

40 Bailey Blvd.  
 Haverhill, Ma 01830  
 (978) 373-1212 Ex. 533



**CITY OF HAVERHILL**  
**AUXILIARY POLICE DEPARTMENT**  
**APPLICATION**



**Application Instructions:**

If you have any questions filling out this application form. Please notify the person that gave you this application and every effort will be made to accommodate your needs in a reasonable amount of time.

1. COMPLETE ALL QUESTIONS ACCURATELY AND TRUTHFULLY
2. PRINT CLEARLY AND IN BLACK INK, INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE PROCESSED
3. PLEASE READ "APPLICANT NOTE" AND "AVAILABILITY"

Last Name:		Middle Initial:	First Name:	
Date of Birth ex. Mm/dd/yyyy		Sex: Male   Female	Social Security Number:	
Mailing Address:				
City:		State:	Zip Code:	
Street Address, if different:				
City:		State:	Zip Code:	
Home Phone Number:	Cell Phone Number:		Email Address:	

**DRIVERS LICENSE**

State of Issue:	License #	Type:	Restrictions:
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**APPLICANT NOTE:**

THIS APPLICATION FORM IS INTENDED FOR USE IN THE EVALUATING YOUR QUALIFICATIONS FOR THE HAVERHILL AUXILIARY POLICE DEPARTMENT. THIS IS NOT A CONTRACT. PLEASE ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY. FALSE OR MISLEADING STATEMENTS DURING THE INTERVIEW AND OR ON THIS FORM ARE GROUNDS FOR TERMINATING THE APPLICATION PROCESS OR, IF DISCOVERED AFTER ENTERING THE DEPARTMENT, DISMISSAL FROM THE DEPARTMENT. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT DISCRIMINATION BECAUSE OF SEX, RACE, MARITAL STATUS, NATIONALITY, CREED, OR PRESENCE OF DISABILITIES.

**AVAILABILITY:**

AS A HAVERHILL AUXILIARY POLICE OFFICER, YOU WILL BE EXPECTED TO ASSIST DURING ALL CITY EMERGENCIES WHEN CALLED UPON BY THE DEPARTMENT. YOU WILL ALSO BE EXPECTED TO ASSIST DURING CITY EVENTS, FOR EXAMPLE: ROAD RACES, WALK-A-THON'S, FESTIVALS, PARADES, BIKE RACES, ETC. THAT YOU ARE ASSIGNED. YOU WILL ALSO NEED TO BE AVAILABLE ON YOUR SCHEDULED SUNDAYS.

EDUCATION

HIGH SCHOOL:		Address:	
		Received: <input type="checkbox"/> Diploma <input type="checkbox"/> GED	
COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL:			
Name of School	Dates of Attendance	Major/Minor Course of Study	Degree Earned
JOB-RELATED TRAINING OR COURSE WORK: (VOCATIONAL, TRADE, GOVERNMENTAL, ARMED FORCES, ECT.)			
Name of School	Dates of Attendance	Major/Minor Course of Study	Degree Earned

EMPLOYMENT HISTORY

Please list all employers beginning with your current job or most recent. Include military service, indicate rank, and job related volunteer work if applicable.

Name of Present or last Employer:			
Address:	City/State:	Zip:	Phone Number:
Job Title:		Supervisors Name:	
From:	To:	Reason For Leaving:	
Nature Of Work:			

Name of Present or last Employer:			
Address:	City/State:	Zip:	Phone Number:
Job Title:		Supervisors Name:	
From:	To:	Reason For Leaving:	
Nature Of Work:			

Name of Present or last Employer:			
Address:	City/State:	Zip:	Phone Number:
Job Title:		Supervisors Name:	
From:	To:	Reason For Leaving:	
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Address:	City/State:	Zip:	Phone Number:
Job Title:		Supervisors Name:	
From:	To:	Reason For Leaving:	
Nature Of Work:			

REFERENCE

Please list five individuals familiar with your work ethics. ( Do not include relatives)			
Name:		Address:	
Years known:	Phone Number:	Relationship:	
Name:		Address:	
Years known:	Phone Number:	Relationship:	
Name:		Address:	
Years known:	Phone Number:	Relationship:	
Name:		Address:	
Years known:	Phone Number:	Relationship:	
Name:		Address:	
Years known:	Phone Number:	Relationship:	

BACKGROUND

Have you ever been convicted of a felony or a first degree misdemeanor?		Yes	No
If yes, what were the charges?			
Where convicted?	_____	Date of Conviction:	_____
Have you ever pled nolo contendere or pled guilty to a crime which is a felony or a first degree misdemeanor?		Yes	No
If yes, what were the charges?			
Where convicted?	_____	Date of Conviction:	_____
Have you ever had any motor vehicle moving violations?		Yes	No
If yes, please list violation (s):			
_____			
_____			
NOTE: A "Yes" answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity, and date of the offense in relation to the position for which you are applying are considered. Police Officer applicants must reveal all arrests and convictions, REGARDLESS of sealed or expunged records or juvenile status per HAPD background investigation requirements.			

CERTIFICATION AND RELEASE

I _____ CERTIFY THAT I AM FULLY AWARE THAT THE HAVERHILL AUXILIARY POLICE DEPARTMENT IS A NON-PAYING ORGANIZATION; I FURTHER ACKNOWLEDGE THAT I AM AWARE THAT I WILL NOT BE PAID FOR ANY AND ALL DUTIES THAT I PERFORM AS A HAVERHILL AUXILIARY POLICE OFFICER.	
_____	_____
( SIGNATURE )	( DATE )
I _____ CERTIFY THAT I HAVE READ AND UNDERSTAND THE APPLICATION NOTE AND AVAILABILITY ON PAGE ONE OF THIS FORM AND THAT THE ANSWERS GIVEN BY ME ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY FALSE INFORMATION, COMMISSION OR MISREPRESENTATIONS OF FACTS CALLED FOR IN THIS APPLICATION MAY RESULT IN REJECTION OF MY APPLICATION OR DISMISSAL FROM THE DEPARTMENT. I AUTHORIZE THE RELEASE OF ANY INFORMATION CONCERNING MY BACKGROUND AND HEREBY RELEASE ANY SAID PERSONS, SCHOOL, COMPANIES, AND LAW ENFORCEMENT AUTHORITIES FROM ANY LIABILITY FOR ANY DAMAGE WHAT SO EVER FOR ISSUING THIS INFORMATION. I ALSO UNDERSTAND THAT THE USE OF ILLEGAL DRUGS IS PROHIBITED. IF DEPARTMENT POLICY REQUIRES, I AM WILLING TO SUBMIT TO DRUG TESTING TO DETECT THE USE OF ILLEGAL DRUGS PRIOR TO AND DURING MY TIME AS AN AUXILIARY OFFICER FOR THE CITY OF HAVERHILL.	
_____	_____
( SIGNATURE )	( DATE )