Initials:	
Applicant #:	

	Sun	TON POLICE DE	PARTMENT EMPLO	YMENT QUESTIO	NNAIRE
		В.	Preliminary Inforn	nation	
1.	Names (First, Mid, Last)	Current Name:			
	, , , , , , , , , , , , , , , , , , , ,	Other Alias or Previous N	lame (including maiden name):		
2.	Current Address				
3.	Mailing Address (if different)				
4.	Date and Place of Birth	DOB (mm/dd/yy):		e, Province/Country, etc. if n	
5.	Phone Numbers	Home:	Work:	Cell:	Pager:
6.	Email Address				
7.	Citizenship	Are you a US citizen? YES □ NO □		e country of citizenship and	US status:
8.	Identifying Marks	Describe all scars, marks	s, tattoos, burns, piercings, and	birthmarks;	
100100					
9.	Marital Status	Married □ Sir	ngle □ Engaged □	Separated □	Divorced □
10.	Family and Roommates	List all persons who	o currently reside with yo	u:	
ı		Name		DOB	Relationship
l				1	. 1

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. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4		
4.	Date and Place of Birth	DOB (mm/dd/yy):	Place (City, State, Province/Co	ountry, etc. if no	t USA):	
5.	Phone Numbers	Home:	Work:	Cell:		Pager:
6.	Occupation					
7.	Employer and Address					
8.	Date and Place of Marriage	Date (mm/dd/yy):	Place (City, State, Province/C	ountry, etc. if no	t USA):	
			Former Spouse(s)			
9.	Names (First, Mid, Last)	Current Name:				
	(,,,	Maiden Name:		*** 11-111		
		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/C	ountry, etc. if no	t USA):	
13.	Phone Numbers	Home:	Work:	Cell:		Pager:
14.	Occupation					
15.	Employer and Address					
16.	Date and Place of Marriage	Date (mm/dd/yy):	Place (City, State, Country if n	ot USA):		
17.	Divorce	Date (mm/dd/yy):	Court Granting Divorce:	,	Docket#:	

Initials:	
Applicant #:	

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, Pro	vince/Country, etc. if no	t USA):	
13.	Phone Numbers	Home:	Work:	Cell:	Pager:	
14.	Occupation					
15.	Employer and Address					
16.	Date and Place of Marriage	Date (mm/dd/yy):	Place (City, State, Pro	vince/Country, etc. if no	t USA):	
17.	Divorce	Date (mm/dd/yy):	Court Granting Divorce	e:	Dacket #:	

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 (B	iological, Adoptiv	e, 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 US/	A):	
5.	Phone Numbers	Home:	Work:	Celt:	Pager:	
6.	Occupation					
7.	Employer and Address					
8.	Relationship (please be specific)					
9.	Length of Relationship					
	Relationship [
	Kelationship	Mother (B	liological, Adoptiv	re, Step, or Other)		51.55-6
10.	Names	Mother (B	ilological, Adoptiv	re, Step, or Other)		
10.		Current Name:	kiological, Adoptiv			Colonia Sanda Colonia Sanda Co
10. 11.	Names	Current Name:				
	Names (First, Mid, Last) Current Address Date and	Current Name:	Name (including maiden n		;A):	
11.	Names (First, Mid, Last) Current Address	Current Name: Other Alias or Previous	Name (including maiden n	ame):	A): Pager:	
11. 12.	Names (First, Mid, Last) Current Address Date and Place of Birth	Current Name: Other Alias or Previous DOB (mm/dd/yy):	Name (including maiden name (including maiden name) Place (City, State,	ame): Province/Country, etc. if not US		
11. 12. 13.	Names (First, Mid, Last) Current Address Date and Place of Birth Phone Numbers	Current Name: Other Alias or Previous DOB (mm/dd/yy):	Name (including maiden name (including maiden name) Place (City, State,	ame): Province/Country, etc. if not US		
11. 12. 13.	Names (First, Mid, Last) Current Address Date and Place of Birth Phone Numbers Occupation Employer and	Current Name: Other Alias or Previous DOB (mm/dd/yy):	Name (including maiden name (including maiden name) Place (City, State,	ame): Province/Country, etc. if not US		

Initials:	
Applicant #:	

D. Relative and Relationship Information (continued)

6507415041655		Sibling (B	iological, Adoptiv	re, Step, or Other)			
18.	Names (First, Mid, Last)	Current Name;		7.100			
	(,,, ,	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 US.	A):		
21.	Phone Numbers	Home:	Work:	Cell:	Pager:		
22.	Occupation						
23.	Employer and Address						
24.	Relationship [(please be specific) [
25.	Length of Relationship						
		Sibling (B	iological, Adoptiv	/e, Step, or Other)			
18.	Names (First, Mid, Last)	Current Name:					
	(1 1104; IIII4; 2404)	Other Alias or Previous I	Name (including maiden n	ame):			
19.	Current Address						
20.	Date and Place of Birth }	DOB (mm/dd/yy):	Place (City, State,	Province/Country, etc. if not US	A):		
21.	Phone Numbers	Home:	Work:	Cell:	Pager:		
22.	Occupation						
23.	Employer and Address						
24.	Relationship (please be specific)						
25.	Length of Relationship						

