



Town of Auburn

Auburn Public Safety Communications Application
416 Oxford Street N, Auburn, MA 01501

The Town of Auburn is an equal opportunity employer and does not discriminate against any applicant because of race, color, religion, sex, marital status, national origin, age, disability, sexual orientation or any other class protected by federal, state or local law.
(Please print or type)

PERSONAL INFORMATION

Full Name (First, middle, last):

Date of Application:

Address (Street/city/sate/zip):

Previous Addresses in last 10 years:

Street	City	State	Zip
Street	City	State	Zip
Street	City	State	Zip

Phone Number:

Alternative Phone No.

Social Security Number:

Driver's License Number:

Are you a citizen of the United States? YES NO

Date of Birth:

If NO, can you provide proof that you are eligible to work in the United States, in accordance with the Immigration Reform and Control Act? Yes NO

Military Status/Experience:

Email Address:

Other Previous Names?

Languages Spoken?

Have you ever been convicted of a crime? YES NO

If yes, explain nature of offense.

Have you ever been employed by the Town of Auburn? NO YES

If YES, Title of position held:

Dates of Employment: From ___/___/___ To ___/___/___

Reason for Leaving:

Do you have any experience dispatching? YES NO

EDUCATION

	School (name, city, state and phone number)	Diploma/Degree	Dates Attended	Major/Course of Study
High School/ GED				
Undergraduate College/ University				
Graduate College/ University				
Other Education, i.e. Technical, Business				

Summarize any other special skills or qualification:

Please list any Certifications, Honors or Trainings that pertain to the position you are applying for:

EMPLOYMENT HISTORY

(Please list the names of your present or previous employers in chronological order with present or most recent employer listed first. Be sure to account for all periods. (Attach sheet if more space ids needed)

Present Company:

Address:

Your Title:

Employed from:

Employed to:

Responsibilities:

Supervisor's Name:

Phone:

Reason for Leaving:

Company:

Address:

Your Title:

Employed from: _____ **Employed to:** _____

Responsibilities: _____

Supervisor's Name: _____ **Phone:** _____

Reason for Leaving: _____

Company: _____

Address: _____

Your Title: _____

Employed from: _____ **Employed to:** _____

Responsibilities: _____

Supervisor's Name: _____ **Phone:** _____

Reason for Leaving: _____

REFERENCES

Business and Professional References

Please list three professional references of individuals who are not related to you.

Name	Email	Phone Number	Relationship

Personal References

Please list three "non-family" people who know you well.

Name	Email	Phone Number	Relationship and Years Acquainted

ACKNOWLEDGEMENT

I understand that all statements made in this application are true and complete under pains and penalties of perjury. I authorize the Town of Auburn to investigate all statements made as part of this application and to secure any necessary information from all prior employers, references, academic institutions and law enforcement agencies. I release all of those persons, employers references, academic institutions and law enforcement agencies from any and all liability arising from their giving and receiving information about my employment history, academic credentials, qualifications or criminal record. I understand that any false answers or statements or misrepresentations by omission made by me as part of my application will be sufficient for rejection of my application or for my immediate dismissal, should one be discovered after I am employed. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity and that failure to submit proof will result in denial of employment. I understand that the Town follows an "employment at will" policy and nothing in this employment application, in the Town's statements of personnel guidelines or in my communication with any Town employee or official is intended to create an employment contract between the Town and me. Employment is not guaranteed for a definite period and that some positions regarded as part-time and/or temporary are paid for actual hours worked and are not entitled to benefits offered to full-time positions (except FICA and Workers' Compensation). There is nothing to keep me from fulfilling the duties of the job for which I have applied.

Applicant's Full name (type or print) _____

Applicant's Signature: _____ Date: _____

Must be signed in presence of Notary.

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

In Witness Whereof, I have herein set my hand and official seal,

This _____ day of _____, 20 _____.

_____ - My Commission expires on: _____

Notary Public

PLEASE ATTACH THE FOLLOWING:

- Cover letter, Resume**
- Copy of College Transcript (if applicable)**
- Copy of any certifications/licensure (if applicable)**
- Recommendations Letters (optional)**
- Copy of Driver's License or Passport**



AUBURN PUBLIC SAFETY COMMUNICATIONS DEPARTMENT

416 Oxford St. (N)

Auburn, MA 01501

LETTER OF UNDERSTANDING

Carefully read each statement below. Initial your voluntary acknowledgements prior to each paragraph before having this Letter of Understanding notarized, and return it by the date requested.

