specific) 				
33.	Length of Relationship 				

Initials: _____

Applicant #: _____

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE

D. Relative and Relationship Information (continued)

Other

34.	Names (First, Mid, Last) 	Current Name:			
		Other Alias or Previous Name (including maiden name):			
35.	Current Address 				
36.	Date and Place of Birth 	DOB (mm/dd/yy):	Place (City, State, Province/Country, etc. if not USA):		
37.	Phone Numbers 	Home:	Work:	Cell:	Pager:
38.	Occupation 				
39.	Employer and Address 				
40.	Relationship (please be specific) 				
41.	Length of Relationship 				

Other

34.	Names (First, Mid, Last) 	Current Name:			
		Other Alias or Previous Name (including maiden name):			
35.	Current Address 				
36.	Date and Place of Birth 	DOB (mm/dd/yy):	Place (City, State, Province/Country, etc. if not USA):		
37.	Phone Numbers 	Home:	Work:	Cell:	Pager:
38.	Occupation 				
39.	Employer and Address 				
40.	Relationship (please be specific) 				
41.	Length of Relationship 				

Initials: _____

Applicant #: _____

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE

F. Education

List all schools you have attended (whether completed or not) beginning with high school. Your background investigation will include a review of your academic history. **DO NOT LIST** police or law enforcement classes taken that are not part of an Associate's, Bachelor's, or Master's Degree at an accredited college or university (this information will be listed in Section G).

1. Dates Attended	From: _____	To: _____
2. Name of School	_____	
3. School Address	_____	
4. Course of Study	_____	
5. Degree Earned	_____	

1. Dates Attended	From: _____	To: _____
2. Name of School	_____	
3. School Address	_____	
4. Course of Study	_____	
5. Degree Earned	_____	

1. Dates Attended	From: _____	To: _____
2. Name of School	_____	
3. School Address	_____	
4. Course of Study	_____	
5. Degree Earned	_____	

1. Dates Attended	From: _____	To: _____
2. Name of School	_____	
3. School Address	_____	
4. Course of Study	_____	
5. Degree Earned	_____	

Initials: _____

Applicant #: _____

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE

F. Education, continued

Have you ever been disciplined, suspended, expelled, or put on scholastic or disciplinary probation by any institution during your academic career? If "Yes", complete the following: YES NO

6. Date | _____

7. Name of School | _____

8. Type of Discipline | _____

9. Reason for Discipline | _____

10. Outcome | _____

6. Date | _____

7. Name of School | _____

8. Type of Discipline | _____

9. Reason for Discipline | _____

10. Outcome | _____

6. Date | _____

7. Name of School | _____

8. Type of Discipline | _____

9. Reason for Discipline | _____

10. Outcome | _____

Initials: _____

Applicant #: _____

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE

F. Education, continued

If you successfully completed a GED (General Educational Development) test, please complete the following:

11. Exam Date | _____

12. Exam Location | _____

List all awards, honors, citations, and special recognition you received while attending school:

13. Date and Name of Award | Date: _____ Award/Honor/Citation/Recognition: _____

14. Awarded by | _____

15. Awarded for | _____

13. Date and Name of Award | Date: _____ Award/Honor/Citation/Recognition: _____

14. Awarded by | _____

15. Awarded for | _____

13. Date and Name of Award | Date: _____ Award/Honor/Citation/Recognition: _____

14. Awarded by | _____

15. Awarded for | _____

13. Date and Name of Award | Date: _____ Award/Honor/Citation/Recognition: _____

14. Awarded by | _____

15. Awarded for | _____

13. Date and Name of Award | Date: _____ Award/Honor/Citation/Recognition: _____

14. Awarded by | _____

15. Awarded for | _____

Initials: _____

Applicant #: _____

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE

F. Education, continued

List all positions you have held in school organizations:

16.	Dates	From:	To:
------------	--------------	-------	-----

17.	School		
------------	---------------	--	--

18.	Position and Organization	Position:	Organization:
------------	----------------------------------	-----------	---------------

16.	Dates	From:	To:
------------	--------------	-------	-----

17.	School		
------------	---------------	--	--

18.	Position and Organization	Position:	Organization:
------------	----------------------------------	-----------	---------------

16.	Dates	From:	To:
------------	--------------	-------	-----

17.	School		
------------	---------------	--	--

18.	Position and Organization	Position:	Organization:
------------	----------------------------------	-----------	---------------

List all athletic activities you participated in during your scholastic career:

19.	Dates	From:	To:
------------	--------------	-------	-----

20.	School		
------------	---------------	--	--

21.	Team/Sport and Position	Team/Sport:	Position (if applicable):
------------	--------------------------------	-------------	---------------------------

19.	Dates	From:	To:
------------	--------------	-------	-----

20.	School		
------------	---------------	--	--

21.	Team/Sport and Position	Team/Sport:	Position (if applicable):
------------	--------------------------------	-------------	---------------------------

19.	Dates	From:	To:
------------	--------------	-------	-----

20.	School		
------------	---------------	--	--

21.	Team/Sport and Position	Team/Sport:	Position (if applicable):
------------	--------------------------------	-------------	---------------------------

Initials: _____

Applicant #: _____

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE

G. Training

List all training classes or courses you have taken (whether completed or not) that could be of assistance to you in the law enforcement profession. If you did not complete a particular course, indicate "N/C" in the "Certificate Awarded" area. DO NOT LIST any education already entered in Section F).

1.	Dates Attended	From:	To:
2.	Course Provider		
3.	Provider Address		
4.	Course Name		
5.	Certificate Earned		

1.	Dates Attended	From:	To:
2.	Course Provider		
3.	Provider Address		
4.	Course Name		
5.	Certificate Earned		

1.	Dates Attended	From:	To:
2.	Course Provider		
3.	Provider Address		
4.	Course Name		
5.	Certificate Earned		

1.	Dates Attended	From:	To:
2.	Course Provider		
3.	Provider Address		
4.	Course Name		
5.	Certificate Earned		

Initials: _____

Applicant #: _____

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE

G. Training, continued

Have you ever been disciplined, suspended, expelled by, or dismissed from any training class, course, or facility? If "Yes", complete the following: YES NO

6.	Date 	_____
7.	Name of Facility/Course 	_____
8.	Type of Discipline 	_____
9.	Reason for Discipline 	_____
10.	Outcome 	_____

6.	Date 	_____
7.	Name of Facility/Course 	_____
8.	Type of Discipline 	_____
9.	Reason for Discipline 	_____
10.	Outcome 	_____

6.	Date 	_____
7.	Name of Facility/Course 	_____
8.	Type of Discipline 	_____
9.	Reason for Discipline 	_____
10.	Outcome 	_____

Initials: _____

Applicant #: _____

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE

G. Training, continued

List all awards, honors, citations, and special recognition (other than course diplomas or certificates) you received while attending any of the training listed in this section:

11. **Date and Name of Award** | Date: _____ | Award/Honor/Citation/Recognition: _____

12. **Awarded by** | _____

13. **Awarded for** | _____

11. **Date and Name of Award** | Date: _____ | Award/Honor/Citation/Recognition: _____

12. **Awarded by** | _____

13. **Awarded for** | _____

11. **Date and Name of Award** | Date: _____ | Award/Honor/Citation/Recognition: _____

12. **Awarded by** | _____

13. **Awarded for** | _____

11. **Date and Name of Award** | Date: _____ | Award/Honor/Citation/Recognition: _____

12. **Awarded by** | _____

13. **Awarded for** | _____

11. **Date and Name of Award** | Date: _____ | Award/Honor/Citation/Recognition: _____

12. **Awarded by** | _____

13. **Awarded for** | _____

11. **Date and Name of Award** | Date: _____ | Award/Honor/Citation/Recognition: _____

12. **Awarded by** | _____

13. **Awarded for** | _____

Initials: _____

Applicant #: _____

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE

H. Military Service Information

Have you ever served in any of the Armed Forces of the United States? YES NO

Have you ever served in any of the Armed Forces of any foreign governments? YES NO

If you answered "Yes" to either or both of the above questions, complete the following:

1. **Branch** | _____

2. **Current Military Status** | _____

3. **Dates** | Entry: _____ Discharge: _____

4. **Type of Discharge** | _____

5. **MOS** | _____

1. **Branch** | _____

2. **Current Military Status** | _____

3. **Dates** | Entry: _____ Discharge: _____

4. **Type of Discharge** | _____

5. **MOS** | _____

Have any of your discharges been for other than "Honorable"? If Yes, explain below: YES NO

6. **Discharge Date and Location** | Date: _____ Location: _____

7. **Branch/Rank** | Branch: _____ Rank: _____

8. **Type of Discharge** | _____

9. **Reason for Discharge** | _____

10. **Outcome** | _____

Initials: _____

Applicant #: _____

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE

H. Military Service Information, continued

List all awards, honors, citations, medals, and special recognition you received while serving in the military:

11. **Date and Name of Award** | Date | Award/Honor/Citation/Medal/Recognition

12. **Awarded for** | _____

11. **Date and Name of Award** | Date | Award/Honor/Citation/Medal/Recognition

12. **Awarded for** | _____

11. **Date and Name of Award** | Date | Award/Honor/Citation/Medal/Recognition

12. **Awarded for** | _____

11. **Date and Name of Award** | Date | Award/Honor/Citation/Medal/Recognition

12. **Awarded for** | _____

11. **Date and Name of Award** | Date | Award/Honor/Citation/Medal/Recognition

12. **Awarded for** | _____

11. **Date and Name of Award** | Date | Award/Honor/Citation/Medal/Recognition

12. **Awarded for** | _____

11. **Date and Name of Award** | Date | Award/Honor/Citation/Medal/Recognition

12. **Awarded for** | _____

Initials: _____

Applicant #: _____

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE

I. Employment Information

Beginning with your most recent employment, list all jobs you have held, including summer, seasonal, and/or part-time employment. All time must be accounted for. If you were unemployed for any period of time, you must indicate all dates of unemployment, and if you collected unemployment, please indicate such benefit.

1.	Dates	From:	To:
2.	Employer		
3.	Employer Address		
4.	Nature of Work		
5.	Salary	Starting:	Ending:
6.	Supervisor	Supervisor Name:	Phone:
7.	Reason for Leaving		
8.	Are you eligible for rehire?	If no, why not?	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
9.	Did you collect unemployment?	If yes, indicate amount:	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>

1.	Dates	From:	To:
2.	Employer		
3.	Employer Address		
4.	Nature of Work		
5.	Salary	Starting:	Ending:
6.	Supervisor	Supervisor Name:	Phone:
7.	Reason for Leaving		
8.	Are you eligible for rehire?	If no, why not?	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
9.	Did you collect unemployment?	If yes, indicate amount:	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Initials: _____

Applicant #: _____

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE

I. Employment Information, continued

1.	Dates	From:	To:
2.	Employer		
3.	Employer Address		
4.	Nature of Work		
5.	Salary	Starting:	Ending:
6.	Supervisor	Supervisor Name:	Phone:
7.	Reason for Leaving		
8.	Are you eligible for rehire?	If no, why not?	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
9.	Did you collect unemployment?	If yes, indicate amount:	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>

1.	Dates	From:	To:
2.	Employer		
3.	Employer Address		
4.	Nature of Work		
5.	Salary	Starting:	Ending:
6.	Supervisor	Supervisor Name:	Phone:
7.	Reason for Leaving		
8.	Are you eligible for rehire?	If no, why not?	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
9.	Did you collect unemployment?	If yes, indicate amount:	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Initials: _____

Applicant #: _____

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE

I. Employment Information, continued

10. Have you ever been counseled, warned, written up, disciplined, denied benefits, suspended, fired, or otherwise sanctioned for work-related problems? If "Yes", complete the following: YES NO

11.	Date	_____
12.	Name of Employer	_____
13.	Type of Action	_____
14.	Reason for Action	_____
15.	Outcome	_____

11.	Date	_____
12.	Name of Employer	_____
13.	Type of Action	_____
14.	Reason for Action	_____
15.	Outcome	_____

11.	Date	_____
12.	Name of Employer	_____
13.	Type of Action	_____
14.	Reason for Action	_____
15.	Outcome	_____

Initials: _____

Applicant #: _____

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE

I. Employment Information, continued

16. Have you ever had any extended absences from any employment for reasons other than earned vacation time? If "Yes", complete the following: YES NO

17.	Dates	Start of Absence:	End of Absence:
18.	Name of Employer		
19.	Reason for Absence		
20.	Outcome		

17.	Dates	Start of Absence:	End of Absence:
18.	Name of Employer		
19.	Reason for Absence		
20.	Outcome		

17.	Dates	Start of Absence:	End of Absence:
18.	Name of Employer		
19.	Reason for Absence		
20.	Outcome		

17.	Dates	Start of Absence:	End of Absence:
18.	Name of Employer		
19.	Reason for Absence		
20.	Outcome		

Initials: _____

Applicant #: _____

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE

I. Employment Information, continued

21. Since leaving high school, have you left any position under any of the following conditions:

Quit after allegations of poor performance? YES NO

Quit under other unfavorable circumstances? YES NO

Been fired from a job? YES NO

Left a job in any other way under any other unfavorable circumstances? YES NO

If you checked "Yes" for any of the questions above, complete the following:

22. Date | _____

23. Name of Employer | _____

24. Reason for Departure | Fired Quit Other Specify if "other": _____

25. Circumstances | _____

22. Date | _____

23. Name of Employer | _____

24. Reason for Departure | Fired Quit Other Specify if "other": _____

25. Circumstances | _____

22. Date | _____

23. Name of Employer | _____

24. Reason for Departure | Fired Quit Other Specify if "other": _____

25. Circumstances | _____

Initials: _____

Applicant #: _____

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE

I. Employment Information, continued

26. Do you object to the Sutton Police Department contacting your present employer? YES NO

If "Yes", when is the earliest time we can contact them? _____

27. If you have had no prior employment, explain all reasons why: _____

28. Do you object to wearing a uniform? YES NO

Do you object to working overnight shifts? YES NO

Do you object to working weekends? YES NO

Do you object to working holidays? YES NO

If you checked "Yes" to any of the questions above, justify fully: _____

29. Do you agree to follow the orders of officers appointed over you? YES NO

Are you capable of functioning in a paramilitary organization? YES NO

Are you capable of using physical force against another person if necessary? YES NO

Are you capable of using deadly force against another person if the need arose? YES NO

If you checked "No" to any of the questions above, justify fully: _____

Initials: _____

Applicant #: _____

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE

I. Employment Information, continued

30. Have you previously applied for employment (paid or unpaid) with any law enforcement agency but did not end up working for that agency? (Include Sutton Police Department applications prior to this one). If "Yes", complete the following: YES NO

31. **Date** | _____

32. **Agency and Location** | Agency: _____ Location: _____

33. **Position Applied for** | _____

34. **Outcome** | Declined offer Not offered job Withdrew Other Specify: _____

35. **Explanation** | _____

31. **Date** | _____

32. **Agency and Location** | Agency: _____ Location: _____

33. **Position Applied for** | _____

34. **Outcome** | Declined offer Not offered job Withdrew Other Specify: _____

35. **Explanation** | _____

31. **Date** | _____

32. **Agency and Location** | Agency: _____ Location: _____

33. **Position Applied for** | _____

34. **Outcome** | Declined offer Not offered job Withdrew Other Specify: _____

35. **Explanation** | _____

Initials: _____

Applicant #: _____

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE

J. Financial and Credit Information

1. Please list all present debts and financial obligations:

Date Incurred	Creditor Name and Address	Amount Owed	Reason for Debt/Obligation

2. Have you ever been denied credit or turned down for a loan of any kind? If "Yes", complete the following: YES NO

3. **Date and Type of Credit** | Date Applied: _____ | Type of Credit: _____

4. **Creditor** | _____

5. **Reason for Denial** | _____

3. **Date and Type of Credit** | Date Applied: _____ | Type of Credit: _____

4. **Creditor** | _____

5. **Reason for Denial** | _____

3. **Date and Type of Credit** | Date Applied: _____ | Type of Credit: _____

4. **Creditor** | _____

5. **Reason for Denial** | _____

Initials: _____

Applicant #: _____

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE

J. Financial and Credit Information, continued

6. Have you ever filed for bankruptcy? If "Yes", complete the following: YES NO

7. Date | _____

8. Court | _____

9. Docket # | _____

10. Circumstances | _____

11. List all debts discharged as a result of your bankruptcy:

Date Debt Incurred	Creditor Name and Address	Amount Discharged	Reason for Debt

12. Do you presently owe any money for traffic and/or parking fines? YES NO

13. Do you presently owe any money to any local, state, or federal government for taxes of any type? YES NO

14. If you answered "Yes" to either #12 or #13 or both, complete the following information:

Date Fine/Tax Incurred	Owed to	Amount Owed	Type of Fine/Tax	Reason not Paid

Initials: _____

Applicant #: _____

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE

J. Financial and Credit Information, continued

15. Are you currently obligated to pay child support, alimony, and/or any other court-ordered support of another individual or individuals? If "Yes", complete the following: YES NO

16.	Type of Payment	<input type="checkbox"/> Child Support	<input type="checkbox"/> Alimony	<input type="checkbox"/> Other	Specify if "Other":
17.	Recipient Name (First, Mid, Last)	_____			
18.	Recipient Relationship	_____			
19.	Amount and Frequency	Amount: _____	Frequency (weekly, monthly, etc.): _____		
20.	Court and Docket #	Court: _____	Docket #: _____		

16.	Type of Payment	<input type="checkbox"/> Child Support	<input type="checkbox"/> Alimony	<input type="checkbox"/> Other	Specify if "Other":
17.	Recipient Name (First, Mid, Last)	_____			
18.	Recipient Relationship	_____			
19.	Amount and Frequency	Amount: _____	Frequency (weekly, monthly, etc.): _____		
20.	Court and Docket #	Court: _____	Docket #: _____		