Initials:	
Applicant #:	1997-1997

D. Relative and Relationship Information (continued)

		Child (Bi	ological, Adoptive	e, Step, or Other)	All the second s			
26.	Names (First, Mid, Last)	Сиптепt Name:						
	(1 1104) tillay 2004	Other Alias or Previous	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	A):			
29.	Phone Numbers	Home:	Work:	Cell:	Pager:			
30.	Occupation			1				
31.	Employer and Address							
32.	Relationship (please be specific)							
33.	Length of Relationship							
		Child (Bl	ological, Adoptive	e. Step. or Other)				
26.	Names	Current Name:						
	(First, Mid. Last) I							
	(First, Mid, Last)	Other Alias or Previous	Name (including maiden na	ame):				
27.	(First, Mid, Last) Current Address	Other Alias or Previous	Name (including maiden na	ame):				
27. 28.	Current Address	Other Alias or Previous DOB (mm/dd/yy):		nme); Province/Country, etc. if not US/	A):			
	Current Address				A): Pager:			
28.	Current Address Date and Place of Birth	DOB (mm/dd/yy):	Place (City, State,	Province/Country, etc. if not US/				
28. 29.	Current Address Date and Place of Birth Phone Numbers	DOB (mm/dd/yy):	Place (City, State,	Province/Country, etc. if not US/				
28. 29. 30.	Current Address Date and Place of Birth Phone Numbers Occupation Employer and	DOB (mm/dd/yy):	Place (City, State,	Province/Country, etc. if not US/				

Initials:	
Applicant #:	

D. Relative and Relationship Information (continued)

			Other			
34.	Names (First, Mid, Last)	Current Name:				
	(* 1.24) i.i.e.; ===-,	Other Alias or Previous	Name (including maiden n	ame):		
35	Current Address					
36.	Date and Place of Birth	DOB (mm/dd/yy):	DOB (mm/dd/yy): Place (City, State, Province/Country, etc. if not USA):			
37.	Phone Numbers	Home:	Work:	Cell:	Pager:	
38.	Occupation			1	·	
39.	Employer and Address		1 11 2 100010			
40.	Relationship (please be specific)					
41.	Length of [Relationship					
			Other			
34.	Names (First, Mid, Last)	Current Name:				
	(·,,, /	Other Alias or Previous	Name (including maiden n	ame):		
35	Current Address					_
36.	Date and Place of Birth	DOB (mm/dd/yy):	Place (City, State,	Province/Country, etc. if not USA	A):	
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 E. Residences

Please list all places you have lived since you were ten (10) years old. Begin with your current residence and proceed back in time. Include all addresses while attending school away from home and all military residences or duty stations.

Dates		Street Address	City, State, Zip (Province, Country, etc. if not USA)		
From	То	Street Address	(Province, Country, etc. if not USA)		
l					

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

Initials:	
Applicant #:	

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE F. Education, continued

Have proba	you ever been disc ation by any institution	iplined, suspended, expelled, or put on scholastic or disciplinary on 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			
Providence (Constitution of Constitution of Co				
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 al	l awards, honors, o	citations, and specia	I 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

		F. Education, contir	lued		
List a	List all positions you have held in school organizations:				
16.	Dates	From:	To:		
17.	School				
18.	Position and Organization	Position:	Organization:		
16.	Dates	From:	То:		
17.	School				
18.	Position and Organization	Position:	Organization:		
16.	Dates	From:	To:		
17.	School				
18.	Position and Organization	Position:	Organization:		
List a	Il athletic activities	you participated in during your scholastic	career:		
19.	Dates]	From:	То:		
20.	School				
21.	Team/Sport and Position	Team/Sport:	Position (if applicable):		
19.	Dates	From:	То:		
20.	School				
21.	Team/Sport and Position	Team/Sport:	Position (if applicable):		
19.	Dates	From:	То:		
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:	То:
2.	Course Provider		
	Provider		
3.	Address		
4.	Course Name		
5.	Certificate Earned		
1.	Dates Attended	From:	То:
2.	Course Provider		
3.	Provider Address		
4.	Course Name		
5.	Certificate Earned		
(50)		From:	To:
1.	Dates Attended		
1. 2.	Dates Attended Course Provider		
	·		
2.	Course Provider		
2. 3.	Course Provider Provider Address		
2. 3. 4.	Course Provider Provider Address Course Name Certificate	From:	To:
2. 3. 4. 5.	Course Provider Provider Address Course Name Certificate Earned	From:	To:
2. 3. 4. 5.	Course Provider Provider Address Course Name Certificate Earned Dates Attended	From:	To:
2. 3. 4. 5.	Course Provider Provider Address Course Name Certificate Earned Dates Attended Course Provider Provider	From:	To:

Initials:		
Applicant #:		

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE G. Training, continued

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

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

Date and Name of Award	Date:	Award/Honor/Citation/Recognition:
Awarded by		
Awarded for		
Date and Name of Award	Date:	Award/Honor/Citation/Recognition:
Awarded by		
Awarded for		
Date and Name of Award	Date:	Award/Honor/Citation/Recognition:
Awarded by		
Awarded for		
Date and Name of Award	Date:	Award/Honor/Citation/Recognition:
Awarded by		
Awarded for		
Date and Name of Award	Date:	Award/Henor/Citation/Recognition:
Awarded by		
Awarded for		
Date and Name of Award	Date:	Award/Honor/Citation/Recognition:
Awarded by		
Awarded for		
	Name of Award Awarded by Awarded for Date and Name of Award Awarded by Awarded for Date and Name of Award Awarded for Date and Name of Award Awarded by Awarded by Awarded for Date and Name of Award Awarded for Date and Name of Award Awarded by Awarded by Awarded by Awarded by Awarded by Awarded by	Name of Award Awarded by Awarded for Date and Name of Award Awarded by Awarded for Date and Name of Award Awarded by Awarded for Date and Name of Award Awarded for Date and Name of Award Awarded for Date and Date: Date and Name of Award Awarded for Date and Name of Award Awarded by Awarded for Date and Name of Award Awarded by Awarded for Date and Name of Award Awarded for

Initials:	
Applicant #:	

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE H. Military Service Information

Have	you ever served in	any of the Arr	ned Force	es of the Unit	ed States?		YES □	NO □
	you ever served in answered "Yes" to						YES 🗆	NO □
1.	Branch							
2.	Current Military Status			1-101b				
3.	Dates	Entry:			Dise	charge:		
4.	Type of Discharge							
5.	MOS							
Stronger engine								
1.	Branch							
2.	Current Military Status							
3.	Dates	Entry:	.,,,,,		Dis	charge:		
4.	Type of Discharge							
5.	MOS							
Have	any of your discha	rges been for	other thai	ո "Honorable'	'? If Yes, ex	olain below:	YES □ N	D 🗆
6.	Discharge Date and Location	Date	***************************************	Location				
7.	Branch/Rank	Branch	1		Ra	nk		
8.	Type of Discharge							
9.	Reason for Discharge							
10.	Outcome							
						<u>.</u>		

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/Medat/Recognition
12.	Awarded for		
		Date	Award/Honor/Citation/Medat/Recognition
11.	Date and Name of Award	Date	Award/norton/Citation/integra/recognition
12.	Awarded for		
State of the control			
11.	Date and Name of Award	Date	Award/Honor/Citation/Medal/Recognition
12.	Awarded for		
ASSESSED FOR THE SECOND			
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	1.00	
11.	Date and	Date	Award/Honor/Citation/Medai/Recognition
	Name of Award		
12.	Awarded for		

Initials:	M-GHISWHIT
Applicant #:	

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.	-1					
6.	Supervisor	Supervisor	r Name:			Phone:
7.	Reason for Leaving					
8.	Are you eligible for rehire?	YES [№ □	If no, why not?		
9.	Did you collect unemployment?	YES 🗆	№ □	If yes, indicate amount:		
£3.55.55		From:			l To:	
1.	Dates	From:			To:	
1. 2.	Dates Employer]	From:			То:	
	·	From:			To:	
2.	Employer Employer	From:			l To:	
2. 3.	Employer Employer Address Nature of	From:			То:	
2. 3. 4.	Employer Employer Address Nature of	From: Supervisor	r Name:		To:	Phone:
2. 3. 4. 5.	Employer Employer Address Nature of Work		r Name:		To:	Phone:
2. 3. 4. 5.	Employer Employer Address Nature of Work Supervisor		r Name:	If no, why not?	То:	Phone:

Initials:	
Applicant #: _	

1.	Dates	From:			To:	
2.	Employer					
3.	Employer Address					
4.	Nature of Work					
5.	1					
6.	Supervisor	Superviso	r Name:			Phone:
7.	Reason for Leaving					
8.	Are you eligible for rehire?	YES 🗆	NO 🗆	If no, why not?		
9.	Did you collect unemployment?	YES 🗆	NO 🗆	If yes, indicate amount:		
1.	Dates	From:			To:	
1. 2.	Dates Employer	From:			To:	
	·	From:			To:	
2.	Employer Employer					
2. 3.	Employer Employer Address Nature of	- 4.			To:	
2. 3. 4.	Employer Employer Address Nature of Work		r Name:			Phone:
 3. 4. 5. 	Employer Employer Address Nature of Work	- 4.	r Name:			Phone:
 3. 4. 6. 	Employer Employer Address Nature of Work Supervisor	- 4.	r Name:	If no, why not?		Phone:

Initials:	
Applicant #:	

10.	suspended, fired, o the following:	n counseled, warned, written up, disciplined, denied benefits, rotherwise sanctioned for work-related problems? If "Yes", complete YES □ NO □
11.	Date	
12.	Name of Employer	
13.	Type of Action	
14.	Reason for Action	
15.	Outcome	
distributions (confidence)		
11.	Date	
12.	Name of Employer	
13.	Type of Action	
14.	Reason for Action	
15.	Outcome	
Annaenn anna Annaenn anna		
11.	Date	
12.	Name of Employer	
13.	Type of Action	
14.	Reason for Action	
15.	Outcome	

Initials:		
Applicant #:	NAMEDIA	

16.		any extended absences fine? If "Yes", complete the	rom any employment for reasons other than 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		<u> </u>		
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 #:	***

21.	Since leaving high	school, hav	e you left a	any positio	n under any of the following cond	ditions:	
	Quit after allegation poor performation		□ №□		Quit under other unfavorable circumstances?	YES 🗆	NO □
	Been fired from a	a job? YES	□ NO □	Le	off a job in any other way under any other unfavorable circumstances?	YES []	NO □
	If you checked "Ye	s" for any o	f the questi	ions above	, complete the following:		
22.	Date						
23.	Name of Employer						
24.	Reason for Departure	Fired 🗆	Quit 🗆	Other □	Specify if "other":		
25.	Circumstances						
For the second second							
22.	Date						
23.	Name of Employer						
24.	Reason for Departure	Fired 🗆	Quit □	Other □	Specify if "other":		
25.	Circumstances						
22.	Date				11		
23.	Name of Employer						
24.	Reason for Departure	Fired	Quit 🗆	Other 🗆	Specify if "other":		
25.	Circumstances		***				

Initials:	
Applicant #:	

Resident Services		. Employment Ir	formation, 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 emp									
28.	Do you object to wearing a uniform?	∕ES □ NO □	Do you object to working overnight shifts?	YES 🗆	NO 🗆					
If yo	Do you object to working weekends?	∕ES □ NO □ questions above, ju	Do you object to working holidays? ustify fully:	YES 🗆	NO 🗆					
		100.4								
29.	Do you agree to follow the orders of officers	YES □ NO □	Are you capable of functioning in a	YES []	NO 🗆					
	appointed over you? Are you capable of using physical force against another person if necessary?	YES ☐ NO ☐	paramilitary organization? Are you capable of using deadly force against another person if the need arose?	YES 🗆	NO 🗆					
lf ya	u checked "No" to any of the q	uestions above, ju	stify fully:		h 110100 - 401 0					

Initials:	
Applicant #:	

30.	Have you previously agency but did not applications prior to	end up working fo	or that agency? (Inc	lude Sutton I	ny law enforcement Police Department	YES □	№ □
31.	Date	o mis one). n Tes	, complete the foil	ownig.			
٠	Agency	Agency:		L	ocation;		
32.	and Location						
33.	Position Applied for						
34.	Outcome	Declined offer □	Not offered job □	Withdrew 🗆	l Other ☐ Specify:		
35.	Explanation						
							77.15.102.15.10
31.	Date						
32.	Agency and Location	Agency:		L	ocation:		
33.	Position Applied for				- HARMINA AND AND AND AND AND AND AND AND AND A		
34.	Outcome	Declined offer □	Not offered job □	Withdrew 🗆	Other Specify:		
35.	Explanation						
31.	Date						
32.	Agency and Location	Agency:		L	ocation:		
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	I	Amount	t Owed	Reason for Debt/Obligation
 3. 4. 5. 	Have you ever bee complete the follow Date and Type of Credit Creditor Reason for Denial	n denied credit or turn /ing: Date Applied:		oan of a	ny kind? Type of Cre	153 [] 110 []
3.	Date and Type of Credit	Date Applied:			Type of Cre	edit:
4.	Creditor					
5.	Reason for Denial					
3.	Date and Type of Credit	Date Applied:			Type of Cre	edit:
4.	Creditor					
5.	Reason for Denial					

						Init	ials:		
					А	pplica	nt #:		
	SUT	TON POLICE DE	PARTMENT E	EMPLO	DYMENT QUI	ESTIC	NNAIRE		
		J. Financial	and Credit I	nform	ation, conti	nued			
6. Have yo	ou ever filed	for bankruptcy? If	"Yes", comple	te the	following:			YES 🗆	NO □
7.	Date								
8.	Court								
9.	Docket#			,					
10. Circu	mstances			•					
									
						- 0-			
11. List all	debts discha	arged as a result of	f your bankrup	tcy:					
Date Debt Incurred		Creditor Nam			Amount Discharged		Reason	for Debt	
					_				
				1.					
12. Do you	presently o	we any money for	traffic and/or p	arking	fines?			YES 🗆	NO □
13. Do you any typ		we any money to a	any local, state	, or fed	deral governm	ent foi	taxes of	YES 🗆	NO □
14 . If you a	nswered "Y	es" to either #12 or	r#13 or both, o	comple	ete the followin	ng info	rmation:		
Date Fine/Tax Incurred	(Owed to	Amount Owed	Т	ype of Fine/Ta	x	Reas	son not Pa	aid
					Austra				<u>,</u>