_____ I swear or affirm that the information I have caused to be entered into the Employment Application for the position of Dispatcher with the Auburn Police Department is true, accurate, and complete.

_____ I understand there are certain requirements that I must meet before I can be accepted to this position. I understand I must submit to a preliminary background investigation, and certain tests and examinations, which consists of but is not limited to the following:

- **Employment Application**
- **National and State Criminal and Driver Histories Checks**
- **Review of past employment**
- **Educational transcripts**
- **Military records**
- **Interviews**
- **Drug Screenings**
- **Standard Medical Evaluations**

_____ I understand that upon successful completion of the preceding tests and reviews I understand I will be subject to a rigorous and extensive background examination, including verification of all previously noted documentation and any other source, person, agency or information deemed necessary for consideration for acceptance to the position of police officer with the Auburn Police Department to include:

- **Personal History Statement reviews**
- **In Person Interviews with Investigators**

_____ I agree to cooperate fully with the entire background investigation process and the investigators and I understand that my failure to cooperate honestly and openly will result in my being automatically disqualified from further consideration with the Auburn Police Department.

_____ I understand that this Application and Personal History Statement are but one element of the selection process for police officer and that even an acceptable background does not guarantee my selection as a candidate for police officer with the Auburn Police Department.

_____ I understand that misrepresentations, omissions or false statements given herein or during any interview(s) will result in my being disqualified from further consideration and/or terminated from employment with the Auburn Police Department.

_____ I understand all records and tests submitted for review become the property of the Auburn Police Department and I will not receive copies or any information contained in them.

_____ I understand records, copies of records or any other information obtained during this application process may be released or furnished to other Law Enforcement Agencies, upon their request.

_____ I have had an opportunity to review this document with an attorney of my choosing.

Date: _____

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

Applicant's Signature: _____

Applicant's Home Address: _____

Must be signed in presence of Notary.

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

In Witness Whereof, I have herein set my hand and official seal,

This _____ day of _____, 20 _____.

_____ - **My Commission expires on:** _____

Notary Public

AUBURN PUBLIC SAFETY COMMUNICATIONS DEPARTMENT

416 Oxford St. (N)

Auburn, MA 01501

(508) 832-7777

AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____

First Name

Middle Initial

Last Name

PREVIOUS NAMES OR ALIAS (Include Maiden Name): _____

RESIDENTIAL ADDRESS: _____

(Not Post Office Box) Number Street

HAVE YOU EVER LIVED IN ANOTHER STATE? _____ IF YES WHERE? _____

SSN: _____ **DRIVERS LICENSE NUMBER:** _____

DATE OF BIRTH: ____/____/____ **PLACE OF BIRTH:** _____

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

The intent of this authorization for a full and complete disclosure of the records of every person, firm, company, corporation, Governmental, State, or Federal Agency, educational institutions, financial or credit institutions including records of deposits, withdrawals and balances of checking savings accounts and loans and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and preemployment records, including background reports, efficiency ratings, complaints, or grievances wherever filed; records of complaint, arrest trial, wheresoever located and to include the records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case in which I presently have an interest.

I understand and emphasize that the intent of this authorization is to provide full access to the background and history of my personal life, for the specific purpose of pursuing a background investigation, which may provide pertinent data for the Auburn Police Department and/or the Appointing Authority to consider in determining my suitability for employment by this Department.

I understand that any and all information obtained by a background investigation of my personal history, which is developed directly or indirectly, in whole or part based upon this release authorization, shall be used for consideration in determining my suitability for employment by the Auburn Police Department.

I understand that all materials pertaining to this background investigation become the property of the Auburn Police Department and will not be returned or disclosed to me.

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

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

This authority shall not be revoked during the effective period, from the date hereof to the date of expiration, if any, and shall continue for one (1) calendar year unless sooner revoked in writing by the undersigned applicant. I acknowledge I have had an opportunity to review this document with an attorney of my choosing.

Must be signed in presence of Notary

Date: _____

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

Applicant's Signature: _____

Applicant's Home Address: _____

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

In Witness Whereof, I have herein set my hand and official seal,

This _____ day of _____, 20 _____.

_____ **My Commission expires on:** _____

Notary Public Signature

MASSACHUSETTS GENERAL LAWS c. 149. § 19B

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.