

Initials: \_\_\_\_\_

Applicant #: \_\_\_\_\_

## SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE

### B. Preliminary Information

1.	<b>Names</b> (First, Mid, Last)	Current Name: _____ Other Alias or Previous Name (including maiden name): _____
2.	<b>Current Address</b>	_____
3.	<b>Mailing Address</b> (if different)	_____
4.	<b>Date and</b> <b>Place of Birth</b>	DOB (mm/dd/yy): _____ Place of Birth (City, State, Province/Country, etc. if not USA): _____
5.	<b>Phone Numbers</b>	Home: _____ Work: _____ Cell: _____ Pager: _____
6.	<b>Email Address</b>	_____
7.	<b>Citizenship</b>	Are you a US citizen? _____ If not, indicate country of citizenship and US status: _____ YES <input type="checkbox"/> NO <input type="checkbox"/>
8.	<b>Identifying</b> <b>Marks</b>	Describe all scars, marks, tattoos, burns, piercings, and birthmarks: _____ _____ _____

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

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

Name	DOB	Relationship

Initials: \_\_\_\_\_

Applicant #: \_\_\_\_\_

## SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE

### C. Spousal Information

#### Current Spouse

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

#### Former Spouse(s)

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

Initials: \_\_\_\_\_

Applicant #: \_\_\_\_\_

**SUTTON POLICE DEPARTMENT EMPLOYMENT QUESTIONNAIRE**

**C. Spousal Information, continued**

**Former Spouse(s) continued**

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

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.	<b>Names  </b> <b>(First, Mid, Last)  </b>	Current Name:		
		Other Alias or Previous Name:		
2.	<b>Current Address  </b>			
4.	<b>Date and  </b> <b>Place of Birth  </b>	DOB (mm/dd/yy):	Place (City, State, Province/Country, etc. if not USA):	
5.	<b>Phone Numbers  </b>	Home:	Work:	Cell:
6.	<b>Occupation  </b>			
7.	<b>Employer and  </b> <b>Address  </b>			
8.	<b>Relationship  </b> <b>(please be specific)  </b>			
9.	<b>Length of  </b> <b>Relationship  </b>			

#### Mother (Biological, Adoptive, Step, or Other)

10.	<b>Names  </b> <b>(First, Mid, Last)  </b>	Current Name:		
		Other Alias or Previous Name (including maiden name):		
11.	<b>Current Address  </b>			
12.	<b>Date and  </b> <b>Place of Birth  </b>	DOB (mm/dd/yy):	Place (City, State, Province/Country, etc. if not USA):	
13.	<b>Phone Numbers  </b>	Home:	Work:	Cell:
14.	<b>Occupation  </b>			
15.	<b>Employer and  </b> <b>Address  </b>			
16.	<b>Relationship  </b> <b>(please be specific)  </b>			
17.	<b>Length of  </b> <b>Relationship  </b>			

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

#### Other

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

Applicant #: \_\_\_\_\_

## E. Residences

[illegible]



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:

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

14. Awarded by | \_\_\_\_\_

15. Awarded for | \_\_\_\_\_

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

14. Awarded by | \_\_\_\_\_

15. Awarded for | \_\_\_\_\_

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

14. Awarded by | \_\_\_\_\_

15. Awarded for | \_\_\_\_\_

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

14. Awarded by | \_\_\_\_\_

15. Awarded for | \_\_\_\_\_

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

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:

<b>16.</b>	<b>Dates  </b>	From: _____	To: _____
<b>17.</b>	<b>School  </b>	_____	
<b>18.</b>	<b>Position and   Organization  </b>	Position: _____	Organization: _____
<b>16.</b>	<b>Dates  </b>	From: _____	To: _____
<b>17.</b>	<b>School  </b>	_____	
<b>18.</b>	<b>Position and   Organization  </b>	Position: _____	Organization: _____
<b>16.</b>	<b>Dates  </b>	From: _____	To: _____
<b>17.</b>	<b>School  </b>	_____	
<b>18.</b>	<b>Position and   Organization  </b>	Position: _____	Organization: _____

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

<b>19.</b>	<b>Dates  </b>	From: _____	To: _____
<b>20.</b>	<b>School  </b>	_____	
<b>21.</b>	<b>Team/Sport and   Position  </b>	Team/Sport: _____	Position (if applicable): _____
<b>19.</b>	<b>Dates  </b>	From: _____	To: _____
<b>20.</b>	<b>School  </b>	_____	
<b>21.</b>	<b>Team/Sport and   Position  </b>	Team/Sport: _____	Position (if applicable): _____
<b>19.</b>	<b>Dates  </b>	From: _____	To: _____
<b>20.</b>	<b>School  </b>	_____	
<b>21.</b>	<b>Team/Sport and   Position  </b>	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:

<b>11.</b>	<b>Date and Name of Award</b>	Date: _____	Award/Honor/Citation/Recognition: _____
------------	-----------------------------------	-------------	-----------------------------------------

<b>12.</b>	<b>Awarded by</b>	_____
------------	-------------------	-------

<b>13.</b>	<b>Awarded for</b>	_____
------------	--------------------	-------

<b>11.</b>	<b>Date and Name of Award</b>	Date: _____	Award/Honor/Citation/Recognition: _____
------------	-----------------------------------	-------------	-----------------------------------------

<b>12.</b>	<b>Awarded by</b>	_____
------------	-------------------	-------

<b>13.</b>	<b>Awarded for</b>	_____
------------	--------------------	-------

<b>11.</b>	<b>Date and Name of Award</b>	Date: _____	Award/Honor/Citation/Recognition: _____
------------	-----------------------------------	-------------	-----------------------------------------

<b>12.</b>	<b>Awarded by</b>	_____
------------	-------------------	-------

<b>13.</b>	<b>Awarded for</b>	_____
------------	--------------------	-------

<b>11.</b>	<b>Date and Name of Award</b>	Date: _____	Award/Honor/Citation/Recognition: _____
------------	-----------------------------------	-------------	-----------------------------------------

<b>12.</b>	<b>Awarded by</b>	_____
------------	-------------------	-------

<b>13.</b>	<b>Awarded for</b>	_____
------------	--------------------	-------

<b>11.</b>	<b>Date and Name of Award</b>	Date: _____	Award/Honor/Citation/Recognition: _____
------------	-----------------------------------	-------------	-----------------------------------------

<b>12.</b>	<b>Awarded by</b>	_____
------------	-------------------	-------

<b>13.</b>	<b>Awarded for</b>	_____
------------	--------------------	-------

<b>11.</b>	<b>Date and Name of Award</b>	Date: _____	Award/Honor/Citation/Recognition: _____
------------	-----------------------------------	-------------	-----------------------------------------

<b>12.</b>	<b>Awarded by</b>	_____
------------	-------------------	-------

<b>13.</b>	<b>Awarded for</b>	_____
------------	--------------------	-------

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:

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

12.	Awarded for		
-----	-------------	--	--

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

12.	Awarded for		
-----	-------------	--	--

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

12.	Awarded for		
-----	-------------	--	--

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

12.	Awarded for		
-----	-------------	--	--

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

12.	Awarded for		
-----	-------------	--	--

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

12.	Awarded for		
-----	-------------	--	--

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

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.		_____	
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.		_____	
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.			
6.	Supervisor	Supervisor Name:	Phone:
7.	Reason for Leaving		
8.	Are you eligible for rehire?	If no, why not?	
9.	Did you collect unemployment?	If yes, indicate amount:	

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

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 <input type="checkbox"/>	Quit <input type="checkbox"/>	Other <input type="checkbox"/>	Specify if "other": _____
25.	Circumstances	_____ _____ _____			

22.	Date	_____			
23.	Name of   Employer	_____			
24.	Reason   for Departure	Fired <input type="checkbox"/>	Quit <input type="checkbox"/>	Other <input type="checkbox"/>	Specify if "other": _____
25.	Circumstances	_____ _____ _____			

22.	Date	_____			
23.	Name of   Employer	_____			
24.	Reason   for Departure	Fired <input type="checkbox"/>	Quit <input type="checkbox"/>	Other <input type="checkbox"/>	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 <input type="checkbox"/> Not offered job <input type="checkbox"/> Withdrew <input type="checkbox"/> Other <input type="checkbox"/> Specify:	
35.	Explanation		

31.	Date		
32.	Agency   and Location	Agency:	Location:
33.	Position   Applied for		
34.	Outcome	Declined offer <input type="checkbox"/> Not offered job <input type="checkbox"/> Withdrew <input type="checkbox"/> Other <input type="checkbox"/> Specify:	
35.	Explanation		

31.	Date		
32.	Agency   and Location	Agency:	Location:
33.	Position   Applied for		
34.	Outcome	Declined offer <input type="checkbox"/> Not offered job <input type="checkbox"/> Withdrew <input type="checkbox"/> Other <input type="checkbox"/> 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.	<b>Type of Payment</b>	<input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Other    Specify if "Other": _____		
17.	<b>Recipient Name (First, Mid, Last)</b>	_____		
18.	<b>Recipient Relationship</b>	_____		
19.	<b>Amount and Frequency</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Amount: _____</td> <td style="width: 50%;">Frequency (weekly, monthly, etc.): _____</td> </tr> </table>	Amount: _____	Frequency (weekly, monthly, etc.): _____
Amount: _____	Frequency (weekly, monthly, etc.): _____			
20.	<b>Court and Docket #</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Court: _____</td> <td style="width: 40%;">Docket #: _____</td> </tr> </table>	Court: _____	Docket #: _____
Court: _____	Docket #: _____			

16.	<b>Type of Payment</b>	<input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Other    Specify if "Other": _____		
17.	<b>Recipient Name (First, Mid, Last)</b>	_____		
18.	<b>Recipient Relationship</b>	_____		
19.	<b>Amount and Frequency</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Amount: _____</td> <td style="width: 50%;">Frequency (weekly, monthly, etc.): _____</td> </tr> </table>	Amount: _____	Frequency (weekly, monthly, etc.): _____
Amount: _____	Frequency (weekly, monthly, etc.): _____			
20.	<b>Court and Docket #</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Court: _____</td> <td style="width: 40%;">Docket #: _____</td> </tr> </table>	Court: _____	Docket #: _____
Court: _____	Docket #: _____			

16.	<b>Type of Payment</b>	<input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Other    Specify if "Other": _____		
17.	<b>Recipient Name (First, Mid, Last)</b>	_____		
18.	<b>Recipient Relationship</b>	_____		
19.	<b>Amount and Frequency</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Amount: _____</td> <td style="width: 50%;">Frequency (weekly, monthly, etc.): _____</td> </tr> </table>	Amount: _____	Frequency (weekly, monthly, etc.): _____
Amount: _____	Frequency (weekly, monthly, etc.): _____			
20.	<b>Court and Docket #</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Court: _____</td> <td style="width: 40%;">Docket #: _____</td> </tr> </table>	Court: _____	Docket #: _____
Court: _____	Docket #: _____			

16.	<b>Type of Payment</b>	<input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Other    Specify if "Other": _____		
17.	<b>Recipient Name (First, Mid, Last)</b>	_____		
18.	<b>Recipient Relationship</b>	_____		
19.	<b>Amount and Frequency</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Amount: _____</td> <td style="width: 50%;">Frequency (weekly, monthly, etc.): _____</td> </tr> </table>	Amount: _____	Frequency (weekly, monthly, etc.): _____
Amount: _____	Frequency (weekly, monthly, etc.): _____			
20.	<b>Court and Docket #</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Court: _____</td> <td style="width: 40%;">Docket #: _____</td> </tr> </table>	Court: _____	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:	
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	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			

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:
28.	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"):	
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:	Current Status:	

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

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:	License Number (if known):		
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"/> Passenger	<input type="checkbox"/> Pedestrian <input type="checkbox"/> * Other
			<input type="checkbox"/> Driver <input type="checkbox"/> Passenger	<input type="checkbox"/> Pedestrian <input type="checkbox"/> * Other
			<input type="checkbox"/> Driver <input type="checkbox"/> Passenger	<input type="checkbox"/> Pedestrian <input type="checkbox"/> * Other
			<input type="checkbox"/> Driver <input type="checkbox"/> Passenger	<input type="checkbox"/> Pedestrian <input type="checkbox"/> * Other
			<input type="checkbox"/> Driver <input type="checkbox"/> Passenger	<input type="checkbox"/> Pedestrian <input type="checkbox"/> * Other
			<input type="checkbox"/> Driver <input type="checkbox"/> Passenger	<input type="checkbox"/> Pedestrian <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:

	Date and Question #	Date:	Question Number (from #7 - #12, above):
13.	Date and Question #		
14.	Charges or Order (include #)		
15.	Court and Docket	Court:	Docket #:
16.	Sentence		
17.	Circumstances/Explanation		

	Date and Question #	Date:	Question Number (from #7 - #12, above):
13.	Date and Question #		
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.	<b>Dates of Involvement</b>	From: _____	To: _____
25.	<b>Substance(s) Involved</b>	_____	
26.	<b>Your Involvement</b>	<input type="checkbox"/> Used <input type="checkbox"/> Possessed <input type="checkbox"/> Sold <input type="checkbox"/> Supplied <input type="checkbox"/> Manufactured	
27.	<b>Exact Nature of Activity</b>	_____ _____ _____	
28.	<b>Source of Substances</b>	_____ _____	
29.	<b>Circumstances/ Explanation</b>	_____ _____ _____	

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

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 ☐

<b>30.</b>	<b>Duration of Case (Dates)</b>	From: _____	To: _____
<b>31.</b>	<b>Your Involvement</b>	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	
<b>32.</b>	<b>Court and Docket #</b>	Court: _____	Docket #: _____
<b>33.</b>	<b>Other Involved Party(s)</b>	Name: _____ Name: _____	
<b>34.</b>	<b>Nature of Case</b>	_____ _____	
<b>34.</b>	<b>Outcome</b>	_____ _____	

<b>30.</b>	<b>Duration of Case (Dates)</b>	From: _____	To: _____
<b>31.</b>	<b>Your Involvement</b>	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	
<b>32.</b>	<b>Court and Docket #</b>	Court: _____	Docket #: _____
<b>33.</b>	<b>Other Involved Party(s)</b>	Name: _____ Name: _____	
<b>34.</b>	<b>Nature of Case</b>	_____ _____	
<b>34.</b>	<b>Outcome</b>	_____ _____	

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
4.	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
4.	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		

Applicant #: \_\_\_\_\_

### O. Clubs and Organizations, continued

- [illegible]

- [illegible]

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: \_\_\_\_\_