Initials:	
Applicant #:	

J. Financial and Credit Information, continued Are you currently obligated to pay child support, alimony, and/or any other court-ordered 15. YES □ NO □ support of another individual or individuals? If "Yes", complete the following: Type of | 16. Specify if "Other": ☐ Child Support □ Alimony □ Other Payment | Recipient Name 17. (First, Mid, Last) Recipient | 18. Relationship | Frequency (weekly, monthly, etc.): Amount: Amount and | 19. Frequency | Docket #: Court: Court and I 20. Docket# Type of | Specify if "Other": 16. ☐ Child Support ☐ Alimony ☐ Other Payment | Recipient Name | 17. (First, Mid, Last) Recipient | 18. Relationship | Frequency (weekly, monthly, etc.): Amount: Amount and | 19. Frequency | Docket #: Court: Court and | 20. Docket # Type of | 16. Specify if "Other": □ Other ☐ Child Support □ Alimony Payment | Recipient Name | 17. (First, Mid, Last) Recipient | 18. Relationship | Frequency (weekly, monthly, etc.): Amount: Amount and | 19. Frequency | Docket#: Court: Court and 20. Docket # English and the second Type of | Specify if "Other": 16, □ Other ☐ Child Support □ Alimony Payment | Recipient Name | 17. (First, Mid, Last) Recipient | 18. Relationship | Amount: Frequency (weekly, monthly, etc.): Amount and 19. Frequency Docket #: Court: Court and I 20. Docket # |

Initials:	
Applicant #:	

		J. Financial and Credit	Information, continued	
21.		d personal or business state, fedopart? If "Yes", complete the follo		eturn(s) YES □ NO □
22.	Type of Tax and Jurisdiction	Type:	Taxing jurisdiction:	
23.	Amount and Length of Delay	Amount paid late:	Percentage of total tax obligation:	How late was payment?
24.	Reason for Late Payment			
25.	Outcome			
22.	Type of Tax and Jurisdiction	Туре:	Taxing jurisdiction:	
23.	Amount and Length of Delay	Amount paid late:	Percentage of total tax obligation:	How late was payment?
24.	Reason for Late Payment			
25.	Outcome			
26.	Do you presently ho organization, sole p	old financial interest in any corpora roprietorship, or other business? I Date of initial investment/business opening:	f "Yes", complete the following	on-profit ;: YES □ NO □
27.	Percentage			
28.	Type of Business	☐ Corporation☐ Partnership☐ Trust☐ Non-Profit	☐ LLC ☐ Sole Pro☐ Other (Specify if "Other	
29.	Name of Business			
30.	Industry/ Business			
31.	Business Address	(If more than one, list primary or headquarte	ers address):	
32.	Significant Business	Name:		Business Relationship:
	Associates and Relationship	Name:		Business Relationship:
	(i.e. Partner) (Last, Mid, First)	Name:		Business Relationship:
		Name:		Business Relationship:

Initials: _	
Applicant #: _	

SUTTON POLIGE DEPARTMENT EMPLOYMENT QUESTIONNAIRE K. Driver's License and Vahicle Information

500000000000000000000000000000000000000		K. Dilvei S Liceii:	se and verncie i	momanom							
1.	1. Do you possess a valid Massachusetts Driver's License? If "Yes", complete the following: 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:										
5.	Dates Held	From:		То:							
6.	License Info	Issuing Jurisdiction:	License Number:		Current S	Status:					
5.	Dates Held	From:		То:							
6.	License Info	Issuing Jurisdiction:	License Number:		Current S	Status:					
7.	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:										
8.	Date and Place	Date:	Place (City, State, Provi	nce/Country, etc. if no	t USA):						
9.	License Info	Type of License:		License Number (if	known):						
10.	Action Taken										
11.	Reason for Action										
12.	Outcome										

			Initials:	
			Applicant #:	Assistant, y
	SUTTON POLICE DEPARTM	ENT EMPLOYMENT C	QUESTIONNAIRE	
	K. Driver's License and	Vehicle Information	, continued	
	ve you ever been involved in a motor vehicl owing:	e accident? If "Yes", co	mplete the	YES □ NO □
Date	Location (City, State) (Province, Country, etc. if not USA)	Investigating Agency	You	r Status
			☐ Driver	□ Pedestrian
			□ Passenger	□ * Other
			□ Driver	□ Pedestrian
			☐ Passenger	□ * Other
			□ Driver	□ Pedestrian
			□ Passenger	□ * Other
			□ Driver	□ Pedestrian
			□ Passenger	□ * Other
			□ Driver	□ Pedestrian
			□ Passenger	□ * Other
			☐ Driver	□ Pedestrian
			☐ Passenger	□ * 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	
						□ You	□ Spouse
	****					□ You	□ Spouse
						□ You	□ Spouse
		- 100				□ You	□ Spouse
						□ You	□ Spouse
						□ You	□ Spouse

