WILMINGTON POLICE DEPARTMENT
1 Adelaide Street
Wilmington, MA. 01887

All applications should be addressed to:
Lt. Scott A. Sencabaugh
Wilmington Police Department
1 Adelaide Street
Wilmington, MA 01887

And shall include the following:

Cover letter explaining why the applicant wants to join the Wilmington Auxiliary Police
Current Resume
Copies of any certifications applicant wants considered

Incomplete applications will not be considered nor will they be held on file.
WILMINGTON AUXILIARY  
POLICE DEPARTMENT  
APPLICANT EMPLOYMENT PACKAGE  

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</tbody>
</table>
NOTICE TO AUXILIARY POLICE APPLICANTS

If you are interested in an appointment as an Auxiliary Police Officer, you must follow the below listed instructions in order to be considered for employment.

You will be notified when to appear at the Wilmington Police Department, 1 Adelaide Street Wilmington, MA. You must complete the enclosed APPLICANT BACKGROUND INFORMATION FORM and have it notarized where applicable.

When you are notified to appear at the Police Facility, you must bring with you the following:

1. The completed Applicant Background Information Package, signed and notarized where indicated.
2. Your Social Security Card.
3. Your Massachusetts Driver’s License.
4. One copy of your license to carry a firearm
5. Your Passport.
6. One copy of your High School Diploma or Equivalency Certificate.
7. One copy of each Higher Education Diploma.
8. Two copies of your Birth Certificate.
9. One copy of your Service Discharge (if applicable).
10. One copy of your DD214 Service Discharge Form (if applicable).
11. One copy of an Official High School Transcript for each high school attended.
12. One copy of an Official Sealed Transcript from each college attended.
13. Signed copies of your State & Federal Tax Returns for the past three years.
14. Completed and signed Social Security Administration Form 3288.
15. Copies of your citizenship or naturalization papers (if applicable).

NOTE: Failure to produce any of these documents may disqualify your application from further consideration.

APPROXIMATELY 1/2 HOUR WILL BE REQUIRED FOR YOUR PROCESSING AND BRIEFING.

You should not consider this as a notice of appointment. A decision on your appointment with this department will be made only after an investigation of your fitness and background, and a full interview and selection process has been completed.

Applicant Background Information Form

INSTRUCTIONS: This form must be typewritten or clearly printed in black ink. All questions must be answered truly and correctly. If not applicable, indicate N/A. Willfully withholding information or making false statements on this form will be the basis of rejection of the application or dismissal from the Wilmington Police Department. Applications that are not complete and legible will not be considered. If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets the same size as this form, and number the answers to correspond with questions.
I. PERSONAL HISTORY

1. Name in Full (Last, First, Middle): ____________________________

2. List all other names you have used. Include maiden name, if applicable. If you have ever used any surnames other than your true name, during what period and under what circumstances were these names used? If you have ever legally changed your name, give date, place, and court of record. ____________________________________________
   ____________________________________________
   ____________________________________________

3. Present Residential Address (Apartment, Street, City, State, Zip Code): ____________________________

4. Residential Phone #: ( ) ____________________ Business Phone #: ( ) ____________________
   Cell Phone # ______________ Primary Email ______________ Other Email ______________

5. Complete address to which you desire mail to be sent (include zip code): ____________________________

6. Social Security #: ____________________________

7. Have ever used another Social Security #? If Yes, provide the social security number and the dates and reasons for its use:
   ____________________________________________

8. Date of Birth (Month, Day, Year): ____________________________

9. Place of Birth (City, State, Country): ____________________________

10. Are you a citizen of the United States of America?
    Natural Born ______ Naturalized ______ Naturalization # ______________

II. MARITAL STATUS

1. Single _____ Married _____ Widowed _____ Divorced _____ Separated ______

2. If applicable, date and location of marriage: ____________________________________________

3. If applicable, date and location of divorce (include court of record): ____________________________

4. If applicable, date and location of annulment (include court of record): ____________________________
5. If you have been divorced more than once or had more than one annulment, provide dates and locations (include courts of record):

III. FAMILY

1. Wife/Husband/Fiancée of Applicant (give maiden name, if applicable):
   Name: ____________________________
   Address: ____________________________ Telephone #: (     ) ________________________
   Occupation: ____________________________ Date of Birth: ________ Place of Birth: ________

2. Ex-Wife/Husband of Applicant (give maiden name):
   Name: ____________________________
   Address: ____________________________ Telephone #: (     ) ________________________
   Occupation: ____________________________ Date of Birth: ________ Place of Birth: ________

3. If applicable, provide information relative to other ex-spouses (give maiden name):
   Name: ____________________________
   Address: ____________________________ Telephone #: (     ) ________________________
   Occupation: ____________________________ Date of Birth: ________ Place of Birth: ________

4. Father:
   Address: ____________________________ Telephone #: (     ) ________________________
   Occupation: ____________________________ Date of Birth: ________ Place of Birth: ________

5. Mother (maiden name):
   Address: ____________________________ Telephone #: (     ) ________________________
   Occupation: ____________________________ Date of Birth: ________ Place of Birth: ________

6. List all other members of your immediate family who are still living (do not include children):

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Address</th>
<th>Telephone Number</th>
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</table>
7. Do you have any children?  
   Yes _________  No _________
   
   If Yes, please provide the following information:

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Address</th>
<th>Date of Birth</th>
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8. Have any of your children ever been the subjects of a C.H.I.N.S. petition or MGL CH 119, Sec. 51A investigation?