16.	Type of Payment	<input type="checkbox"/> Child Support	<input type="checkbox"/> Alimony	<input type="checkbox"/> Other	Specify if "Other":
17.	Recipient Name (First, Mid, Last)	_____			
18.	Recipient Relationship	_____			
19.	Amount and Frequency	Amount: _____	Frequency (weekly, monthly, etc.): _____		
20.	Court and Docket #	Court: _____	Docket #: _____		

16.	Type of Payment	<input type="checkbox"/> Child Support	<input type="checkbox"/> Alimony	<input type="checkbox"/> Other	Specify if "Other":
17.	Recipient Name (First, Mid, Last)	_____			
18.	Recipient Relationship	_____			
19.	Amount and Frequency	Amount: _____	Frequency (weekly, monthly, etc.): _____		
20.	Court and Docket #	Court: _____	Docket #: _____		

Initials: _____

Applicant #: _____

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE

J. Financial and Credit Information, continued

21. Have you ever filed personal or business state, federal, or foreign income tax return(s) late, in whole or in part? If "Yes", complete the following: YES NO

22.	Type of Tax and Jurisdiction	Type:	Taxing jurisdiction:	
		Amount and Length of Delay	Amount paid late:	Percentage of total tax obligation:
23.				
24.	Reason for Late Payment			
25.	Outcome			

22.	Type of Tax and Jurisdiction	Type:	Taxing jurisdiction:	
		Amount and Length of Delay	Amount paid late:	Percentage of total tax obligation:
23.				
24.	Reason for Late Payment			
25.	Outcome			

26. Do you presently hold financial interest in any corporation, LLC, partnership, trust, non-profit organization, sole proprietorship, or other business? If "Yes", complete the following: YES NO

27.	Date and Percentage	Date of initial investment/business opening:	Percentage you own/hold:	
		Type of Business	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Trust <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other (Specify if "Other"):	
28.				
29.	Name of Business			
30.	Industry/ Business			
31.	Business Address	(If more than one, list primary or headquarters address):		

32.	Significant Business Associates and Relationship (i.e. Partner) (Last, Mid, First)	Name:	Business Relationship:
		Name:	Business Relationship:
		Name:	Business Relationship:
		Name:	Business Relationship:

Initials: _____

Applicant #: _____

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE

K. Driver's License and Vehicle Information

1. Do you possess a valid Massachusetts Driver's License? If "Yes", complete the following: YES NO

2. Number, Status, and Class	License Number:	Status:	Class:
	3. Restrictions, Endorsements	Restrictions:	Endorsements:

4. Do you now hold or have you ever held a valid Driver's License from another state or country? If "Yes", complete the following: YES NO

5. Dates Held	From:	To:	
	6. License Info	Issuing Jurisdiction:	License Number:

5. Dates Held	From:	To:	
	6. License Info	Issuing Jurisdiction:	License Number:

7. Has your license to operate or your right to operate a motor vehicle ever been suspended or revoked in any state or country? If "Yes", complete the following: YES NO

8. Date and Place	Date:	Place (City, State, Province/Country, etc. if not USA):
	9. License Info	Type of License:
10. Action Taken		
11. Reason for Action		
12. Outcome		

Initials: _____

Applicant #: _____

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE
K. Driver's License and Vehicle Information, continued

13. Have you ever been involved in a motor vehicle accident? If "Yes", complete the following: YES NO

Date	Location (City, State) (Province, Country, etc. if not USA)	Investigating Agency	Your Status	
			<input type="checkbox"/> Driver	<input type="checkbox"/> Pedestrian
			<input type="checkbox"/> Passenger	<input type="checkbox"/> * Other
			<input type="checkbox"/> Driver	<input type="checkbox"/> Pedestrian
			<input type="checkbox"/> Passenger	<input type="checkbox"/> * Other
			<input type="checkbox"/> Driver	<input type="checkbox"/> Pedestrian
			<input type="checkbox"/> Passenger	<input type="checkbox"/> * Other
			<input type="checkbox"/> Driver	<input type="checkbox"/> Pedestrian
			<input type="checkbox"/> Passenger	<input type="checkbox"/> * Other
			<input type="checkbox"/> Driver	<input type="checkbox"/> Pedestrian
			<input type="checkbox"/> Passenger	<input type="checkbox"/> * Other

