

**Framingham Police
Framingham Auxiliary Police**



City of Framingham

Application for Volunteer Position of:

(Check One)

Auxiliary Police Officer _____

Community Service Officer _____

THIS IS A VOLUNTEER POSITION WITH NO COMPENSATION

CITY OF FRAMINGHAM
VOLUNTEER
PUBLIC SAFETY APPLICATION

Each applicant must supply the following items:

1. A completed application, printed in black ink in the applicant's own handwriting.
2. Official copies of high school and college transcripts.
3. Copies of high school and college diplomas.
4. A copy of DD214 service discharge. (If applicable)
5. A copy of FID, License to Carry Firearms, and any other applicable licenses or certificates.
6. An official copy of your transcript from a Basic Police Recruit Training Academy. (If applicable)
7. A certified copy of your Birth Certificate or Naturalization Certificate
8. Resume.

**FRAMINGHAM AUXILIARY POLICE
AUTHORIZATION TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize the Framingham Police Department and the Framingham Auxiliary Police or any representative of the department, bearing a signed copy of this release, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit or educational records including, but not limited to: achievement, attendance, athletic, personal history, disciplinary records, medical records, mental health/psychiatric records and credit records.

I also hereby authorize any federal, state, county, municipal or other law enforcement agency to release any records in their files, which pertain to me.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for employment purposes. Consent is granted for the Framingham Police Department and Framingham Auxiliary Police to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities.

I hereby release you, officers, employees or related personnel, as custodian of such records, and any school, college university or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, law enforcement agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively from any and all liability for damages of any kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I am furnishing my Social Security number voluntarily, with the understanding that Federal statute or regulation does not require such. I have been advised that the Framingham Police Department and Framingham Auxiliary Police will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this background investigation. Should there be any questions as to the validity of this release, you may contact me as indicated below.

(Signature)

(Printed Name)

(Date)

(Social Security number)

(Address)

(City/ Town, State, Zip Code)

PRE-VOLUNTEER INVESTIGATION DISCOVERY WAIVER

As an applicant to the City of Framingham for the volunteer position of Auxiliary Police Officer or Community Service Officer, I recognize that the Framingham Police Department and Framingham Auxiliary Police has a legal, as well as a moral obligation, to take every reasonable effort to ensure that persons who volunteer or are employed by them in Public Safety positions conform to the very highest standards.

Therefore, to the extent permitted by law, I hereby release and hold harmless the City of Framingham and its officers, agents, or assigns, now and in the future, from any claim of damages in law or in inequity on behalf of myself, my heirs and assigns, for their refusal to make available any and all of the information discovered in the course of this pre-employment investigation, including, but not limited to, the identity(ies) of any person(s) and/or organization(s) which may have supplied information in the course of this investigation, as well as the substance of any information supplied.

To the extent permitted by law, I hereby waive my right, now and in the future, to receive, photocopy, obtain, examine, review; or otherwise discover the contents of this investigation and all records related thereto. I acknowledge that, to the extent permitted by law, such records, materials, and information will remain confidential. The contents of this questionnaire will be considered confidential and will be used only for investigating employment suitability with the City of Framingham Public Safety, or another Public Safety agency in possession of a permission waiver signed by you.

There is one exception to the confidentiality of your background investigation. Should it be discovered that you are currently involved in criminal activity, or have committed an undiscovered felony, the law enforcement agency having jurisdiction WILL BE NOTIFIED.

Signature of Applicant _____

Date: _____

1. FULL NAME

LAST: _____ FIRST: _____ MI: _____ Jr., Sr., etc.: _____
If you have only initials in your name use them and state (IO). If you have no middle name, enter "NMN".
If you are a Jr., Sr., III, etc., enter this in the box after your middle initial.

2. DATE OF BIRTH:(MM/DD/YY) _____/_____/_____

3. SOC.SEC. #: _____-_____-_____

4. PLACE OF BIRTH: USE THE TWO LETTER CODE FOR THE STATE.

City: _____ State: _____ Country: _____

5. OTHER NAMES USED GIVE OTHER NAMES USED SUCH AS YOUR MAIDEN NAME, NAME (S) BY A FORMER MARRIAGE, ALIAS, ETC.

NAME _____ DATE (S) WHEN USED _____

NAME _____ DATE (S) WHEN USED _____

NAME _____ DATE (S) WHEN USED _____

6. IDENTIFYING INFORMATION

HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____ SEX: _____M_____F

7. Contact: WORK () HOME () E-Mail: _____ CELL ()

8. RESIDENTIAL HISTORY

#1 From _____ to Present _____
Mo/Yr Street Address Apt# City State Zip Code

#2 From _____ to _____
Mo/Yr Mo/Yr Street Address Apt# City State Zip Code

#3 From _____ to _____
Mo/Yr Mo/Yr Street Address Apt# City State Zip Code

#4 From _____ to _____
Mo/Yr Mo/Yr Street Address Apt# City State Zip Code

9. EDUCATIONAL BACKGROUND

- Provide information about schools you have attended, beyond Middle School, beginning with the most recent (#1) and working backward.
- For schools you attended in the past 3 years, list a person who you knew at school (such as an instructor or a student).
- For correspondence schools and extension classes, list records location address. In the "Code" block, use one of these codes: 1-High School 2-College/University 3-Vocational/Trade School.

_____ to _____
 #1 Mo/Yr to Mo/Yr Code Name of School Degree/Diploma (Date)

Street Address and City of School State Zip Code

_____ to _____
 #2 Mo/Yr to Mo/Yr Code Name of School Degree/Diploma (Date)

Street Address and City of School State Zip Code

_____ to _____
 #3 Mo/Yr to Mo/Yr Code Name of School Degree/Diploma (Date)

Street Address and City of School State Zip Code

| 10. COMPUTER TRAINING | | | | |
|---|-----------------|------|------|------|
| Please provide information regarding computer training you have attended if applicable. | | | | |
| Year | About the Class | | | |
| #1. _____ | _____ | | | |
| #2. _____ | _____ | | | |
| #3. _____ | _____ | | | |
| Below please rate your level of your competency with each computer program | | | | |
| Indicate | Fluent | Good | Fair | None |
| Word | | | | |
| Excel | | | | |
| Power Point | | | | |
| Access | | | | |
| MSDOS | | | | |
| Packet Cluster | | | | |

11. Employment History

NOTICE: Start with your current job, if employed, and list your past employment in reverse order. Include all employment from high school to the present. Account for any time that you were unemployed by stating the nature of your activities. If additional space is needed, list on a separate sheet.

Company: _____ Position: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates: from _____ to _____

Supervisor's Name: _____ Telephone No.: _____

Job Duties: _____

Reason for leaving: _____

Company: _____ Position: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates: from _____ to _____

Supervisor's Name: _____ Telephone No.: _____

Job Duties: _____

Reason for leaving: _____

Company: _____ Position: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates: from _____ to _____

Supervisor's Name: _____ Telephone No.: _____

Job Duties: _____

Reason for leaving: _____

Company: _____ Position: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates: from _____ to _____

Supervisor's Name: _____ Telephone No.: _____

Job Duties: _____

Reason for leaving: _____

12. OUTSIDE ACTIVITIES

List any activities, which you may wish to have considered as reflecting favorably on your reputation for leadership, responsibility, honesty, and integrity.

| Mo/Yr | Activity | Location of Activity (City/State) |
|-------------------|----------|-----------------------------------|
| #1 _____ to _____ | | |
| #2 _____ to _____ | | |
| #3 _____ to _____ | | |
| #4 _____ to _____ | | |

13. FOREIGN COUNTRIES VISITED

List foreign countries you have visited beginning with the most recent (#1) and working backward 10 years. In the "code" block use one of these codes: 1-Business 2-Pleasure 3-Education 4-Other

| Mo/Yr to Mo/Yr | Code | Country | Mo/Yr to Mo/Yr | Code | Country |
|-------------------|-------|---------|-------------------|-------|---------|
| #1 _____ to _____ | _____ | _____ | #3 _____ to _____ | _____ | _____ |
| #2 _____ to _____ | _____ | _____ | #4 _____ to _____ | _____ | _____ |

14. MILITARY HISTORY

A. Are you registered for Selective Service? Yes No

Selective Service # _____ Local Board # _____

City _____ State _____

B. Have you served in the United States Military? Yes No

Have you served in the United States Merchant Marine? Yes No

If your answer to both questions is "No", please skip to QUESTION 16

C. Starting with the most current (#1) and working backward, enter information for all periods of Active/Reserve Service into the table below.

In the code block use one of these codes:

1-Airforce 2-Army 3-Navy 4-Marine Corps 5-Coast Guard 6-Merchant Marine 7-National Guard

(For Reserves place an "R" after the appropriate #, For example Army Reserves would be "2R")

Indicate Status (Mark "X" in appropriate blocks-use State Code for National Guard)

| Mo/Yr | Code | Rank | None | Active Duty | Active Reserve | National Guard/Inactive |
|-------|------|------|------|-------------|----------------|-------------------------|
| | | | | | Reserve | Retired |

#1 _____

#2 _____

#3 _____

15. MILITARY RECORD

- A. Type of Discharge _____
Explain any type of Discharge other than Honorable _____
- B. Date of Discharge _____
- B. Was any type of disciplinary action taken against you while in the service? If yes, complete below:
Mo/Yr Charge of Specification/Action Taken Place (City/County/State/Country)

16. RELATIVES

All applicants must give complete information concerning their relatives (Mother, Father, and Siblings). If you have been married more than once, give the requested information concerning each former spouse. Even though a relative is deceased, give all the information requested, and indicate last residence and year of death. If someone has reared you other than your parents, the requested information should be furnished concerning them, as well as your biological parents. If you are engaged to be married or contemplating marriage in the near future, complete information must be included for your future spouse.

COMPLETE NAME, INCLUDING MIDDLE NAME (NO INITIALS), COMPLETE ADDRESS

| | | |
|-------------------------|---------------------|------------------|
| NAME | RELATIONSHIP TO YOU | DATE OF BIRTH |
| ADDRESS | | TELEPHONE NUMBER |
| OCCUPATION AND EMPLOYER | | |

| | | |
|-------------------------|---------------------|------------------|
| NAME | RELATIONSHIP TO YOU | DATE OF BIRTH |
| ADDRESS | | TELEPHONE NUMBER |
| OCCUPATION AND EMPLOYER | | |

| | | |
|-------------------------|---------------------|------------------|
| NAME | RELATIONSHIP TO YOU | DATE OF BIRTH |
| ADDRESS | | TELEPHONE NUMBER |
| OCCUPATION AND EMPLOYER | | |

| | | |
|-------------------------|---------------------|------------------|
| NAME | RELATIONSHIP TO YOU | DATE OF BIRTH |
| ADDRESS | | TELEPHONE NUMBER |
| OCCUPATION AND EMPLOYER | | |

| | | |
|-------------------------|---------------------|------------------|
| NAME | RELATIONSHIP TO YOU | DATE OF BIRTH |
| ADDRESS | | TELEPHONE NUMBER |
| OCCUPATION AND EMPLOYER | | |

| | | |
|-------------------------|---------------------|---------------|
| NAME | RELATIONSHIP TO YOU | DATE OF BIRTH |
| ADDRESS | TELEPHONE NUMBER | |
| OCCUPATION AND EMPLOYER | | |

| | | |
|-------------------------|---------------------|---------------|
| NAME | RELATIONSHIP TO YOU | DATE OF BIRTH |
| ADDRESS | TELEPHONE NUMBER | |
| OCCUPATION AND EMPLOYER | | |

17. PERSONS RESIDING WITH YOU

Does anyone reside with you, other than your spouse or relatives indicated in question 16? If "yes", provide the information required below.

| Name of Person | Relationship | Date of Birth | Social Security # |
|----------------|--------------|---------------|-------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

18. MARITAL STATUS

MARK ONE OF THE FOLLOWING BOXES TO SHOW YOUR CURRENT MARITAL STATUS:

1-Never Married (go to question 19)
 2-Married
 3-Separated
 4-Legally separated
 5-Divorced
 6-Widowed

Spouse: Complete the following about your spouse:

| | | |
|---|---------------|--|
| Full Name | Date of birth | Place of Birth (include Country) |
| Social Security # | Telephone | |
| Other Names Used by Spouse (Specify maiden name, names by other marriages, etc., and show dates used for each name) | | |
| Country of Citizenship | Date Married | Place Married (City/State/Country) |
| If separated, date of Separation (Mo/Day/Yr.) | | If legally separated, City and State the record is located |

Address of spouse (Street, City, and Country)

Former Spouse(s): Complete the following about your former spouse(s). Use continuation sheet if necessary.

| | | |
|--|----------------------------------|------------------------------------|
| Full Name | Date of Birth | Place of Birth (include Country) |
| Social Security # | Telephone # | |
| Country of Citizenship | Date Married | Place Married (City/State/Country) |
| Check one, then give date | | |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Widowed | Month/Day/Year _____ |
| If divorced, where is the record located? (City/Country) _____ | | |

Address of Former Spouse (Street, City, and Country if outside U.S)

19. EMPLOYMENT RECORD

Has any of the following happened to you in the last 10 years? If "yes" begin with the most recent occurrence and go backward, providing date fired, quit, or left under conditions other than favorable and other information requested.

Use the following codes and explain the reason your employment was ended:

- 1-Fired from a job
- 2-Quit a job after being told you would be fired
- 3-Left a job by mutual agreement under unfavorable circumstances
- 4-Left a job by mutual agreement following allegations of unsatisfactory performance
- 5-Left a job for other reasons under Unfavorable circumstances

Mo/Yr. Code Specify Reason Employer's Name and Address City/State/Zip/Country

20. POLICE RECORD

An applicant for employment with a sealed record on file with the Commissioner of Probation may answer 'no record' with respect to any inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition any applicant for employment may answer 'no record' with respect to prior arrests, court appearances and adjudication in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the Superior Court for criminal prosecution (See MGL c276, s100a, s100c).

- =====
- A. Have you ever been convicted of any felony offense?
 _____Yes _____No
 - B. Have you ever been convicted of any misdemeanor offense?
 _____Yes _____No
 - C. Have you ever been convicted of any offense(s) related to drugs?
 _____Yes _____No
 - D. Are there currently any felony or drug charges pending against you?
 _____Yes _____No

If you answered yes to A, B, or C above, explain your answer(s) in the space provided.

| Mo/Yr | Offense | Action | Taken |
|------------------------------------|---------|--------|-------|
| Law Enforcement Authority or Court | | | |

| Mo/Yr | Offense | Action | Taken |
|------------------------------------|---------|--------|-------|
| Law Enforcement Authority or Court | | | |

| Mo/Yr | Offense | Action | Taken |
|------------------------------------|---------|--------|-------|
| Law Enforcement Authority or Court | | | |

21. ILLEGAL DRUGS

Do you currently use, or in the past 5 years, have you used, possessed, supplied, or manufactured any illegal drugs or controlled substances? When used without a prescription, illegal drugs or controlled substances include steroids, marijuana, cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), stimulants (cocaine, amphetamines, etc.), depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenic (LSD, PCP, etc.), or designer drugs. It should be noted that marijuana is still an illegal narcotic under Federal Law and should be considered an illegal drug and answered accordingly. (NOTE: The information you provide in response to this question will not be provided for use in any criminal proceedings against you). _____ Yes _____ No

If you answered yes to the previous, provide below any information relating to the types of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs.

| Mo/Yr to Mo/Yr to | Type of Substance | Explanation |
|----------------------|-------------------|-------------|
| _____ to _____ | _____ | _____ |
| _____ to _____ | _____ | _____ |
| _____ to _____ | _____ | _____ |

22. INVESTIGATIONS RECORD

A. To the best of your knowledge has the Commonwealth of Massachusetts or the United States Government ever investigated your background? If "Yes" provide the information below.

| Mo/Yr. | Investigating Agency | Mo/Yr | Investigating Agency |
|--------|----------------------|-------|----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

B. To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from Government employment? If "Yes" give date of action and agency.

| Mo/Yr. | Investigating Agency | Mo/Yr. | Investigating Agency |
|--------|----------------------|--------|----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

C. Have you ever applied to another Local, State or Federal Public Safety Agency? If "Yes" please provide date and agency.

| Mo/Yr. | Investigating Agency | Mo/Yr. | Investigating Agency |
|--------|----------------------|--------|----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

23. FINANCIAL RECORD

A. In the last 5 years, have you, or a company of which you own 10% or more, filed for bankruptcy, been declared bankrupt, been subject to tax lien, or had legal judgment rendered against it for a debt? If you answered "Yes" provide date of initial action and other information requested below.

____ Yes ____ No
 Mo/Yr. Type of Action Business Name Name/Address of Court handling case

B. Are you now over 180 days delinquent on any loan of financial obligation? Include loan or obligations funded or guaranteed by the Federal Government. If you answered "Yes" provide the information requested below. ____ Yes ____ No

Mo/Yr. Type of Action Business Name Name/Address of Court handling case

C. List all loans whose principal outstanding balance exceeds \$1000. and on which you are individually or jointly liable either directly or as a guarantor.

| Lender | Loan# | Original Bal. | Outstanding Bal. | Purpose for Loan |
|--------|-------|---------------|------------------|------------------|
| | | \$ _____ | \$ _____ | _____ |
| Lender | Loan# | Original Bal. | Outstanding Bal. | Purpose for Loan |
| | | \$ _____ | \$ _____ | _____ |

D. SUPPORT ORDERS

1. Are there any orders/agreements entered into regarding child support/alimony? If "No" go to question 24. ____ Yes ____ No

2. If "Yes" to question 1, are the orders/agreements being fulfilled to their fullest? ____ Yes ____ No

3. If "Yes" to question 1, have there been any previous problems in fulfilling these orders/agreements? ____ Yes ____ No

If you answered "Yes" to 1, 2, or 3 above, explain your answer(s) in the space below. (Include court, judgment, & penalties).

24. INCOME TAXES

A. Have your Massachusetts Tax Returns been filed on time for the last 7 years?

Yes No (If No, explain on separate sheet of paper.)

B. Are you delinquent on any State or Federal Tax Liabilities?

Yes No (If Yes, explain on a separate sheet of paper.)

C. Have your Federal Tax Returns been filed on time for the last 7 years?

Yes No (If No, explain on a separate sheet of paper.)

25. BUSINESS INVOLVEMENT

A. Do you presently own, or within the past 7 years have you owned, more than 10% of the following:

- 1. A Company Yes No
- 2. A Partnership (include general or limited partnership) Yes No
- 3. Joint Venture Yes No
- 4. Joint Enterprise Yes No

If you answered "Yes", provide the required information below.

| Name of Business | Location (Address, City, State & Country) | Percentage Owned |
|------------------|---|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

B. Do you or any member of your immediate family (spouse or child) presently have a greater than 10% equity interest in any business entity (include general or limited partnership, joint venture or joint enterprise)? Yes No

If you answered "Yes", provide the required information below.

| Name of Business | Location (Address, City, State & Country) | Percentage Owned |
|------------------|---|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| Who owns the Business Interest? | Describe the Nature of the Business |
|---------------------------------|-------------------------------------|
| _____ | _____ |
| _____ | _____ |

C. Are you legally authorized to work in the United States? Yes No

26. CIVIL LITIGATION

A. To the best of your knowledge, are there any civil actions pending against you?
 Yes No

B. Have there been any civil actions concluded against you within the past 7 years (favorably or adversely)? Yes No

If you answered "Yes" to A or B above, explain your answer(s) in the space below (If known, include: court(s), case name(s), docket #(s), nature of lawsuit and outcome).

27. PREVIOUS INTERACTIONS WITH STATE AGENCIES

A. Have you ever filed a financial disclosure form with the State Ethics Commission or a similar body in another state? If 'Yes', submit with this application, a copy of your most recent submission.
____Yes ____No

B. Have any proceedings been instituted against you by the State Ethics Commission or a similar body in another state? ____Yes ____No

C. To your knowledge, have any complaints or disciplinary actions been filed against you with regard to any licenses or registrations you possess? ____Yes ____No

D. To your knowledge, have any complaints or disciplinary actions been filed against you with regard to your membership in any professional or trade association(s)? ____Yes ____No

E. Do you presently have any business, hearing, complaint or claim with any regulatory agency or board? ____Yes ____No

F. Within the past 7 years have you had any business, hearing, complaint or claim with any regulatory agency or board? ____Yes ____No

If you answered "Yes" to B, C, D, E or F above, explain your answer(s) in the space below. (Include nature of allegations, date and outcome of proceedings).

28. LICENSES

A. Are you a licensed automobile operator? ____Yes ____No

B. Do you hold a CDL? ____Yes ____No

C. Do you possess any other license(s), permit(s), or registration(s) such as Firearms, Professional, Trade, etc.? ____Yes ____No

If you answered "Yes" to any of the above, provide the information required below.

Type of License License Number Date Issued Expiration Date

1. _____

2. _____

3. _____

Issuing State/Country Issuing Agency (include address)

1. _____

2. _____

3. _____

29. VOTER REGISTRATION

Are you registered to vote? ____Yes ____No City & State registered _____

30. PROFESSIONAL/TRADE ASSOCIATIONS & ORGANIZATION MEMBERSHIPS

Do you hold membership in any professional or trade organization(s) past or present?

_____ Yes _____ No

(If "Yes", provide the information required below).

Organization Address Type Present Position Held

- 1. _____
- 2. _____
- 3. _____
- 4. _____

31. PROPERTY OWNERSHIP

List any real property in which you, your spouse, or your minor children have an equity or financial interest.

Property Address Owner Relationship (self, spouse, etc.)

- 1. _____
- 2. _____
- 3. _____

32. REFERENCES

A. List three people who know you "Professionally" and can attest to your qualifications and fitness for the position for which you are applying.

Full Name of Reference Telephone Number Address Relationship

- 1. _____
- 2. _____
- 3. _____

B. List three people who know you "Personally" and can attest to your qualifications and fitness for the kind of position for which you are applying.

Full Name of Reference Telephone Number Address Relationship

- 1. _____
- 2. _____
- 3. _____

| 33. LANGUAGE | | | | | | | | | |
|---|--------|------|-------|-------|------|-------|-------|------|-------|
| Indicate languages you speak, read, and/or write. | | | | | | | | | |
| Language | Fluent | | | Good | | | Fair | | |
| | Speak | Read | Write | Speak | Read | Write | Speak | Read | Write |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |

34. Subversive Organizations

Are you now, or have you ever been a member of any political party or organization that advocates, the overthrow of the government of the United States or of this Commonwealth by force or violence? _____ Yes _____ No

(If "Yes", please explain in detail)

35. Are you available for weekend and evening training?

Use this page if necessary to complete items 32 and 33. Start each sheet with your name and Social Security Number. Identify the number of the question or subject.

After completing this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification.



Briefly describe the personal reason(s) why you want to volunteer with the Framingham Auxiliary Police as an Auxiliary Officer or Community Service Officer.

FRAMINGHAM AUXILIARY POLICE

**Certification That My Answers Are True and Understandings Related to
Application for
Volunteer Auxiliary Police Officer or Community Service Officer Position**

I have read each question asked of me and understand each question. My statements on this form, and any attachments to this form, including but not limited to a resume, are true, correct, and accurate to the best of my knowledge and belief and are made in good faith.

It is understood that at no time will I expect reimbursement for my services as an Auxiliary Police Officer or Community Service Officer. It is further agreed that I will not at any time, while a member of the Framingham Auxiliary Police, solicit the Framingham Police Department for paid details.

It is understand that initially, if accepted, I will be assigned as a probationary member of the Framingham Auxiliary Police, and that during that time, I can be discharged without cause by the Commanding Officer of the Framingham Auxiliary Police.

Signed under the penalties and pains of perjury, this the _____ day of _____, 20__.

Printed Name

Signature

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 liabilities. M.G.L. C.149 S.19B