



# SOMERSET POLICE DEPARTMENT

465 COUNTY STREET  
SOMERSET, MASSACHUSETTS 02726  
(508) 679-2138 WWW.SOMERSETPD.ORG



*William Tedford*  
Chief of Police

*Jay R. Borges*  
Deputy Chief

## APPLICATION FOR EMPLOYMENT

### Part Time Dispatcher

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 questions truthfully or completely may result in the applicant's disqualification, or termination if discovered after hiring.
4. If the space provided is not sufficient for complete answers, attach sheets and indicate to which question those sheets pertain.
5. All applicants must submit the following documents with their applications:
  - a. One copy of your High School Diploma or Equivalency Certificate
  - b. A copy of your higher education diploma (if applicable), and all transcripts from any/all college and graduate study.
  - c. A copy of your driver's license.
6. All applicants will be subject to a background investigation.

**SOMERSET POLICE DEPARTMENT**  
**EMPLOYMENT APPLICATION**  
Public Safety Dispatcher

**PERSONAL INFORMATION**

Name: Last, First, MI				
Address:		City/State		Zip Code:
Date of Birth (MM/DD/YY)	Social Security Number	Telephone (Home/Mobil)		Email
List Previous Name(s) if any				
<div>Are you a US Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>If no, are you legally permitted to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Have you ever been convicted of a felony: Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>If yes, explain:</div>				
In chronological order, please list below all addresses you have resided within the past five years, including school address (if on campus resident)				
From	To	Street Address (include apartment number, if applicable)	City, State	Landlord Name and Telephone (if applicable)

**EDUCATION**

Name/Address	Years Attended	Graduated	Degree/Diploma	Major/Course of Study
High School		Yes <input type="checkbox"/> No <input type="checkbox"/>		
College		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Graduate		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Other		Yes <input type="checkbox"/> No <input type="checkbox"/>		
List any awards, honors or special recognition received by attending school.				
Were you ever dismissed from a school or was any disciplinary action ever taken against you during your scholastic career? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, please explain:				

Do you possess any training or experience as a Public Safety Dispatcher? Yes ☐ No ☐ If yes, please answer the questions below:

Do you possess any of the following certifications:

PST 1: Yes ☐ No ☐ Certifying Entity: APCO ☐ Powerphone ☐

CPR: Yes ☐ No ☐ Certifying Entity: \_\_\_\_\_

E.M.D.: Yes ☐ No ☐ Certifying Entity: APCO ☐ Powerphone ☐

First Aid Yes ☐ No ☐ Certifying Entity: \_\_\_\_\_

NexGen: Yes ☐ No ☐

AED: Yes ☐ No ☐ Certifying Entity: \_\_\_\_\_

Other: \_\_\_\_\_

Are you now or were you previously employed as a Public Safety Dispatcher? Yes ☐ No ☐ If yes, please complete the section below.

Agency Name/Address	Dates Employed: From: To:		Supervisor Name:

Do you speak any foreign languages? Yes ☐ No ☐ If yes, please indicate below language type and proficiency.

Language	Speak	Read	Write
	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"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please rate your proficiency using the following:

Microsoft Windows: Excellent ☐ Good ☐ Fair ☐ Poor ☐  
Microsoft Office Suite  
Word Excellent ☐ Good ☐ Fair ☐ Poor ☐  
Excel Excellent ☐ Good ☐ Fair ☐ Poor ☐  
PowerPoint Excellent ☐ Good ☐ Fair ☐ Poor ☐  
Access Excellent ☐ Good ☐ Fair ☐ Poor ☐

Text Messaging: Excellent ☐ Good ☐ Fair ☐ Poor ☐  
Fax Machines & scanners: Excellent ☐ Good ☐ Fair ☐ Poor ☐  
E-Mail : Excellent ☐ Good ☐ Fair ☐ Poor ☐  
Social Media Applications : Excellent ☐ Good ☐ Fair ☐ Poor ☐

## WORK HISTORY

Please list, in chronological order, all employment, full and part-time within the past five (5) years.

Dates of Employment To: From:		Name and address of Employer	Supervisor Name
Job Description:			
Dates of Employment To: From:		Name and address of Employer	Supervisor Name
Job Description:			
Dates of Employment To: From:		Name and address of Employer	Supervisor Name
Job Description:			
Dates of Employment To: From:		Name and address of Employer	Supervisor Name
Job Description:			

Have you ever been terminated or forced to resign from a job as a result of misconduct or poor performance? Yes ☐ No ☐ If yes, explain

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#### MILITARY SERVICE

Please complete the following pertaining to service in the United States Armed Forces:

Active Duty: Yes <input type="checkbox"/> No <input type="checkbox"/>	Branch:	Honorable Discharge Yes <input type="checkbox"/> No <input type="checkbox"/>	To:	From:
Reserve/Nat't Guard: Yes <input type="checkbox"/> No <input type="checkbox"/>	Branch:	Honorable Discharge Yes <input type="checkbox"/> No <input type="checkbox"/>	To:	From:

Were you the subject of disciplinary action during your time of service? Yes ☐ No ☐ If yes, explain

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#### REFERENCES

Please list three personal references (exclude former employers/supervisors) who you have known for at least 3 years that can attest to your character, ability, experience, personality and other qualities. Be sure to provide address and telephone numbers in the space provided.

Name	Address	Telephone Number	Years Known

#### GENERAL RELEASE

I, the undersigned applicant, do attest that the information provided by me in this application is, is to the best of my knowledge true and correct. I consent to have an investigation made as to my moral character, reputation and fitness for the position to which I have applied and such information as may be received, reported to the appointing authority. I agree to give any further information which 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 Somerset 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 Somerset Police Department or any of its agents or representatives to inspect and make copies of such documents, records and other information.

I understand that any deliberate misrepresentation by me on the information provided herein may result in any offer of employment being rescinded or if hired, be grounds for my termination.

I hereby release, discharge, exonerate and hold harmless the Somerset 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 Somerset Police Department.

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

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

#### FOR DEPARTMENT USE ONLY

Date Received:	Received By:
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Interview Granted: Yes ☐ No ☐ Date of Interview: \_\_\_\_\_ Interviewed By: \_\_\_\_\_

Hired: Yes ☐ No ☐ Start Date: \_\_\_\_\_