Initials:	
Applicant #:	

		K. Driver's License a	nd Vehicle Information, continued			
15.	a premium? if Yes, complete the following.					
16.	Date and Place	Date:	Place (City, State, Province/Country, etc. if not USA):			
17.	Insurance Company					
18.	Reason for Refusal					
16.	Date and Place	Date:	Place (City, State, Province/Country, etc. if not USA):			
17.	Insurance Company	A London		-		
18.	Reason for Refusal					
19.	If there is anything this section, explai		ut your driving record which has not already be	en cover	ed in	
			La de la companya de		····	
	- a /A -					
		- Arten				
		AMPLIANT.				
		and the second s				

Initìals:	
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 crin	ninal record? If "	Yes", complete the following:	YES □	NO □
2.	Date and Place	Date:	Place (City, State, Province/Country, etc. if not USA	١):	
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 US/	\) :	
3.	Charges				
4.	Court and Docket	Court:	Docket #:		
5.	Sentence				
6.	Additional Explanation				

Initials:	
Applicant #:	 ·****

SUTION POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE L. Legal History, continued

Have	you ever been con	icted of:							
7.	A felony?	YES 🗆	ΝО □	9.	A violent crime?		YES □	NO □	
8.	A drug offense?	YES □	NO □	10.	A crime punishable two (2) or more year	by imprisonment of ars?	YES 🗆	NO □	
11.	Are there any crimi	nal charge	s pendin	g again	st you now?		YES □	NO □	
12.	Are you currently the either a criminal or	e subject civil court,	of any pe or a simi	rmane lar ord	nt or temporary res er issued in any oth	straining order from ner jurisdiction?	YES 🗆	NO □	
lf yo	u answered "Yes" to	any of the	above q	uestion	ıs (#7 - #12), comp	lete the following:			
13.	Date and Question#	Date:			Question Number (from a	#7 - #12, above):			
14.	Charges or Order (include #)								
15.	Court and Docket	Court:				Dacket #:			
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 #:	#14 ad 257	_

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		
201/201/501	Date I	Date:	Place (City, State, Province/Country, etc. if not USA)
18.	Date and Place	Date:	Place (City, State, Province/Country, etc. if not USA)
18. 19.			Place (City, State, Province/Country, etc. if not USA)
	and Place		Place (City, State, Province/Country, etc. if not USA)
19.	and Place Crime Why Crime		Place (Ĉity, State, Province/Country, etc. if not USA)
19.	and Place Crime Why Crime		Place (City, State, Province/Country, etc. if not USA)
19. 20.	and Place Crime Why Crime was Committed How Crime		Place (Ĉity, State, Province/Country, etc. if not USA)
19. 20. 21.	and Place Crime Why Crime was Committed How Crime was Committed Why you were		Place (City, State, Province/Country, etc. If not USA)
19. 20. 21.	and Place Crime Why Crime was Committed How Crime was Committed Why you were		Place (City, State, Province/Country, etc. If not USA)

Initials:	- W.
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 🗆	№ 🗆

24.	Dates of Involvement	From:			To:		
25.	Substance(s) Involved						_
26.	Your Involvement	☐ Used	☐ Possessed	☐ Sold	☐ Supplied	☐ Manufactured	
27.	Exact Nature of Activity						_
28. 29.	Source of Substances Circumstances/ Explanation						_
							_
enaganida.							(A)
24.	Dates of Involvement	From:			To:		26
24. 25.		From:			To:		
	Involvement Substance(s)	From:	□ Possessed	□ Sold	To: ☐ Supplied	☐ Manufactured	
25.	Involvement Substance(s) Involved Your		□ Possessed	□ Sold		☐ Manufactured	<u> </u>
25. 26.	Involvement Substance(s) Involved Your Involvement Exact Nature		□ Possessed	□ Sold		☐ Manufactured	

Initials:	
Applicant #:	

ио □

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE L. Legal History, continued

	ver been a plaintiff o		hich are covered in Sec n a civil court action? If	ction C), are you now or have "Yes", complete the	YES 🗆
30.	Duration of Case (Dates)	From:		То:	
31.	Your Involvement	☐ Plaintiff	☐ Defendant		
32.	Court and	Court:		Docket #:	

Docket # |

33.	Other Involved Party(s	Name:
		Name:
	Nature of Case	
34.	Outcome	
	Duration I	From: To:

30.	Duration of Case (Dates)	From:		То:	
31.	Your Involvement	☐ Plaintiff	☐ Defendant		
32.	Court and Docket #	Court:		Docket#:	
33.	Other Involved Party(s	Name:		•	
		Name:			
	Nature of Case				
34.	Outcome				