   Yes _________  No _________
   
   If Yes, please elaborate on the incident(s) on a separate sheet of paper. Be sure to be specific with regards to dates, individuals, organizations and actions taken. Label your response to match the question.

IV. RESIDENCES

1. List chronologically all your residences in the past ten years. Include addresses while attending school if away from home and all military addresses. Begin with your present address.

<table>
<thead>
<tr>
<th>From: (mo/yr)</th>
<th>To: (mo/yr)</th>
<th>Address of Applicant (include apartment #)</th>
<th>Name of Someone Who Knew or Knows You at that Address</th>
<th>Phone Number</th>
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2. List all persons currently residing with you. Do not list relatives, spouses, or children.

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Relationship</th>
<th>Occupation</th>
<th>Phone Number</th>
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<tbody>
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3. Have you ever been evicted from a rental property?  
   Yes ____  No ____
4. Have you ever been forced to surrender a security deposit on a rental property?  Yes __ No __

5. Have you ever been late on a rent or mortgage payment?  Yes ____ No ____

If you answer Yes to question 3, question 4 or question 5 type or write your version of the incident on a separate sheet of paper. Be specific with regards to dates, locations, individuals, amounts and action taken. Label your response to match the question.

6. Have you ever resided in or visited a foreign country?  Yes ____ No ____

If Yes, provide the following information:

<table>
<thead>
<tr>
<th>Country</th>
<th>From: (mo/yr)</th>
<th>To: (mo/yr)</th>
<th>Reason for Visit/Residence</th>
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V. EDUCATION

1. Have you received a diploma of graduation from high school?  Yes ________ No ________

If Yes, give the following information regarding the school:

<table>
<thead>
<tr>
<th>Name of High School</th>
<th>Address</th>
<th>Date of Graduation</th>
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If No, have you successfully completed a General Equivalency Diploma Examination (GED)?

Yes ________ No ________

Location __________________________ Date __________________________

2. If applicable, list other high schools you have attended:

<table>
<thead>
<tr>
<th>Name of High School</th>
<th>Address</th>
<th>Dates of Attendance</th>
</tr>
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</table>


3. Are you currently enrolled in a school of any type?  Yes ______ No ______
If Yes, give the following information regarding the institution(s):

<table>
<thead>
<tr>
<th>School Name</th>
<th>Address</th>
<th>Expected Degree</th>
<th>Expected Graduation Date</th>
</tr>
</thead>
<tbody>
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</table>

4. List the following information regarding all schools you have attended since high school:

<table>
<thead>
<tr>
<th>School Name</th>
<th>Address</th>
<th>Dates of Attendance</th>
<th>Degree Obtained</th>
</tr>
</thead>
<tbody>
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5. For each Yes answer to one of the questions below, write or type your version of the incident on a separate sheet of paper. Be sure to include specifics regarding dates, institutions, individuals, and actions taken. Label your response to correspond with the particular question.

a. Were you ever dismissed, suspended or expelled from a school of any type?  Yes ___ No ___

b. Were you ever placed on scholastic probation?  Yes ___ No ___

c. Have you ever been compelled to withdraw from a class?  Yes ___ No ___

d. Have you ever committed plagiarism?  Yes ___ No ___

e. Have you ever assisted another during an exam?  Yes ___ No ___

f. Have you ever received assistance from another during an exam?  Yes ___ No ___

g. Was any disciplinary action ever taken against you during your scholastic career?  Yes ___ No ___

6. List all awards, honors, citations, positions held in school organizations, athletic endeavors, and any special recognition you received while attending school: __________________________________________
   __________________________________________
   __________________________________________

7. Indicate your proficiency in each phase of each foreign language as None, Slight, Good or Fluent:

<table>
<thead>
<tr>
<th>Language</th>
<th>Speaking Ability</th>
<th>Understanding</th>
<th>Reading Ability</th>
<th>Writing Ability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish</td>
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<tr>
<td>Portuguese</td>
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</tbody>
</table>
VI. EMPLOYMENT

1. List chronologically all employment, including summer, part-time, and unpaid. Include periods of unemployment. **All time must be accounted for.** List your present employment first.

