



SEASONAL EMPLOYMENT APPLICATION

WORK PHONE ()	CELL PHONE ()	EMAIL
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<input type="checkbox"/> N/A	E. Spouse / Registered Domestic Partner				
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
WORK PHONE ()	CELL PHONE ()	EMAIL			
YEARS OF MARRIAGE	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

<input type="checkbox"/> N/A	I. Brothers and Sisters – list all living siblings, including half-siblings, step-siblings, foster siblings, etc.				
1) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL			
2) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL			
3) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL			
4) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL			

<input type="checkbox"/> N/A	J. Children				
List all of your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you.					
1) NAME	CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)				
<input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ()	EMAIL		
2) NAME	CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)				
<input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ()	EMAIL		

14. REFERENCES					
LIST 3-5 PEOPLE WHO KNOW YOU WELL, SUCH AS SOCIAL AND FAMILY FRIENDS, CO-WORKERS, MILITARY ACQUAINTANCES. <u>DO NOT INCLUDE</u> RELATIVES, EMPLOYERS OR HOUSEMATES, OR OTHER INDIVIDUALS LISTED ELSEWHERE.					
A) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	

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NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	
F) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other				FROM	TO
G) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

23. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. Have ever you ever been fired, released from probation, or asked to resign from any place of employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26. Have you ever quit without giving proper notice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. Have you ever resigned in lieu of termination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29. Were you ever the subject of a written complaint at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30. Have you ever been counseled at work due to lateness or absences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32. Have you ever sold, released, or given away legally confidential information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33. Have you ever called in sick when you were neither sick nor caring for a sick family member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, how many sick days have you used in the past five years which were not due to illness?

If you answered yes to any of **Questions 23–33**, explain (include when, where and circumstances; indicate corresponding number):

34. In the past three years, have you missed days or been late to work due to drug or alcohol consumption?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how often?		
35. Has your work performance ever been affected by your use of alcohol or drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

WHEN?	NAME OF EMPLOYER
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36. In the past three years, have you been warned by an employer about your drinking or drug habits and their impact on your performance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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WHEN?	NAME OF EMPLOYER
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If you answered yes to any of Questions 46-54, explain on page 15 (include court case or document, dates, and circumstances; indicate corresponding

55. UNDETECTED ACTS – PART 1

Within the past seven years have you ever committed any of the following misdemeanors?

- A) Battery (use of force or violence upon another)..... [] Yes [] No
B) Brandishing a weapon (any type of weapon) [] Yes [] No
C) Carrying a concealed weapon without a permit..... [] Yes [] No
D) Driving under the influence of alcohol and/or drugs..... [] Yes [] No
E) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) [] Yes [] No
F) Hit & run collision (no injuries)..... [] Yes [] No
H) Indecent exposure (including flashing or mooning)..... [] Yes [] No
I) Petty theft (value up to \$250, including shoplifting/switching price tags) [] Yes [] No
J) Possession of alcohol as a minor..... [] Yes [] No
K) Possession of falsified or altered identification, including use of another person's ID (for any reason)..... [] Yes [] No
L) Possession of stolen property (including vehicles) [] Yes [] No
M) Resisting arrest (including running from the police)..... [] Yes [] No
N) Trespassing [] Yes [] No
O) Vandalism (including "tagging," malicious mischief and/or property damage) [] Yes [] No
P) Any other act amounting to a misdemeanor within the past seven years..... [] Yes [] No

If you answered yes to any item(s) in Question 55, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (55-A, etc.) for each explanation.

53. UNDETECTED ACTS – PART 2

At any time in your life have you ever committed any of the following?

- A) Arson (intentionally destroying property by setting a fire) [] Yes [] No
B) Assault with a deadly weapon [] Yes [] No
C) Theft of a vehicle and/or vehicle parts..... [] Yes [] No
D) Burglary (entering a structure or vehicle to commit theft or other crime) [] Yes [] No
E) Felony drunk driving (involving injuries)..... [] Yes [] No
F) Forcible rape or other act of unlawful intercourse [] Yes [] No
G) Forgery (falsifying any type of document, check certificate, license, currency, etc.)..... [] Yes [] No
H) Hit & run (with injuries)..... [] Yes [] No
I) Hate crime [] Yes [] No

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J) Perjury (lying under oath)..... Yes No

K) Possession of an explosive/destructive device..... Yes No

L) Robbery (theft from another person using a weapon, force, or fear)..... Yes No

M) Stalking..... Yes No

N) Any other act amounting to a felony Yes No

If you answered yes to any item(s) in **Question 56**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (56-A, etc.) for each explanation.

SECTION 8: LEGAL *continued*

Questions 57 and 58 ask about your current and past recreational drug use. This covers the use of any drug, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, **but not be limited to**, your use of any of the following drugs:

- Amphetamines / Methamphetamines (*Uppers, Speed, Crank, etc*)
- Barbiturates (*Downers*)
- Cocaine / Crack Cocaine
- Designer Drugs (*Ecstasy, Synthetic Heroin, etc.*)
- GHB or Rohypnol (*Date Rape Drug*)
- Glue
- Hallucinogens (*Peyote, LSD, Mushrooms*)
- Hashish / Hashish Oil
- Heroin / Opium
- Marijuana
- Mescaline
- Morphine
- PCP / Angel Dust
- Quaaludes
- Steroids
- Tetrahydrocannabinol (THC)

57. ***Within the past six months***, have you used any drug(s) as indicated above?..... Yes No
If yes, give details, including drug(s) used, number of times, over what time period(s), and circumstances:

58. ***Prior to the past six months*** (check all that apply):

- I have **never** used any drug recreationally.
- I have tried or used one or more drugs, but only under **limited** circumstances (*for example, experimentation, at parties, concerts, special events, etc.*).

If checked, give details including drug(s) used, estimated number of times, over what time period(s), and circumstances.

- I used drugs on a **regular** basis (*from one to several times a week or more*).

If checked, **ONLY** indicate the time period(s) of drug use. **DO NOT** include the drug(s) used or frequency of use.



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56. Have you ever engaged in any of the activities listed below for drugs, narcotics or illegal substances, including marijuana?

- checkbox Sold, checkbox Purchased, checkbox Cultivated, checkbox Manufactured, checkbox Furnished, checkbox Carried or held for another

If you checked any items above, give details including drug(s) involved, over what time period(s), and circumstances.

SECTION 9: MOTOR VEHICLE OPERATION

57. CURRENT DRIVER'S LICENSE NUMBER STATE OF ISSUE EXPIRATION DATE NAME UNDER WHICH LICENSE WAS GRANTED

58. LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:

Table with 3 columns: State of issue, Type of license, Name under which license was granted and license number, if known:

59. Have you ever been refused a driver's license by any state? checkbox Yes checkbox No

If yes, explain (include when, where, and circumstances):

Blank lines for explanation of license refusal

60. Has your driver's license ever been suspended or revoked? checkbox Yes checkbox No

If yes, explain (include when, where, and circumstances):

Blank lines for explanation of license suspension or revocation

61. List your current liability insurance on your vehicle(s):

Insurance information form with fields for coverage type, vehicle make, year, license, insurance company, policy number, address, and contact number.

62. List all traffic citations, excluding parking citations, you have received within the past seven years:

Table for traffic citations with columns for nature of violation, location, date, and action taken.

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DATE VIOLATION OCCURRED		ACTION TAKEN			
Month	Year	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Fined	<input type="checkbox"/> Traffic School	<input type="checkbox"/> Dismissed

c) Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all that apply.)

Failed to appear Failed to complete traffic school Failed to pay the required fine

If checked, explain circumstances:

63). Have you been involved as the driver in a motor vehicle accident within the past seven years?..... Yes No
If yes, give details:

A) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY			<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY

B) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY			<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY

64. Have you ever driven a vehicle without auto insurance, as required by law?..... Yes No

IF YES, GIVE REASON:

DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
Month Year				

SECTION 9: OTHER TOPICS

- 65. Have you ever been refused a permit to carry a concealed weapon?..... Yes No
- 66. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? Yes No
- 67. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?..... Yes No
- 68. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? Yes No
- 69. Have you ever hit or physically overpowered a spouse or romantic partner? Yes No

If you answered yes to any of **Questions 65-69**, give details including dates and circumstances; indicate corresponding number on page 1 .

70. Do you have any social media accounts (i.e. Twitter, Facebook, Tinder, Snap Chat etc.)?..... Yes No

If you answered yes to **Question 70**, give details on page 1 including any and all social media ~~accots~~ accounts not specially limited to those listed above. Please include profile names of each account, any alias of the accounts, and how long you have had each account for.

SECTION 10: CERTIFICATION

⁷¹page 15. I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

SIGNATURE IN FULL	DATE
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PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW INDICATING THAT YOU UNDERSTAND AND AGREE TO THE TERMS AS STATED.

I understand that this application is but one element of the selection process for becoming a seasonal employee with the Town of Provincetown, and that an acceptable background investigation does not guarantee your selection to a position.

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 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 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 Provincetown Police Department authorization to contact any person reasonably related to the character and fitness investigation. 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 furnishing or receiving 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/printer 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 _____, _____.

Notary Public
My Commission Expires: _____

GENERAL RELEASE

Date: _____

I, _____, born at _____ on _____, having filed an application for a position with the Provincetown Police Department, consent to have an investigation made as to my moral character, reputation and fitness for the position to which I have applied. I also agree that such information as may be received, reported to and reviewed by the appointing authority. I agree to give any further information, which may be required in reference to my past record.

I also authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records and other information pertaining to me, to furnish to the Provincetown Police Department any such information, including, documents, records, files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the police department or any of its agents or representatives to inspect and make copies of such documents, records and other information.

Specifically, in addition, I hereby authorize the release of the following data or records to the Provincetown Police Department: _____

I hereby release, discharge and exonerate the Provincetown Police Department, its agents and representatives and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of the Provincetown Police Department.

This authority shall continue for one year unless sooner revoked in writing by the undersigned.

Signed

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/printer 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 _____, _____.

Notary Public
My Commission Expires: _____

CORI CHECK ACKNOWLEDGMENT

I, _____ residing at _____
_____, acknowledge that a Criminal Offender Record Information (CORI) check will be performed as part of the municipality's hiring process. I further acknowledge that a refusal to allow the CORI check to be performed will cause my application to no longer be considered for employment.

Signature

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/printer 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 _____, _____.

Notary Public
My Commission Expires: _____