Initials:	
Applicant #:	A-may-

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE M. Personal Habits

M. Personal Habits									
1.	1. Do you consume alcoholic beverages? If "Yes", complete the following: YES □ NO □								
Type of Beverage Frequency						Further E	xplanation (opt	ional)	
	•								
2.	Are	you now or hav	ve you ever been affiliate	ed with or be	en a membe	r of anv st	reet aana.		
	outla	w motorcycle	club, or similar organizat	ion? If "Yes	", complete t	he followii	ng:	YES 🗆	NO 🗆
Fro		ates —— To	Organization	Your Af	ffiliation	Fu	rther Explanatio	on (optior	nal)
									
**									
3.		often do you	_	☐ Seldor		sionally	☐ Regularly	□ Fr	equently
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 YES □ NO □ of a professional or college sports event (other than a legitimate gambling event)?					№ 🗆			
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 🗆	№ □	
8,	Have you ever borrowed money to gamble with?						YES 🗆	№ □	
9.	Hav	e you ever use	ed an employer's money	to gamble w	rith?			YES □	NO □
10.	Hav	e you ever sto	len money to gamble wit	h?				YES 🗆	NO 🗆

Initials:	
Applicant #:	

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE M. Personal Habits, continued

11.	If you answered "Y	es" to any of the	e 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

		N. Weapons and	d Licenses	
		een issued a firearms license of any t)? If "Yes", complete the following:	ype (in Massachusetts or a	any YES□ NO□
—— D: From	ates — (CI	Check Applicable License Type(s) asses A-D are Massachusetts types)	Jurisdiction (if not Mass.)	License Number (if current)
	□ Ma	ss. Class A LTC (Large Capacity)		
	☐ Ma	ss. Class B LTC (Non-large Capacity)		
	□ Ma	ss. Class C FID (Rifle/Shotgun)		
	□ Ma	ss. Class D FID (Chemical Spray only)		
	☐ Ma	chine Gun		
	☐ Other (specify)			
	☐ Other (specify)			
2.	Have you ever h or any other juri	nad a firearms license of any type sus sdiction? If "Yes", complete the follow	pended or revoked in Mas ing:	sachusetts YES □ NO □
3.	Date an Type of Actio	· ·	☐ Suspension	n 🗆 Revocation
4.	Jurisdiction an License Typ		Type of License:	
5.	Reaso for Actio	•		
6.	Outcom	e		
-				
3.	Date an Type of Actio		☐ Suspension	n 🛘 Revocation
4.	Jurisdiction an License Typ		Type of License:	
5,	Reaso for Actio	•		
6.	Outcom	e		

S	JITON POLIGE DEPARTMENT	EMPLOYMENT QUESTION	NAIRE.
	N. Weapons and L	icenses, continued	
Do you currently or any other type	own any firearms (including rifles, of firearm? If "Yes", list each wea	handguns, shotguns, machir pon below:	ne guns, YES □ NO □
Make	Model	Caliber	Serial Number
Do you possess	any special skills relative to self-d	efense? If "Yes", list the detai	ils YES NO
Do you possess pertaining to you	ır skills:		ils YES □ NO □
Do you possess pertaining to you ate(s) Obtained	any special skills relative to self-d ir skills: Type of Skill/Level	Where/Ho	
pertaining to you	ır skills:	Where/Ho	w Skill Obtained
pertaining to you	ır skills:	Where/Ho	w Skill Obtained
pertaining to you	ır skills:	Where/Ho	w Skill Obtained
pertaining to you	ır skills:	Where/Ho	w Skill Obtained
pertaining to you ate(s) Obtained Do you currently limited to RN, L	ır skills:	Where/Ho (Include facility function whatsoever, including D, plumber, electrician, barbe	w Skill Obtained y name if applicable) g but not
Do you currently limited to RN, LI operator, etc.) If	r skills: Type of Skill/Level hold any other license(s) for any N, MD, EMT, paramedic, pilot, JE you answer "Yes", list all licenses	Where/Ho (Include facility) function whatsoever, including D, plumber, electrician, barber	w Skill Obtained y name if applicable) g but not r, hoist YES □ NO □
Do you currently limited to RN, LI operator, etc.) If	r skills: Type of Skill/Level hold any other license(s) for any N, MD, EMT, paramedic, pilot, JE you answer "Yes", list all licenses	Where/Ho (Include facility function whatsoever, including D, plumber, electrician, barbe	w Skill Obtained y name if applicable) g but not

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	То	Organization .	(bity, State, Fibrince/Country, etc. ii not Cony
	<u> </u>		
I	l		

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

2. 3.	Date and Organization Office or Position Held	Date:	Organization:
4.	Duties		
2.	Date and Organization	Date:	Organization:
3.	Office or Position Held		
4.	Duties		

Initials:	
Applicant #:	

SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE O. Clubs and Organizations, continued

5. List any community activities you have been involved with that may reflect favorably on your reputation for leadership, responsibility, honesty, and integrity:

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

Initials:	
Annticant #:	
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.