<table>
<thead>
<tr>
<th>From (mo/yr):</th>
<th>To (mo/yr):</th>
<th>Title/Position:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer:</td>
<td></td>
<td>Name of Supervisor:</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
<td>Telephone # (   )</td>
</tr>
<tr>
<td>Nature of Work:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salary:</td>
<td></td>
<td>Reason for Leaving:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>From (mo/yr):</th>
<th>To (mo/yr):</th>
<th>Title/Position:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer:</td>
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<td>Name of Supervisor:</td>
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<tr>
<td>Salary:</td>
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<td>Reason for Leaving:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>From (mo/yr):</th>
<th>To (mo/yr):</th>
<th>Title/Position:</th>
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<tbody>
<tr>
<td>Employer:</td>
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<td>Name of Supervisor:</td>
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<tr>
<td>Address:</td>
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<td>Telephone # (   )</td>
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<tr>
<td>Nature of Work:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salary:</td>
<td></td>
<td>Reason for Leaving:</td>
</tr>
</tbody>
</table>
From (mo/yr): _______ To (mo/yr): _______ Title/Position: ____________________________

Employer: ____________________________ Name of Supervisor: _______________________

Address: ______________________________ Telephone # (     ) ______________

Nature of Work: _________________________________________________________________

Salary: ___________ Reason for Leaving: ____________________________________________

From (mo/yr): _______ To (mo/yr): _______ Title/Position: ____________________________

Employer: ____________________________ Name of Supervisor: _______________________

Address: ______________________________ Telephone # (     ) ______________

Nature of Work: _________________________________________________________________

Salary: ___________ Reason for Leaving: ____________________________________________

From (mo/yr): _______ To (mo/yr): _______ Title/Position: ____________________________

Employer: ____________________________ Name of Supervisor: _______________________

Address: ______________________________ Telephone # (     ) ______________

Nature of Work: _________________________________________________________________

Salary: ___________ Reason for Leaving: ____________________________________________

From (mo/yr): _______ To (mo/yr): _______ Title/Position: ____________________________

Employer: ____________________________ Name of Supervisor: _______________________

Address: ______________________________ Telephone # (     ) ______________

Nature of Work: _________________________________________________________________

Salary: ___________ Reason for Leaving: ____________________________________________
From (mo/yr): ______ To (mo/yr): ______ Title/Position: ________________________________

Employer: ____________________________ Name of Supervisor: ________________________

Address: ______________________________ Telephone # ( ) ____________________

Nature of Work: ________________________________

Salary: ____________ Reason for Leaving: ________________________________

From (mo/yr): ______ To (mo/yr): ______ Title/Position: ________________________________

Employer: ____________________________ Name of Supervisor: ________________________

Address: ______________________________ Telephone # ( ) ____________________

Nature of Work: ________________________________

Salary: ____________ Reason for Leaving: ________________________________

From (mo/yr): ______ To (mo/yr): ______ Title/Position: ________________________________

Employer: ____________________________ Name of Supervisor: ________________________

Address: ______________________________ Telephone # ( ) ____________________

Nature of Work: ________________________________

Salary: ____________ Reason for Leaving: ________________________________

From (mo/yr): ______ To (mo/yr): ______ Title/Position: ________________________________

Employer: ____________________________ Name of Supervisor: ________________________

Address: ______________________________ Telephone # ( ) ____________________

Nature of Work: ________________________________

Salary: ____________ Reason for Leaving: ________________________________
From (mo/yr): _______ To (mo/yr): _______ Title/Position: ______________________________

Employer: ___________________________ Name of Supervisor: ___________________________

Address: _____________________________ Telephone # (   ) ____________________________

Nature of Work: ____________________________

Salary: ___________ Reason for Leaving: ____________________________________________

From (mo/yr): _______ To (mo/yr): _______ Title/Position: ______________________________

Employer: ___________________________ Name of Supervisor: ___________________________

Address: _____________________________ Telephone # (   ) ____________________________

Nature of Work: ____________________________

Salary: ___________ Reason for Leaving: ____________________________________________

2. Have you ever collected unemployment benefits? Yes _______ No _______

If Yes, provide specific dates and the office you collected benefits through. ________________

________________________________________________________

3. Has any employer or prospective employer ever investigated your background? Yes ___ No ___

If Yes, provide the following information:

<table>
<thead>
<tr>
<th>Investigating Agency/Company/Organization</th>
<th>Date of Investigation (mo/yr)</th>
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4. Have your employers always treated you fairly? Yes _______ No _______

If No, write or type your version of the incident on a separate sheet of paper. Be sure to include specifics regarding dates, individuals and actions taken. Label your response to match the question.

5. For each Yes answer to any of the questions in this section, write or type your version of the incident on a separate sheet of paper. Be sure to include specifics regarding dates, individuals and actions taken. Label your response(s) to match the question.
Have you ever or has it ever been determined that you committed one or more of the following acts:

a. Stealing from an employer?
   Yes ___ No ___

b. Lied to an employer about the number of hours you worked?
   Yes ___ No ___

c. Been paid for hours that you did not work?
   Yes ___ No ___

d. Punched another employee’s time card?
   Yes ___ No ___

e. Reported for work under the influence of drugs or alcohol?
   Yes ___ No ___

f. Fought physically or verbally with other workers?
   Yes ___ No ___

g. Had an accident while working?
   Yes ___ No ___

h. Been fired for any reason?
   Yes ___ No ___

i. Resigned from a job to avoid being fired?
   Yes ___ No ___

j. Left a job upon mutual agreement under unfavorable circumstances?
   Yes ___ No ___

k. Left a job for other reasons under unfavorable circumstances?
   Yes ___ No ___

6. List any awards or recognition you have received during the course of your work history (do not include military service).
   ____________________________________________
   ____________________________________________
   ____________________________________________

VII. MILITARY SERVICE

1. Have you ever served on active duty in the armed forces of the United States? Yes ___ No ___

   Branch of Military Service: ___________________ Serial#: ___________________
   Dates of Active Service: FROM (mo/yr): ___________ TO (mo/yr): ______________
   Highest Rank Attained: _______________________________
   Type of Discharge: __________________ Basis of Discharge: _______________________

2. Are you now or were you ever a member of any branch of the United States Military Reserve Forces? Yes _____ No _____

   Branch of Military Service: ___________________ Serial#: ___________________
   Dates of Active Service: FROM (mo/yr): ___________ TO (mo/yr): ______________
   Highest Rank Attained: _______________________________
   Type of Discharge: __________________ Basis of Discharge: _______________________

3. Are you now or have you ever been a member of the National Guard? Yes ____ No _____
Branch of Military Service: _______________________
Serial#: _______________________
Dates of Active Service: FROM (mo/yr): ____________ TO (mo/yr): ____________
Highest Rank Attained: ________________________
Type of Discharge: ___________________ Basis of Discharge: _______________________

4. If you are currently a member of any branch of the armed services of the United States, their reserve components or the National Guard, please indicate the name, location and telephone number of the unit: ______________________

5. Do you have any current or future military commitments? Yes ____ No_____
If Yes, please list anticipated dates and locations. ______________________

6. List all awards, medals, citations and decorations you received while in the Armed Forces. ______________________

7. Was disciplinary action, of any type, taken against you in the service? Yes ___ No ___

8. Were you ever court-martialed while you were in the service? Yes ___ No ___
If you answered Yes to question 7 or question 8, please write or type your version of the incident(s) on a separate sheet of paper. Be sure to include specifics regarding dates, individuals, organizations and action taken. Label your response to match the proper question.

9. Do you claim Veteran’s preference? Yes _____ No_____
If Yes, please list the basis for your claim. ______________________

VIII. COURT RECORD
An applicant for employment may answer “no record” on question 1 if any of the following circumstances are applicable: you have never been arrested, you have been arrested but never been tried for a criminal offense, you have been tried for a criminal offense but never convicted, you have a first conviction for any of the following misdemeanors, a) drunkenness b) simple assault c) speeding d) minor traffic violations e) affray f) disturbance of the peace, you have not been convicted of an offense within the five years before the date of this application and/or you have been convicted of misdemeanors where the date of conviction or the completion of any period of incarceration resulting therefrom, whichever date is later, occurred five or more years prior to the date of this application. (See MGL 151B Sec 4)
An applicant for employment with a sealed record on file with the Commissioner of Probation may answer ßno recordÓ with respect to any inquiry herein relative to prior arrests, criminal court appearances, or convictions. In addition, any applicant for employment may answer ßno recordÓ 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 CH276 Sec100a & Sec100c)

1. Have you ever been arrested or arraigned for a criminal offense? Yes ___ No ___

If the answer to the above question is Yes, you must write or type on a separate sheet of paper your version of the above incident(s). Be sure to include: date of arrest and/or arraignment, investigating law enforcement agency, court of record, charges, and disposition. Label the response to match the proper question.

2. To the best of your knowledge are you currently, or have you ever been, under investigation by any local, state, county, federal or foreign law enforcement agency? Yes ___ No ___

If Yes, write or type on a separate sheet of paper your version of the investigation. Be specific regarding dates, agencies, locations, individuals and final outcome. Label the response to match the question.

IX. PROTECTIVE ORDERS

1. Have you ever had an emergency, temporary or permanent protective order issued against you under the provisions of the following statutes:
   a. MGL c208, ss18, 34B, 34C (Divorce) Yes ________ No ________
   b. MGL c209, ss32 (Abandonment in Marriage) Yes ________ No ________
   c. MGL c209A, ss3, 4, 5 (Abuse Prevention) Yes ________ No ________

If the answer to any of the above is Yes, please write or type your version of the incident on a separate sheet of paper. Be sure to label your response to match the proper question. Include the following information in your response: court of record, docket number, circumstances of order, and current status of order.

X. DRIVER’S HISTORY

1. Do you possess a valid driver’s license from the Commonwealth of Massachusetts?

   Yes ________ No ________

   License # ________________ Expiration Date ________________

2. Have you ever been issued a driver’s license from the Commonwealth of Massachusetts under a different name or license number other than your current license number? Yes ____ No ____

If Yes, please list the name, license number and reason ____________________________________________________________
__________________________________________________________________________________________________________
3. Did you ever possess a driver’s license issued by any other state? Yes _____ No ________
   If Yes, please list the State, License #, and expiration date ____________________________

4. Do you have access to an automobile? Yes _______ No ________
   If Yes, please list the following for all vehicles you own:

<table>
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<tr>
<th>Make</th>
<th>Model</th>
<th>Registration</th>
<th>State</th>
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5. For each Yes answer to the following questions, write or type your version of the incident on a separate sheet of paper. Be specific with regards to dates, agencies, locations, amounts paid or owed and action taken. Label your response to match the particular question.

   a. Have you ever received a written motor vehicle citation (or written warning), from a police officer? Yes _______ No ________
   
   b. Have you ever been involved in a motor vehicle accident? Yes _______ No ________
   
   c. Has any State or Governmental Agency ever suspended or revoked your right to operate a motor vehicle? Yes _______ No ________
   
   d. Do you now or have you ever owed money for traffic fines? Yes _______ No ________
   
   e. Do you now or have you ever owed money for parking tickets? Yes _______ No ________
   
   f. Do you now or have you ever owed money for excise taxes? Yes _______ No ________

XI. DRUG/ALCOHOL USE

1. Have you ever used, possessed, supplied or manufactured the following substances?

   a. marijuana Yes _____ No _____ g. psilocybin Yes _____ No _____
   b. cocaine Yes _____ No _____ h. LSD Yes _____ No _____
   c. PCP Yes _____ No _____ i. heroin Yes _____ No _____
   d. hashish Yes _____ No _____ j. morphine Yes _____ No _____
   e. methamphetamine Yes _____ No _____ k. any illegal drug Yes _____ No _____
   f. steroids Yes _____ No _____

2. Have you ever used, possessed, supplied or manufactured any prescription drugs without a prescription? Yes _____ No _____
For each Yes answer in question 1 or question 2 above, you are required to detail each experience on a separate sheet of paper. You must include the following information in your response:
  What form of drug did you take (crack, powder, pill, etc.)?
  How was it administered (smoked, sniffed, injected, etc.)?
  Dates and locations where the incident(s) occurred.

3. Have you ever been in a fight having recently consumed drugs or alcohol?
   Yes ____ No ____

4. Have you ever been in an accident after having recently consumed drugs or alcohol?
   Yes ____ No ____

5. Have you ever been taken into protective custody?
   Yes ____ No ____

For each Yes answer to question 3, question 4 or question 5, write or type your version of the incident on a separate sheet of paper. Be specific with regards to dates, locations, agencies involved and action taken. Label your response to match the particular question.

XII. FINANCIAL RECORD

1. Are you indebted to anyone (individually, jointly, or as a guarantor)? Yes ____ No ____
   If Yes, please provide the following information:

<table>
<thead>
<tr>
<th>Creditor</th>
<th>Address</th>
<th>Account Number</th>
<th>Amount</th>
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2. Are you now or have you ever been delinquent on any loan or financial obligation?
   Yes ____ No ____

If Yes, write or type on a separate sheet of paper your version of the delinquency. Be specific with regards to dates, creditors, amounts and final action. Label your response to match the question.

3. Have you or a company in which you controlled a significant proprietary interest filed for bankruptcy, been subject to tax lien, or had legal judgment rendered against you/it for a debt?
   Yes ____ No ____
If **Yes**, write or type on a separate sheet of paper your version of the incident. Be specific with regards to dates, creditors, individuals, amounts, courts, type of action and final outcome. Label your response to match the question.

4. Have you ever been ordered or agreed to pay child support? **Yes ____ No ____**

5. Have your wages ever been garnished? **Yes ____ No ____**

If you answered **Yes** to question 4 or question 5, write or type your version of the incident on a separate sheet of paper. Be specific with regards to dates, creditors, individuals, amounts, courts, type of action and final outcome. Label your response to match the question.

6. Have your state tax returns been filed on time for the past five (5) years? **Yes ____ No ____**

7. Have your federal tax returns been filed on time for the past five (5) years? **Yes ____ No ____**

If you answered **No** to question 7 or question 8, write or type your version of the incident on a separate sheet of paper. Be specific with regards to dates, amounts, agencies involved, type of action and final outcome. Label your response to match the question.

8. Are you delinquent on any state or federal tax liabilities? **Yes ____ No ____**

If **Yes**, write or type your version of the liability on a separate sheet of paper. Be specific with regards to dates, amounts, agencies involved and types of action taken. Label your response to match the question.

9. List all your sources of income **other than** the employment that you have listed in **Section VI. EMPLOYMENT, Question 1**.

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>Monthly Amount</th>
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10. List any real property in which you, your spouse, or your minor children have an equity or financial interest:

<table>
<thead>
<tr>
<th>Property Address</th>
<th>Owner</th>
<th>Relationship</th>
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XIII. GENERAL BEHAVIOR

1. Do you now, or have you ever gambled? Yes _____ No _____
   If Yes, you must answer all the following questions:

   a. What types of gambling have you participated in?
      1. Horse/Dog Track _____
      2. Lottery _____
      3. Professional or College Sports _____
      4. Casino Games _____
      5. Card Games _____
      6. Football Cards _____
      7. Scratch Tickets _____

   b. How much do you spend on gambling in a year? $ ________

   c. What is the largest sum of money you have won while gambling? $ ________

   d. What is the largest sum of money you have lost while gambling? $ ________

   e. Have you ever borrowed money to cover a gambling debt? $ ________

   f. Have you ever, or do you presently have a gambling debt? $ ________

   g. How many times do you gamble per year?
      1-5 _____ 6-10 _____ more than 10 _____ more than 50 _____ more than 100 _____

2. Have you ever sued someone or have you ever been sued? Yes _____ No _____

3. Do you have any knowledge of any forthcoming civil suits in which you will be either a defendant or a complainant? Yes _____ No _____
   If you answered Yes to either question 2 or question 3, please write or type a summary of the legal action and the incident that initiated it on a separate sheet of paper. Be specific with regards to dates, places, individuals, courts and case status/outcome.

4. Are you now or have you ever been a member of any club, society, professional association or organization? Yes _____ No _____
   If Yes, please provide the following information:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Address</th>
<th>Positions Held</th>
<th>Dates</th>
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</table>
5. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which is totalitarian, fascist, communist, or subversive, or which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of the government of the United States by unconstitutional means?  Yes ____ No ____

If the answer was Yes, explain fully below:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

6. Do you object to wearing a uniform?  Yes ____ No ____

7. Do you object to working nights?  Yes ____ No ____

8. Have you had any experience with shift work?  Yes ____ No ____

9. Do you foresee any conflict of interest between your personal habits and beliefs and the role of a police officer with the Wilmington Police Department?  Yes ____ No ____

If the answer was Yes, explain fully below:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

XIV. LICENSES

1. Have you ever been issued a firearms license, firearms identification card or firearms permit of any sort?  Yes ____ No ____

If Yes, provide the following information for each firearms license, card or permit you have possessed:

<table>
<thead>
<tr>
<th>Type of License</th>
<th>License Number</th>
<th>Reason for Issue</th>
<th>Date of Issue</th>
<th>Place of Issue</th>
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</table>
2. Have you ever applied for and been denied a firearms license, firearms identification card or permit of any sort?  Yes ____ No ____

If Yes, provide the following information for each license denial:

<table>
<thead>
<tr>
<th>Type of License</th>
<th>Reason for Denial</th>
<th>Date of Denial</th>
<th>Place of Denial</th>
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3. Has your firearms license, identification card or permit ever been suspended or revoked or have you been forced to surrender a firearm(s), firearms license, firearms identification card or permit of any sort due to the issuance of a protective order (i.e. MGL CH209A)?

   Yes ____ No ____

If Yes, write or type your version of the incident on a separate sheet of paper. Be specific with regards to dates, locations, individuals, courts, agencies, action taken, and protective order status. Label your response to match the question.

4. Have you ever been issued a Hackney License?  Yes ____ No ____

If Yes, provide the following information:

<table>
<thead>
<tr>
<th>Date of Issuance</th>
<th>City or City of Issuance</th>
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5. Have you ever had a Hackney License denied, revoked or suspended?  Yes ____ No ____

If Yes, write or type your version of the incident on a separate sheet of paper. Be specific with regards to dates, location, agencies, and reason for denial/suspension/revocation. Label your response to match the question.

6. Have you ever applied for a bond or a job that requires a bond?  Yes ____ No ____
If **Yes**, provide the following information:

<table>
<thead>
<tr>
<th>Position</th>
<th>Employer</th>
<th>Address</th>
<th>Date</th>
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**XV. APPLICATION HISTORY**

1. Have you ever taken any other local (*include civil service exams*), county, state or federal law enforcement/police entrance exams? **Yes ____ No ____**

If **Yes**, provide the following information:

<table>
<thead>
<tr>
<th>Date of Exam</th>
<th>Department or Agency</th>
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2. Have you previously submitted an application for employment with any other local, county, state or federal law enforcement agency? **Yes ____ No ____**

If **Yes**, provide the following information:

<table>
<thead>
<tr>
<th>Date of Application</th>
<th>Department/Agency</th>
<th>Outcome of Application</th>
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XVI. On-line and Internet History

Please provide complete and accurate answers on this form to establish your qualifications. All answers will be subject to verification. This information will be used as part of your background investigation for employment with the Wilmington Police Department. Please do not provide any passwords.

Legal Name ______________________________________________________

Date of Birth ____________________________________________________

Virtual Identities
Please provide e-mail addresses, screen names, nicknames, on-line names, handles and other identifiers you have used in the past seven (7) years. Check if address is shared with a spouse or another person.

E-mail address 1 __________________________________________________

E-mail address 2 __________________________________________________

E-mail address 3 __________________________________________________

More to enter? Use additional information space at the end.

On-line Activities
Please list any websites you have hosted, run or participated in frequently, or other on-line activities you have often done. List the name and URL, if known.

<table>
<thead>
<tr>
<th>Name</th>
<th>URL</th>
</tr>
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<tbody>
<tr>
<td>Website 1</td>
<td>http://</td>
</tr>
<tr>
<td>Website 2</td>
<td>http://</td>
</tr>
<tr>
<td>Website 3</td>
<td>http://</td>
</tr>
<tr>
<td>Website 4</td>
<td>http://</td>
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</table>

More to enter? Use the additional information space at the end.

If you have any information to add, please do so in the space below:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

I certify that all of the information provided in this form is true and correct.

_________________________________________  __________________________
Applicant’s Signature                      Date
XVII. REFERENCES

1. List four (4) references below. **These persons should not be related to you, present or former employers or current fellow employees.** All persons to whom you refer may be asked to appraise your character, ability, experience, personality and other qualities.

<table>
<thead>
<tr>
<th>Name</th>
<th>Occupation</th>
<th>Yrs. Known</th>
<th>Residential Address</th>
<th>Phone ( )</th>
<th>Business Address</th>
<th>Phone ( )</th>
<th>Relationship to You</th>
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23
1. In 200-300 words, **handwrite on this page** your response to the following topic: *Why I want to be an Auxiliary Police Officer for the Town of Wilmington.*
2. In 200-300 words, **handwrite on this page your concept of community policing** and how it applies to Auxiliary Policing

Signature: _______________________________  Date: _______________________________
EMPLOYMENT STATEMENT

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.

I understand that all appointments are probationary for a period of one (1) year, during which I must first demonstrate my fitness for continued employment by the Wilmington Police Department. I understand that I must abide by and meet the training standards for police officers established by the Massachusetts Municipal Police Training Committee and the Wilmington Police Department. I also understand that, in many parts of the Wilmington Police Department, it is necessary to establish regular night and midnight shifts in view of which I must be available for such assignments as the needs might require. I further understand that any appointment tendered to me will be contingent upon the results 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 Wilmington Police Department. I also understand that once appointed as a police officer I must maintain any conditions of employment established for police officers by the Town of Wilmington and state or federal law. I further understand that as a condition of joining the Wilmington Auxiliary Police, I will fulfill a minimum 5 year commitment, and in the event of my separation from the unit for any reason, I will reimburse the Town Of Wilmington for any and all expenses related to, but not limited to, training & equipment expenses. 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.

______________________________
Signature of Applicant

______________________________
Name of Applicant (print or type)

______________________________
Date
HIRING PROCESS STATEMENT

I understand that if I am appointed to the Wilmington Auxiliary Police Department, I am subject to all rules and regulations of the Wilmington Auxiliary Police Department, the Wilmington Police Department and the Town of Wilmington.

I also understand that a background investigation will be conducted by the Wilmington Police Department, including but not limited to: education, employment, friends, criminal records, driving history, relatives, military service, neighbors, credit rating, and any other area deemed necessary by the Chief of Police.

I also understand that I may be required to furnish the Wilmington Police Department with additional information as required by the Chief of Police.

I also understand that I will be required to participate in a complete medical examination conducted by a medical doctor approved by the Town of Wilmington, at my expense, including a drug screen, laboratory and other tests, to determine my physical fitness to serve as a police officer in the Town of Wilmington.

I understand that I must complete the requirements listed above, as well as other requirements set forth by the Chief of Police or the Division of Human Resources, successfully and within a specified time. I also understand that if I fail to meet these or any other requirements successfully and within the specified time, my name will be withdrawn from consideration as an auxiliary police officer in the Town of Wilmington.

I have read the above statement and understand its provisions.

__________________________________________
Signature of Applicant

__________________________________________
Name of Applicant (print or type)

__________________________________________
Date
NOTICE

TO POLICE OFFICER AND FIREFIGHTER CANDIDATES

Subsequent to January first, nineteen hundred and eighty-eight, no person who smokes any tobacco product shall be eligible for appointment as a police officer or firefighter in a city or city and no person so appointed after said date shall continue in such office or position if such person thereafter smokes any tobacco products. (MGL Chapter 41 Section 101A)

I have read the above notice and understand its provisions.

__________________________________________
Signature of Applicant

__________________________________________
Name of Applicant (print or type)

__________________________________________
Date
CONSUMER REPORT DISCLOSURE

The undersigned applicant acknowledges that the Wilmington Police Department and Town of Wilmington may obtain a consumer report for employment purposes in reviewing the undersigned for employment with the Wilmington Police Department. The undersigned applicant certifies that he/she has duly authorized this credit check, and he/she acknowledges that all information requested is for the exclusive, official use of the Wilmington Police Department and for use only in connection with such investigation; and the consumer report requested is for a permissible purpose under the Fair Credit Reporting Act, of which the undersigned is knowledgeable.

Pursuant to the provisions of the Fair Credit Reporting Act, any person who knowingly and willfully obtains information from a consumer reporting agency under false pretenses shall be fined not more than $5000 or imprisoned for not more than one year or both.

______________________________________________
Signature of Applicant

______________________________________________
Name of Applicant (print or type)

______________________________________________
Date
Authorization for Disclosure of Social Networking Information

I, ______________________, give my permission for the Wilmington Police Department to have access to my personal social networking accounts, for the purpose of background investigations. If my accounts are set to “private,” I will log into the account in the presence of the authorized Wilmington Police Officer and allow him or her to review the contents of the account(s). Access to the account(s) must be granted immediately upon request.

I understand that the information present on my personal social networking account(s) is part of my background investigation for employment with the Wilmington Police Department. Any information that is racist, sexist or would bring discredit upon my candidacy for the position that I am applying for, may disqualify me from further consideration with the Wilmington Police Department.

I understand that refusal to allow the Wilmington Police Department access to my personal social networking account(s) will disqualify me from further consideration for employment with the Wilmington Police Department.

By signing this document, I am agreeing to provide the Wilmington Police Department immediate access to my personal social networking accounts.

_ I do not have a social networking account
_ I authorize the Wilmington Police Department access to my social networking account(s).
_ I do not authorize the Wilmington Police Department access to my social networking account(s)

___________________________  ______________________
Applicant Signature            Date

___________________________  ______________________
Background Investigator        Date

Social Networking Account Name

________________________________________

Additional Social Networking Account Names

________________________________________

________________________________________

________________________________________
CERTIFICATION OF RESPONSES

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 complete to the best of my knowledge and belief and are made in good faith. I am aware that willfully withholding information or making false statements can lead to rejection or dismissal.

_________________________________________  __________________________
Signature (Sign in ink).  Date

NOTARY PUBLIC’S SEAL

COMMONWEALTH OF MASSACHUSETTS | COUNTY OF MIDDLESEX | SS

I, ________________________________________________ being duly sworn, depose and say I am the above named person. I signed the foregoing statement. I personally read and printed by hand (or typewritten) answers to each and every question therein I do solemnly swear that each answer is full, true and correct in every respect.

__________________________________________
Applicant’s Signature

Sworn to before me, this____________
day of ________________, 20______.

__________________________________________
Notary Public Signature

DO NOT SIGN BELOW UNTIL DIRECTED BY
THE WILMINGTON POLICE DEPARTMENT

__________________________________________  __________________________
Applicant Sign Here  Date

__________________________________________  __________________________
Signature of Investigating Officer  Date
AUTHORITY FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Wilmington Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied, and to then use and disclose that information as a basis for and in support of its decisions regarding my application. It is in the public interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Wilmington Police Department bearing this release to obtain any information in your files and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Wilmington Police Department, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Wilmington Police Department to consider in determining my suitability for employment in that department and to authorize the Town of Wilmington to then use and disclose that information as a basis for and in support of its decisions regarding my application however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my medical and/or psychological records, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed, and to permit any duly authorized agent of the Wilmington Police Department to inspect and make copies of any documents, records or other information. I hereby specifically waive any attorney-client privilege which may apply to any information sought in connection with my application and this release, both as to this application process and any administrative and/or judicial proceedings which may arise from it.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of __________________________ Organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever 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 direct you to release such information upon request of the duly accredited representative of the Wilmington Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Wilmington Police Department’s acceptance and processing of my application for employment, I agree to hold the __________________________ Organization; its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Wilmington Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.
I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Wilmington Police Department in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid, as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

TO THE TOWN OF WILMINGTON: I hereby authorize the Wilmington Police Department to use the information obtained pursuant to this release, or otherwise obtained as part of my application process, in making its determination on my employment application. I further authorize the Wilmington Police Department and the Town of Wilmington to disclose any such information: (1) to any individual, department, or entity involved in the processing of my application; (2) in all administrative and judicial proceedings arising out of the processing of my application; and (3) to any civil or criminal law enforcement agency.

This waiver is valid from the time information is furnished through and including its use by the Wilmington Police Department and the Town of Wilmington in processing my application, all administrative and judicial proceedings arising there from, and all civil or criminal enforcement actions arising there from.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and the Town of Wilmington and their agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney’s fees arising out of or by reason of complying with, or using and disclosing the information as authorized pursuant to this request.

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<thead>
<tr>
<th>Signature</th>
<th>Date of Birth</th>
<th>Social Security Number</th>
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<tbody>
<tr>
<td>Print or Type Full Name</td>
<td>Legal Address</td>
<td></td>
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<tr>
<td>Date</td>
<td>Telephone Number</td>
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AUTHENTIFICATION OF SIGNATURE BY NOTARY PUBLIC

COMMONWEALTH OF MASSACHUSETTS | COUNTY OF MIDDLESEX | SS

Then appeared before me the above-named, ________________________________, and swore the statements made herein to be true.

Dated __________________

Notary Public Signature

My commission expires: __________________

(Rev. 08/01/13)