* Explain "Other" status: _____

14. List all motor vehicles presently registered to you and/or your spouse:

Year	Make	Model	State	Registration	Insurance Co.	Registered to
						<input type="checkbox"/> You <input type="checkbox"/> Spouse
						<input type="checkbox"/> You <input type="checkbox"/> Spouse
						<input type="checkbox"/> You <input type="checkbox"/> Spouse
						<input type="checkbox"/> You <input type="checkbox"/> Spouse
						<input type="checkbox"/> You <input type="checkbox"/> Spouse
						<input type="checkbox"/> You <input type="checkbox"/> Spouse

Initials: _____

Applicant #: _____

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE

L. Legal History

Under Massachusetts law, you may respond "No Record" if any of the following circumstances are applicable:

- 1) You have never been arrested or summoned to appear for a violation of a criminal nature.
- 2) You have been arrested but never tried for a criminal violation.
- 3) You have been tried for a criminal offense, but were not convicted.
- 4) You have a first conviction for any of the following misdemeanors:
 - a) Drunkenness
 - b) Simple assault
 - c) Affray
 - d) Speeding
 - e) Minor traffic infraction
 - f) Disturbing the peace
- 5) Any conviction of a misdemeanor where the date of such conviction or the completion of any period of incarceration resulting there from (whichever date occurred later) occurred five or more years prior to the date of this questionnaire; unless you have been convicted of any offense within five years immediately preceding the date of this questionnaire.
- 6) You have felony or misdemeanor convictions which have been sealed pursuant to Massachusetts law.
- 7) You have juvenile delinquency or child in need of services (CHINS) complaints which were not transferred to Superior Court for prosecution.

YOU MUST ANSWER "YES" TO ALL OTHER CRIMINAL VIOLATIONS

1. Do you have a criminal record? If "Yes", complete the following: YES NO

2.	Date and Place	Date:	Place (City, State, Province/Country, etc. if not USA):

3.	Charges	_____	
4.	Court and Docket	Court:	Docket #:

5.	Sentence	_____	
6.	Additional Explanation	_____	

2.	Date and Place	Date:	Place (City, State, Province/Country, etc. if not USA):

3.	Charges	_____	
4.	Court and Docket	Court:	Docket #:

5.	Sentence	_____	
6.	Additional Explanation	_____	

Initials: _____

Applicant #: _____

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE

L. Legal History, continued

Have you ever been convicted of:

- 7. A felony? YES NO 9. A violent crime? YES NO
- 8. A drug offense? YES NO 10. A crime punishable by imprisonment of two (2) or more years? YES NO
- 11. Are there any criminal charges pending against you now? YES NO
- 12. Are you currently the subject of any permanent or temporary restraining order from either a criminal or civil court, or a similar order issued in any other jurisdiction? YES NO

If you answered "Yes" to any of the above questions (#7 - #12), complete the following:

13.	Date and Question #	Date:	Question Number (from #7 - #12, above):

14.	Charges or Order (include #)	_____	

15.	Court and Docket	Court:	Docket #:
		_____	_____
16.	Sentence	_____	
17.	Circumstances/ Explanation	_____	

13.	Date and Question #	Date:	Question Number (from #7 - #12, above):

14.	Charges or Order (include #)	_____	

15.	Court and Docket	Court:	Docket #:
		_____	_____
16.	Sentence	_____	
17.	Circumstances/ Explanation	_____	

Initials: _____

Applicant #: _____

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE

L. Legal History, continued

List all other crimes you have committed, regardless of whether you were stopped by the police, arrested by the police, charged in any court and/or convicted by any court.

18.	Date and Place	Date:	Place (City, State, Province/Country, etc. if not USA):
19.	Crime		
20.	Why Crime was Committed		
21.	How Crime was Committed		
22.	Why you were not prosecuted		
23.	Other Explanation		

18.	Date and Place	Date:	Place (City, State, Province/Country, etc. if not USA):
19.	Crime		
20.	Why Crime was Committed		
21.	How Crime was Committed		
22.	Why you were not prosecuted		
23.	Other Explanation		

Initials: _____

Applicant #: _____

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE

L. Legal History, continued

Do you now or have you ever used, possessed, sold, supplied, or manufactured any illegal controlled substances? (When used without prescription, illegal controlled substances include marijuana, cocaine, hashish, narcotics, morphine, codeine, heroin, stimulants, depressants, hallucinogenics, anabolic steroids, MDMA (ecstasy), GBH, ketamine, rohypnol, and all other so-called street drugs or club drugs). If "Yes", complete the following:

YES NO

24.	Dates of Involvement	From:	To:			
25.	Substance(s) Involved					
26.	Your Involvement	<input type="checkbox"/> Used	<input type="checkbox"/> Possessed	<input type="checkbox"/> Sold	<input type="checkbox"/> Supplied	<input type="checkbox"/> Manufactured
27.	Exact Nature of Activity					
28.	Source of Substances					
29.	Circumstances/ Explanation					

24.	Dates of Involvement	From:	To:			
25.	Substance(s) Involved					
26.	Your Involvement	<input type="checkbox"/> Used	<input type="checkbox"/> Possessed	<input type="checkbox"/> Sold	<input type="checkbox"/> Supplied	<input type="checkbox"/> Manufactured
27.	Exact Nature of Activity					
28.	Source of Substances					
29.	Circumstances/ Explanation					

Initials: _____

Applicant #: _____

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE

L. Legal History, continued

With the exception of divorce cases (which are covered in Section C), are you now or have you ever been a plaintiff or defendant in a civil court action? If "Yes", complete the following:

YES NO

30.	Duration of Case (Dates)	From:	To:

31.	Your Involvement	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	

32.	Court and Docket #	Court:	Docket #:
		_____	_____
33.	Other Involved Party(s)	Name:	_____
		Name:	_____
34.	Nature of Case	_____	

34.	Outcome	_____	

30.	Duration of Case (Dates)	From:	To:

31.	Your Involvement	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	

32.	Court and Docket #	Court:	Docket #:
		_____	_____
33.	Other Involved Party(s)	Name:	_____
		Name:	_____
34.	Nature of Case	_____	

34.	Outcome	_____	

Initials: _____

Applicant #: _____

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE

M. Personal Habits

1. Do you consume alcoholic beverages? If "Yes", complete the following: YES NO

Type of Beverage	Frequency	Further Explanation (optional)

2. Are you now or have you ever been affiliated with or been a member of any street gang, outlaw motorcycle club, or similar organization? If "Yes", complete the following: YES NO

— Dates —		Organization	Your Affiliation	Further Explanation (optional)
From	To			

3. How often do you gamble? Never Seldom Occasionally Regularly Frequently

4. Have you ever placed a wager or bet by telephone or computer, or completed a hand-to-hand transaction with a bookmaker (so-called bookie or numbers man) based on the result of a professional or college sports event (other than a legitimate gambling event)? YES NO

5. Have you ever been "paid off" while or after playing any illegal slot machine or video game? YES NO

6. Have you ever worked for a bookie? YES NO

7. Do you presently have any outstanding gambling bets? YES NO

8. Have you ever borrowed money to gamble with? YES NO

9. Have you ever used an employer's money to gamble with? YES NO

10. Have you ever stolen money to gamble with? YES NO

Initials: _____

Applicant #: _____

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE

M. Personal Habits, continued

11. If you answered "Yes" to any of the questions numbered #4 - #10 above, complete the following:

12.	Date and Place	Date:	Place (City, State, Province/Country, etc. if not USA):
13.	Type of Activity		
14.	Amount of Money Involved		
15.	Explanation		
16.	Outcome		

12.	Date and Place	Date:	Place (City, State, Province/Country, etc. if not USA):
13.	Type of Activity		
14.	Amount of Money Involved		
15.	Explanation		
16.	Outcome		

12.	Date and Place	Date:	Place (City, State, Province/Country, etc. if not USA):
13.	Type of Activity		
14.	Amount of Money Involved		
15.	Explanation		
16.	Outcome		

Initials: _____

Applicant #: _____

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE
N. Weapons and Licenses

1. Have you ever been issued a firearms license of any type (in Massachusetts or any other jurisdiction)? If "Yes", complete the following: YES NO

— Dates —		Check Applicable License Type(s) (Classes A-D are Massachusetts types)	Jurisdiction (if not Mass.)	License Number (if current)
From	To			
		<input type="checkbox"/> Mass. Class A LTC (Large Capacity)		
		<input type="checkbox"/> Mass. Class B LTC (Non-large Capacity)		
		<input type="checkbox"/> Mass. Class C FID (Rifle/Shotgun)		
		<input type="checkbox"/> Mass. Class D FID (Chemical Spray only)		
		<input type="checkbox"/> Machine Gun		
		<input type="checkbox"/> Other (specify)		
		<input type="checkbox"/> Other (specify)		

2. Have you ever had a firearms license of any type suspended or revoked in Massachusetts or any other jurisdiction? If "Yes", complete the following: YES NO

3.	Date and Type of Action	Date:	<input type="checkbox"/> Suspension	<input type="checkbox"/> Revocation
		Jurisdiction and License Type	Jurisdiction:	Type of License:
5.	Reason for Action	_____		
6.	Outcome	_____		

3.	Date and Type of Action	Date:	<input type="checkbox"/> Suspension	<input type="checkbox"/> Revocation
		Jurisdiction and License Type	Jurisdiction:	Type of License:
5.	Reason for Action	_____		
6.	Outcome	_____		

Initials: _____

Applicant #: _____

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE

N. Weapons and Licenses, continued

7. Do you currently own any firearms (including rifles, handguns, shotguns, machine guns, or any other type of firearm? If "Yes", list each weapon below: YES NO

Make	Model	Caliber	Serial Number

8. Do you possess any special skills relative to self-defense? If "Yes", list the details pertaining to your skills: YES NO

Date(s) Obtained	Type of Skill/Level	Where/How Skill Obtained (Include facility name if applicable)

9. Do you currently hold any other license(s) for any function whatsoever, including but not limited to RN, LPN, MD, EMT, paramedic, pilot, JD, plumber, electrician, barber, hoist operator, etc.) If you answer "Yes", list all licenses: YES NO

— Dates —		Type of License	Issuing Authority	License #
Original Issue	Current Expiration			

Initials: _____

Applicant #: _____

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE

O. Clubs and Organizations

1. List all organizations, clubs, and associations of which you are or have been a member:

— Dates —		Organization	Location (City, State, Province/Country, etc. if not USA)
From	To		

List any offices and/or positions you held in the organizations shown above, detailing your duties:

2. **Date and Organization** | Date: _____ | Organization: _____

3. **Office or Position Held** | _____

4. **Duties** | _____

2. **Date and Organization** | Date: _____ | Organization: _____

3. **Office or Position Held** | _____

4. **Duties** | _____

Initials: _____

Applicant #: _____

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE

P. References

Provide three (3) personal references who are responsible adults of reputable standing in the community, who you have known for at least five (5) years. Do not list relatives, former or present employers, fellow employees, former or present school teachers, or any employee of the Sutton Police Department.

1.	Name (First, Mid, Last)	_____		
2.	Current Address	_____		
3.	Mailing Address (if different)	_____		
4.	Phone Numbers	Home:	Work:	Cell:
5.	Relationship and Length	Nature of Relationship:		How long known:
6.	Current Employer	(If retired, indicate "Retired"):		
7.	Occupation	(If retired, indicate former occupation):		

8.	Name (First, Mid, Last)	_____		
9.	Current Address	_____		
10.	Mailing Address (if different)	_____		
11.	Phone Numbers	Home:	Work:	Cell:
12.	Relationship and Length	Nature of Relationship:		How long known:
13.	Current Employer	(If retired, indicate "Retired"):		
14.	Occupation	(If retired, indicate former occupation):		

15.	Name (First, Mid, Last)	_____		
16.	Current Address	_____		
17.	Mailing Address (if different)	_____		
18.	Phone Numbers	Home:	Work:	Cell:
19.	Relationship and Length	Nature of Relationship:		How long known:
20.	Current Employer	(If retired, indicate "Retired"):		
21.	Occupation	(If retired, indicate former occupation):		

Initials: _____

Applicant #: _____

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 screen urinalysis, may be required after an employment offer has been made. I understand that this is not a contract of employment and the municipality or I may sever the employment relationship 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 tours for which I must be available as required. I further understand that any appointment tendered me will be contingent upon the result 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 Sutton Police Department authorization to contact any person reasonable 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 furnishing or inspection of such documents, records, or other information or investigations made by or on behalf of this municipality. This authority shall continue until revoked in writing by the undersigned.

Date

Signature of Applicant

COMMONWEALTH OF MASSACHUSETTS

_____, 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 is full, true and correct in every respect.

Signature of Applicant _____

Sworn before me this _____ day of _____, 200__.

Notary Public or Commissioner of Deeds
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 LAIBILITY”

Initials: _____

Applicant #: _____

CREDIT CHECK AUTHORIZATION

I, _____ residing at _____
_____, Massachusetts authorize the Sutton Police Chief access to
my Credit report for pre-employment purposes.

Date: _____ Signed: _____

C.O.R.I. CHECK AUTHORIZATION

I, _____ residing at _____
_____, Massachusetts authorize the Sutton Police Chief to conduct a
criminal history check on my name and date of birth for pre-employment purposes.

(Applicant Initial _____)

(Applicant Date of Birth Month _____ Day _____ Year _____)

Date: _____ Signed: _____