2. Current Address 3. Mailing Address 4. Phone Numbers 5. Relationship and Length 6. Current Employer 7. Occupation 8. (First, Mid, Last) 9. Current Address 10. Mailing Address 11. Phone Numbers 12. Relationship and Length 13. Current Employer 14. Occupation 15. (First, Mid, Last) 16. Current Employer 17. Mailing Address 18. (If relited, indicate 'Relited'): 19. Current Employer 19. Relationship and Length 20. Current Employer 21. Occupation 22. Current Employer 23. Occupation 24. Occupation 25. (First, Mid, Last) 26. (First, Mid, Last) 27. (First, Mid, Last) 28. (First, Mid, Last) 29. (First, Mid, Last) 20. Current Employer 20. Current Employer 21. Occupation 22. (First, Mid, Indicate 'Relited'): 23. (First, Mid, Last) 24. (First, Mid, Last) 25. (First, Mid, Last) 26. (First, Mid, Last) 27. (First, Mid, Last) 28. (First, Mid, Last) 29. (First, Mid, Last) 20. (First, Mid, Last) 20. (First, Mid, Last) 21. (First, Mid, Last) 22. (First, Mid, Last) 23. (First, Mid, Last) 24. (First, Mid, Last) 25. (First, Mid, Last) 26. (First, Mid, Last) 27. (First, Mid, Last) 28. (First, Mid, Last) 29.	1.	Name (First, Mid, Last)			
A. Phone Numbers Home: Work: Cell:	2.	•			
4. Phone Numbors Relationship and Length Current Employer	3.	Mailing Address (if different)			
5. Relationship and Length 6. Current Employer 7. Occupation 8. (First, Mid, Last) 8. (First, Mid, Last) 9. Current Address 8. (if different) 8. Home: Work: Cell: 1. Phone Numbers 1. Phone Numbers 1. Relationship and Length 7. Occupation 7. Occupation 8. Occupation 8. (If relired, indicate 'Relationship: How long known: 1. Occupation 8. (If relired, indicate 'Relationship: How long known: 1. Occupation 9.	4.	•	Home:	Work:	Cell:
6. Employer 7. Occupation 8. (First, Mid, Last) 9. Current Address 10. Mailing Address (if different) 11. Phone Numbers 12. Relationship and Length 13. Current Employer 14. Occupation 15. (First, Mid, Last) 16. Current Address 17. Mailing Address (if different) 18. Phone Numbers 19. Relationship and Length 19. Current Employer 10. Current Employe	5.		Nature of Relationship:		How long known:
8. Name (First, Mid, Last) 9. Current Address	6.		(If retired, indicate "Retired"):	•	
8. (First, Mid, Last) 9. Current Address 10. Mailing Address (if different) 11. Phone Numbers Home: Work: Cell: 12. Relationship and Length 13. Current Employer 14. Occupation 15. (First, Mid, Last) 16. Current Address (if different) 17. Mailing Address (if different) 18. Phone Numbers 19. Relationship and Length 19. Relationship and Length 19. Current Employer 10. Current Employer 11. Phone Numbers 12. Relationship and Length 13. Current Employer 14. Occupation 15. (First, Mid, Last) 16. Current Address 17. Mailing Address (if different) 18. Phone Numbers 19. Relationship and Length 19. Current Employer 10. (If retired, indicate "Retired"): 10. Current Employer 11. Phone Numbers 12. Relationship and Length 13. Current 14. Occupation 15. (If retired, indicate "Retired"): 16. Current Address 17. (If retired, indicate "Retired"): 18. Phone Numbers 19. (If retired, indicate "Retired"): 19. (If retired, indicate former occupation): 19. (If	7.		(If retired, indicate former occupation):		
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	20.		(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 experson so furnished information, from any or inspection of such documents, records, municipality. This authority shall continu	and all liabile or other infor-	ity of every nature and kind ar mation or investigations made	ising out of the furnishing by or on behalf of this
Date		Signature of Applicant	
, SS	NWEALTH (OF MASSACHUSETTS	
I,	, bo I personally inly swear that	eing duly sworn, depose and stread and printed by hand or typt each and every answer is full	tate I am the above named pewriter answers to each , true and correct in every
Signature of Applicant			
Sworn before me this	day of _	, 200_	·
		Notary Public or Commission My Commission Expires:	oner of Deeds

"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

Ι,	residing at
my Credit report for pre-e	, Massachusetts authorize the Sutton Police Chief access to employment purposes.
Date:	Signed:
	C.O.R.I. CHECK AUTHORIZATION
I,	residing at
criminal history check on (Applicant Initial (Applicant Date of Birth	, Massachusetts authorize the Sutton Police Chief to conduct my name and date of birth for pre-employment purposes. Month Day Year)
Date:	Signed: