



Department of State Police

Instructions Sheet

90th R.T.T. Application for State Police Trooper

1. This is a fillable PDF document. Open the document and save it to your hard drive. The first time you save the application select “File” then select “Save As”; select the folder you want to save the application in, create a “file name” and select “Save”. The application is now saved and you may work on it as time permits. Exit the web browser and be sure to fill out the version of the application saved to your hard drive. Please use Adobe Acrobat 7.0 or later to fill out the application.
2. Once you have saved the document you will be positioned to complete it as time permits. Each time you work on the application “save” your changes; do not close the application without saving your changes as your work will be compromised. To “save” the application, select “file” then select “save”.
3. If asked to select an answer from a list of options please select the box on the line adjacent to your answer.
4. Complete the application accurately and truthfully.
5. Once you have completed the application save all changes, print the complete application, sign the original and prepare the required number of copies.
6. Please be sure to bring your completed application with you on the date of your scheduled Physical Fitness Reporting time.

Note: This application may only be completed by candidates that have received a notification letter for the 90th RTT.

**MASSACHUSETTS STATE POLICE
90TH RTT
Human Resources Section
470 Worcester Road
Framingham, Massachusetts 01702**

Application and Personal History Statement – Position applied for: **TROOPER** Date: _____

1. **FULL NAME:** If you have no middle name, enter “NMI”. If you are a Jr., Sr., III, etc., enter the same after your middle initial.

LAST NAME: _____ **FIRST** _____ **MI** _____ **JR, SR, ETC.** _____

2. **DATE OF BIRTH:** ____/____/____ **SOCIAL SECURITY #:** ____--____--____

3. **PLACE OF BIRTH:** _____ (use the two-letter code for the state) **COUNTRY:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

3A. **ARE YOU A CITIZEN OF THE UNITED STATES:** YES _____ NO _____

4. **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** _____

NAME _____ **DATE(S) WHEN USED** _____

5. **IDENTIFYING INFORMATION:** **HEIGHT:** ____' ____" **WEIGHT:** _____ **HAIR COLOR:** _____

EYE COLOR: _____ **MALE:** _____ **FEMALE:** _____

SCARS, TATTOOS OR OTHER DISTINGUISHING MARKS: _____

6. **TELEPHONE NUMBERS:** **WORK:** () _____ **HOME:** () _____

EMAIL (Optional): _____ **FAX (Optional):** _____ **CELL (Optional):** _____

7. **RESIDENCE:** Provide your addresses for every place you have lived, beginning with the present and working backward, since your 15th birthday. If you attended school away from your permanent residence, list the address you lived at while attending school. For any address in the past three (3) years, list a person who knew you at that address, preferably someone who still lives in that area. If you rented, please give the name and address of the person responsible for collecting rent.

#1 _____ to Present
Month/Year _____ **Street Address, Apt. No.** _____ **City** _____ **State/Zip** _____

Name of person who knows you _____ **Street Address, Apt No.** _____ **City** _____ **State/Zip** _____ **Telephone #** _____

#2 _____ to _____
Month/Year _____ **Street Address, Apt. No.** _____ **City** _____ **State/Zip** _____

Name of person who knows you _____ **Street Address, Apt No.** _____ **City** _____ **State/Zip** _____ **Telephone #** _____

7. RESIDENCE (continued):

#3	_____ to _____ Month/Year	_____ Street Address, Apt. No.	_____ City	_____ State/Zip	
	_____ Name of person who knows you	_____ Street Address, Apt. No.	_____ City	_____ State/Zip	_____ Telephone #
#4	_____ to _____ Month/Year	_____ Street Address, Apt. No.	_____ City	_____ State/Zip	
	_____ Name of person who knows you	_____ Street Address, Apt. No.	_____ City	_____ State/Zip	_____ Telephone #

8. EDUCATION: Provide information about schools you are attending or, have attended, beyond Junior High School, beginning with the most recent (#1) and working backward. For schools you attended in the past three (3) years, list a person who knows you at the school, such as an instructor or student. For correspondence schools and extension classes, list records location and address. In the "Code" Block, use one of the following codes: 1 = HIGH SCHOOL 2 = COLLEGE/UNIVERSITY 3 = VOCATIONAL/TRADE SCHOOL 4 = CORRESPONDENCE/EXTENSION.

#1	_____ to _____ Month/Year	_____ Code	_____ Name of School	_____ Degree/Diploma (include date)	
	_____ Street Address and City of School			_____ State/Zip	
	_____ Name of person who knows you	_____ Street Address, Apt. No.	_____ City/State/Zip	_____ Telephone No.	
#2	_____ to _____ Month/Year	_____ Code	_____ Name of School	_____ Degree/Diploma (include date)	
	_____ Street Address and City of School			_____ State/Zip	
	_____ Name of person who knows you	_____ Street Address, Apt. No.	_____ City/State/Zip	_____ Telephone No.	
#3	_____ to _____ Month/Year	_____ Code	_____ Name of School	_____ Degree/Diploma (include date)	
	_____ Street Address and City of School			_____ State/Zip	
	_____ Name of person who knows you	_____ Street Address, Apt. No.	_____ City/State/Zip	_____ Telephone No.	
#4	_____ to _____ Month/Year	_____ Code	_____ Name of School	_____ Degree/Diploma (include date)	
	_____ Street Address and City of School			_____ State/Zip	
	_____ Name of person who knows you	_____ Street Address, Apt. No.	_____ City/State/Zip	_____ Telephone No.	

8a. ACADEMIC RECORD: Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include two and four year colleges, universities and business and vocational schools or any other formal education beyond the high school level.) If “YES”, please explain (include school, date(s) or incident(s) and circumstances).

YES _____ NO _____

9. EMPLOYMENT: Provide your employment history, beginning with the present (#1) and working backward ten (10) years. PLEASE INCLUDE ALL FULL-TIME AND PART-TIME WORK, ALL PAID WORK, ANY SELF-EMPLOYMENT, ALL PERIODS OF UNEMPLOYMENT, ACTIVE MILITARY DUTY AND VOLUNTEER WORK.

#1 _____ to _____
Month/Year Employer Your Supervisor Your Title/Position

Employer’s Street Address City State/Zip Telephone Number

Street Address of Job Location City State/Zip Telephone Number
(If different than Employer’s Address)

Reason for leaving (Exclude Medical Reasons) Co-Worker(s) Telephone Number(s)

#2 _____ to _____
Month/Year Employer Your Supervisor Your Title/Position

Employer’s Street Address City State/Zip Telephone Number

Street Address of Job Location City State/Zip Telephone Number
(If different than Employer’s Address)

Reason for leaving (Exclude Medical Reasons) Co-Worker(s) Telephone Number(s)

#3 _____ to _____
Month/Year Employer Your Supervisor Your Title/Position

Employer’s Street Address City State/Zip Telephone Number

Street Address of Job Location City State/Zip Telephone Number
(If different than Employer’s Address)

Reason for leaving (Exclude Medical Reasons) Co-Worker(s) Telephone Number(s)

#4 _____ to _____
Month/Year Employer Your Supervisor Your Title/Position

Employer’s Street Address City State/Zip Telephone Number

Street Address of Job Location City State/Zip Telephone Number
(If different than Employer’s Address)

Reason for leaving (Exclude Medical Reasons) Co-Worker(s) Telephone Number(s)

USE CONTINUATION SPACE OR ADDITIONAL PAGES IF NECESSARY

9. EMPLOYMENT (continued):

#5	_____ to _____ Month/Year	_____ Employer _____	_____ Your Supervisor _____	_____ Your Title/Position _____
	_____ Employer's Street Address _____	_____ City _____	_____ State/Zip _____	_____ Telephone Number _____
	_____ Street Address of Job Location _____ <small>(If different than Employer's Address)</small>	_____ City _____	_____ State/Zip _____	_____ Telephone Number _____
	_____ Reason for leaving (Exclude Medical Reasons) _____	_____ Co-Worker(s) _____	_____ Telephone Number(s) _____	

9a. EXTENDED ABSENCES FROM EMPLOYMENT: Have you had any extended work absences for reasons other than earned vacation (exclude medical reasons)? If "YES", please explain (include when, name of employer, circumstances).
 YES _____ NO _____

10. COMMUNITY INVOLVEMENT: List any activities which may reflect favorably on your application. Activities that demonstrate leadership, responsibility, honesty, and integrity (response is optional).

#1	_____ to _____ Month/Year	_____ Activity _____	_____ Location of Activity (City/County/State) _____
#2	_____ to _____ Month/Year	_____ Activity _____	_____ Location of Activity (City/County/State) _____
#3	_____ to _____ Month/Year	_____ Activity _____	_____ Location of Activity (City/County/State) _____

11. FOREIGN COUNTRIES VISITED: List foreign countries you have visited, beginning with the most recent (#1) and working backward ten (10) years. In the "CODE" Block, use one of the following: 1 = BUSINESS; 2 = PLEASURE; 3 = EDUCATION; 4 = OTHER

#1	_____ to _____ Month/Year	_____ Code _____	_____ Country _____	#3	_____ to _____ Month/Year	_____ Code _____	_____ Country _____
#2	_____ to _____ Month/Year	_____ Code _____	_____ Country _____	#4	_____ to _____ Month/Year	_____ Code _____	_____ Country _____

12. MILITARY HISTORY:

- A. Are you registered for Selective Service? YES _____ NO _____
 If "YES", Selective Service Number _____
 Local Board Number _____ 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 12A AND 12B IS "NO", GO TO QUESTION 13
 IF YOUR ANSWER TO EITHER QUESTION 12A OR 12B IS "YES", COMPLETE QUESTION 12C**

- 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 the following: 1 = AIR FORCE; 2 = ARMY; 3 = NAVY; 4 = MARINE CORPS; 5 = COAST GUARD; 6 = MERCHANT MARINE; 7 = NATIONAL GUARD (For RESERVES, place an "R" after the appropriate CODE. For example: Army Reserve would be "2R")

INDICATE STATUS (MARK "X" IN APPROPRIATE BLOCKS – USE STATE CODE FOR NATIONAL GUARD)

MONTH/YEAR	CODE	RANK	STANDBY	ACTIVE DUTY	ACTIVE RESERVE	NATIONAL GUARD	INACTIVE RESERVE	RETIRED
#1 _____ to _____								
#2 _____ to _____								
#3 _____ to _____								
#4 _____ to _____								

- D. **MILITARY RECORD:** PAST COMMANDING OFFICERS OR MILITARY ACQUAINTANCES are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.

Name	Contact Address/City/State/Zip	Contact Telephone	Years Known
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

MILITARY DISCHARGE AND DISCIPLINARY RECORD

- A. If you have been discharged from military service, what type of discharge did you receive?
 Type of Discharge _____ Date of Discharge _____
- B. Was any type of Disciplinary action taken against you while in the Service? YES _____ NO _____
 If "YES", complete the following:

Month/Year	Charge of Specification/Action Taken	Place (City and County/Country if outside US)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

13. IMMEDIATE FAMILY WORKING IN MASSACHUSETTS STATE GOVERNMENT: Per Executive Order 444, please disclose any immediate family members, including those related to your immediate family by marriage, who are employed by the Commonwealth of Massachusetts. You are required to complete the information below: "Immediate family" is defined as spouse, child, parent, and sibling. Include those employed in all branches of state government: judicial, legislative, executive, higher education and state authorities; and those employed as regular or contract employees or elected officials. This "sunshine disclosure" is intended to ensure that the citizens of our Commonwealth have full confidence in their government and its hiring process. The disclosure will not be used to exclude any qualified applicant seeking a position within the Executive Branch from receiving full consideration based on the merits of his/her credentials and the requirements of the job. Attach additional pages if needed.

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

#1	_____	_____	_____	_____
	Name of Relative	Relationship to you	Birth Date	Birthplace
	_____	_____	_____	_____
	Street Address	City/State/Zip	Telephone No.	
	_____	_____	_____	_____
	Title of Job and State Agency	Supervisor/Co-Worker	Telephone No.	
#2	_____	_____	_____	_____
	Name of Relative	Relationship to you	Birth Date	Birthplace
	_____	_____	_____	_____
	Street Address	City/State/Zip	Telephone No.	
	_____	_____	_____	_____
	Title of Job and State Agency	Supervisor/Co-Worker	Telephone No.	
#3	_____	_____	_____	_____
	Name of Relative	Relationship to you	Birth Date	Birthplace
	_____	_____	_____	_____
	Street Address	City/State/Zip	Telephone No.	
	_____	_____	_____	_____
	Title of Job and State Agency	Supervisor/Co-Worker	Telephone No.	
#4	_____	_____	_____	_____
	Name of Relative	Relationship to you	Birth Date	Birthplace
	_____	_____	_____	_____
	Street Address	City/State/Zip	Telephone No.	
	_____	_____	_____	_____
	Title of Job and State Agency	Supervisor/Co-Worker	Telephone No.	

13a. RELATIVES: All applicants must provide complete information concerning their Mother, Father, Brothers and Sisters. Even though a relative is deceased, give all the information requested and indicate last residence and year of death. If you have been reared by someone other than your parents, the requested information should be furnished concerning them, as well as your natural parents. If you are engaged to be married or contemplating marriage in the near future, completed information must be included for your future spouse. (Information concerning your current or former spouses will be provided at Question "14").

#1	_____	_____	_____	_____
	Name of Relative	Relationship to you	Birth Date	Birthplace
	_____	_____	_____	_____
	Street Address	City/State/Zip	Telephone No.	
#2	_____	_____	_____	_____
	Name of Relative	Relationship to you	Birth Date	Birthplace
	_____	_____	_____	_____
	Street Address	City/State/Zip	Telephone No.	
#3	_____	_____	_____	_____
	Name of Relative	Relationship to you	Birth Date	Birthplace
	_____	_____	_____	_____
	Street Address	City/State/Zip	Telephone No.	

13a. RELATIVES (continued):

#4	_____ Name of Relative	_____ Relationship to you	_____ Birth Date	_____ Birthplace
	_____ Street Address	_____ City/State/Zip		_____ Telephone No.
#5	_____ Name of Relative	_____ Relationship to you	_____ Birth Date	_____ Birthplace
	_____ Street Address	_____ City/State/Zip		_____ Telephone No.
#6	_____ Name of Relative	_____ Relationship to you	_____ Birth Date	_____ Birthplace
	_____ Street Address	_____ City/State/Zip		_____ Telephone No.
#7	_____ Name of Relative	_____ Relationship to you	_____ Birth Date	_____ Birthplace
	_____ Street Address	_____ City/State/Zip		_____ Telephone No.

14. MARITAL STATUS: Mark one of the following to show your current marital status:

- | | | |
|--|-------------------|--------------------|
| 1. _____ Never Married (go to Question 15) | 2. _____ Married | 3. _____ Separated |
| 4. _____ Legally Separated | 5. _____ Divorced | 6. _____ Widowed |

CURRENT SPOUSE: Please complete the following about your current spouse:

Full Name _____
Date of Birth _____
Place of Birth (include Country if outside US) _____
Social Security No. _____

Other Names Used (Specify Maiden name, names by other marriages, etc., and show all dates used for each name)

Country of Citizenship _____
Date Married _____
Place Married _____
State _____

If Separated, Date of Separation _____
If Legally Separated, where is the record located (City/State/Country)

Address of Current Spouse (Street, City, State and Country if outside of US)

FORMER SPOUSE: Complete the following about your former spouse(s).

Full Name _____
Date of Birth _____
Place of Birth (include Country if outside US) _____
Social Security No. _____

Country of Citizenship _____
Date Married _____
Place Married _____
State _____

Check one of the below, then give date: Month/Day/Year. If Divorced, where is the record located (City/State/Country)?

Divorced _____ Widowed _____

Address of Former Spouse:

Street _____
City / State _____
Country (if outside US) _____

15. PERSONS RESIDING WITH YOU: Does anyone reside with you, other than your spouse or relatives indicated in Questions "13 and 14"? If "YES", provide the information below: **YES** _____ **NO** _____

Name of Person

Relationship

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

16. EMPLOYMENT TERMINATION: Has any of the following happened to you in the last ten (10) years? If "YES", begin with the most recent occurrence and go backward, providing the date fired, quit, or left under conditions other than favorable:

1 = Fired from a job

4 = Left a job by mutual agreement following allegations of unsatisfactory performance

2 = Quit a job after being told you would be fired

5 = Left a job for other reasons under unfavorable circumstances

3 = Left a job by mutual agreement under unfavorable circumstances

YES _____

NO _____

Month/Year

Code

Specify Reason

Employer's Name & Address

- | | | | |
|-------|-------|-------|-------------------------|
| _____ | _____ | _____ | _____ |
| | | | (City, State, Zip Code) |
| _____ | _____ | _____ | _____ |
| | | | (City, State, Zip Code) |
| _____ | _____ | _____ | _____ |
| | | | (City, State, Zip Code) |

17. CRIMINAL RECORD: An applicant for employment with a record expunged pursuant to section 100F, section 100G, section 100H or section 100K of chapter 276 may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment with a record expunged pursuant to section 100F, section 100G, section 100H or section 100K of chapter 276 may answer 'no record' to an inquiry herein relative to prior arrests, criminal court appearances, juvenile court appearances, adjudications or convictions. (see MGLc 276).

A. Have you ever been charged with a crime?

YES _____

NO _____

B. Have you ever been arrested, detained or booked by a law enforcement agency?

YES _____

NO _____

C. Has a criminal complaint ever been issued against you?

YES _____

NO _____

If you answered "YES" to any of the above questions, explain your answer(s) in the space provided below:

_____	_____	_____
Month/Year	Offense	Action Taken/Disposition

Law Enforcement Agency or Court		

_____	_____	_____
Month/Year	Offense	Action Taken/Disposition

Law Enforcement Agency or Court		

17a. MISSING PERSONS: Have you ever been reported to a law enforcement agency as a missing person or runaway? If “YES”, please give details: **YES** _____ **NO** _____

Date	Law Enforcement Agency	Circumstances
_____	_____	_____
_____	_____	_____
_____	_____	_____

18. ILLEGAL DRUGS: Do you currently use, or have you EVER used, possessed, supplied or manufactured any illegal drugs? When used without a prescription, illegal drugs include cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), stimulants (cocaine, amphetamines, etc.) depressants (barbiturates, methaqualorte, tranquilizers, etc), hallucinogenics (LSD, PCP, etc.) and performance enhancement drugs. 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 “YES”, 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:

Month/Year	Type of Substance	Explanation
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Have you ever used, supplied, possessed, or manufactured marijuana? **YES** _____ **NO** _____

If “YES”, provide the following information:

Month/year of the first time you used, supplied, possessed, or manufactured marijuana _____

Month/year of the most recent time you used, supplied, possessed, or manufactured marijuana _____

Describe the frequency of usage: _____

19. GAMBLING RELATED HISTORY:

Do you gamble? Never _____ Seldom _____ Occasionally _____ Regularly _____

Have you ever placed an illegal wager or bet by telephone or made a hand-to-hand transaction with a bookie or numbersman)? **YES** _____ **NO** _____
 Participation in legitimate lotteries or other legalized gambling does not Require a “YES” answer.

Have you ever been “paid off” while or after playing any illegal slot machine or video games? **YES** _____ **NO** _____

Have you ever worked for a bookie? **YES** _____ **NO** _____

Do you have any outstanding gambling debts? **YES** _____ **NO** _____

Have you ever borrowed money to gamble? **YES** _____ **NO** _____

Have you ever used an employer’s money to gamble? **YES** _____ **NO** _____

Have you ever stolen money to gamble with? **YES** _____ **NO** _____

If you answered “YES” to any of the above questions, explain below:

If you answered “YES” to any of the above questions under section 19, explain below:

Empty rectangular box for providing an explanation.

USE CONTINUATION SPACE OR ADDITIONAL PAGES IF NECESSARY

20. INVESTIGATIONS RECORD:

List ALL of the law enforcement, corrections, fire or EMS departments you have applied to and the YEAR you applied. Include all federal, state, county and municipal departments. Check those steps of the hiring process that were completed.

Department/Year	Written Exam	Physical Exam	Oral Board Review	Background Investigation	Hired
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Have you ever attended a public safety training academy including, but not limited to, formal training relative to work in law enforcement, corrections, firefighting, sheriff's departments, federal law enforcement, or like military training?

YES _____ NO _____

If you answered Yes to the question above but did not complete the training program for any reason, please use the additional space provided at the end of this application to provide a detailed explanation of the circumstances.

- Do you have experience as a sworn police/law enforcement officer? YES _____ NO _____
- Do you have experience in private security? YES _____ NO _____
- Do you have experience as an intern, volunteer, cadet or explorer with any police/law enforcement/public safety agency? YES _____ NO _____
- Do you have experience as a member, paid or volunteer, of any fire department or rescue squad? YES _____ NO _____
- Are you currently attending a police academy? YES _____ NO _____

If you have answered "YES" to any of the above questions, explain below and include agency, position, and length of service.

C. Do you personally know any Massachusetts State Troopers? YES _____ NO _____
If "YES", list their names and duty station if known, and length of time you have known them.

D. Do you have any family members/relatives who are current or past members of a law enforcement agency? If "YES" please list name, relationship and their department/agency YES _____ NO _____

20. INVESTIGATIONS RECORD (continued):

E. If you are a current or former police officer, answer the following questions, if not, go to Question "21".

- | | | |
|---|-----------|----------|
| Have you ever been the subject of an internal investigation or citizens complaint? | YES _____ | NO _____ |
| Have you ever been suspended from duty, with or without your police powers, for any reason except medical? | YES _____ | NO _____ |
| Have you ever been subjected to departmental disciplinary action? | YES _____ | NO _____ |
| Have you ever been involved in any traffic accident while operating a departmental or government vehicle? | YES _____ | NO _____ |
| Have you ever received less than satisfactory performance reports or evaluations? | YES _____ | NO _____ |
| Have you ever been questioned/interviewed/interrogated by your department's internal affairs unit? | YES _____ | NO _____ |
| Have you ever discharged your service weapon either on-duty or off-duty, other than for training purposes or for authorized animal destruction? | YES _____ | NO _____ |
| Have you ever been deemed untruthful in any judicial or administrative proceeding? | YES _____ | NO _____ |
| Have you ever been charged with or, investigated for, use of excessive force or police brutality? | YES _____ | NO _____ |
| Have you ever been investigated by your current or past agency for an allegation of domestic violence or spousal abuse? | YES _____ | NO _____ |

If you have answered "YES" to any of the above questions, fully explain all circumstances below:

21. FINANCIAL RECORD:

A. In the last seven (7) years, have you, or a company of which you own 10% or more, filed for bankruptcy, been declared bankrupt, been subject to a tax lien, or had legal judgement rendered against it for a debt? If you answer "YES", provide the date of initial action and other information requested below:

YES _____ NO _____

	Month/Year	Type of Action	Business Name	Name of Court of Jurisdiction (City/State/Zip)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

B. Are you now over 180 days delinquent on any loan or financial obligation? Include loan or obligations funded or guaranteed by the Federal Government. If you answer "YES", provide the information requested below:

YES _____ NO _____

	Month/Year	Type of or obligation (Account #)	Name/Address of Creditor or Oblige (State/Zip)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

C. List all loans whose principal outstanding balance exceeds \$1,000.00, and, on which you are individually or jointly liable either directly or as a guarantor:

	Lender	Loan #	Original Balance	Outstanding Balance	Purpose of Loan
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

D. SUPPORT ORDERS

- Are there any orders/agreements entered in court against you regarding child support/alimony? If "NO", go to Question "22" YES _____ NO _____
- If "YES" to Question 1, are the orders/agreements being complied with? YES _____ NO _____
- If "YES" to Question 1, have there been any previous compliance issues with 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, judgement, and penalties):

22. INCOME TAXES:

- A. Have your Massachusetts Tax Returns been filed on time for the last seven (7) years? YES _____ NO _____
- B. Have your Federal Tax Returns been filed on time for the last seven (7) years? YES _____ NO _____
- C. Are you delinquent on any Local, State or Federal Tax liabilities? YES _____ NO _____

If you answered "YES" to C, or "NO" to A or B above, explain your answer(s) in the space provided below:

23. BUSINESS INVOLVEMENT:

- A. Do you presently own, or within the last seven (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/Zip)	Percentage Owned
1.	_____	_____	_____
2.	_____	_____	_____

If the company does business with the Commonwealth, list the agencies and the nature of business conducted.

	Agency	Nature of business conducted
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

- B. Do you or any member of your immediate family (spouse or child) hold a 10% or greater equity interest, in any business entity (include general or limited partnership, joint venture or enterprise)? YES _____ NO _____

If you answered "YES", provide the information required in the space provided below:

	Name of Business	Location (Address/City/Zip)	Percentage Owned
1.	_____	_____	_____
2.	_____	_____	_____

	Who owns the Business Interest?	Describe the Nature of the Business
1.	_____	_____
2.	_____	_____

24. CIVIL/PROBATE LITIGATION:

- A. To the best of your knowledge, are there any civil/probate actions pending against you? YES _____ NO _____
- B. Have there been any civil/probate actions concluded against you within the past seven (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 number(s), nature of lawsuit and outcome).

25. 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? YES ____ NO ____
If "YES", submit with this application a copy of your most recent submission.
- 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, hearings, complaints, or claims or any other matters pending before any regulatory agency or board? YES ____ NO ____
- F. Within the past seven (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):

26. LICENSES:

- A. Are you a licensed motor vehicle operator? YES ____ NO ____

If "YES", please provide the information requested below:

Driver's License Number	State	Expiration Date	Restrictions (if any)	Status (active, revoked, etc.)
_____	_____	_____	_____	_____

- B. Please list other states where you have been a licensed motor vehicle operator:

License Number	State	License Number	State
_____	_____	_____	_____
_____	_____	_____	_____

- C. Have you ever been refused a driver's license for non-medical reasons? If "YES", please explain (include when, where and why): YES ____ NO ____

Month/Year	State	Circumstances
_____	_____	
_____	_____	

- D. Has your license, in any state, ever been suspended or revoked for non-medical reasons? If "YES", provide details below (include why, when, length of time taken away): YES ____ NO ____

- E. Have you received any traffic citations (excluding parking tickets) within the last seven (7) years? YES ____ NO ____
If "YES", list all traffic citations and other information requested below:

Nature of violation	Location (City, State)	Approximate Date	Action Taken
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

26. LICENSES (continued):

F. Have you ever been involved, as a driver of a motor vehicle, in an accident within the last seven (7) years? YES ____ NO ____

If "YES", please give details for each accident in the spaces below:

Month/Day/Year	Location (City/State)	Injuries (yes or no)	Investigating Police Agency, if any
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

G. List all motor vehicles currently owned, registered to or operated by the applicant.

#1	Make _____	Model _____	Reg. # _____	State _____
	Automobile Insurance Company(s) _____		Agent _____	
	Policy # _____	Address _____	Phone # _____	
#2	Make _____	Model _____	Reg. # _____	State _____
	Automobile Insurance Company(s) _____		Agent _____	
	Policy # _____	Address _____	Phone # _____	
#3	Make _____	Model _____	Reg. # _____	State _____
	Automobile Insurance Company(s) _____		Agent _____	
	Policy # _____	Address _____	Phone # _____	

26a. Do you possess any other license(s), permit(s), or registration(s) such as Firearms, Professional, Trade, etc.? YES ____ NO ____

If "YES", provide the information required below:

Type of License	License Number	Date Issued	Date of Expiration
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Issuing State	Issuing Agency (include address)
1. _____	_____
2. _____	_____
3. _____	_____

Have you ever been denied or had a permit to carry a firearm or FID card suspended or revoked for non-medical reasons? YES ____ NO ____

If "YES", explain

27. PROFESSIONAL / TRADE ASSOCIATIONS:

Do you hold membership in any professional or trade organization(s)
If "YES", provide the information required below:

YES ____ NO ____

	Organization	Address	Type	Present member position held
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

28. REAL PROPERTY: 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.	_____	_____	_____

29. REFERENCES: Provide **TEN** references from at least four of the different categories listed below. People who are included in previous sections should not be used as references.

Relatives:

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Teachers:

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Co-Workers:

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

29. **REFERENCES (continued):**

Friends / Associates:

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Roommates (past and present):

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Clergy Members:

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Community Leaders:

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

29. **REFERENCES (continued):**

Police / Government:

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

THE DEPARTMENT OF STATE POLICE IS AN EQUAL OPPORTUNITY EMPLOYER

CONTINUATION SPACE

Use the space below to continue answers to all questions and any information you would like to add. If more space is needed than what is provided below, use a blank sheet(s) of paper. Start each sheet with your Name and Social Security Number. Identify the number of the question.



Signature Page

After completing this form and any attachments, you should review all your answers to ensure the form is complete and accurate. Submit the original and keep a copy for your files.

Certification that my answers are true:

I have read each question asked of me and understand each question. My statements on this form and any attachments to this form are true and correct to the best of my knowledge and belief and are made in good faith.

Signature (sign in ink)

Date

It is unlawful in Massachusetts to require or administer a polygraph as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability (MGL c149 §19b).

Commonwealth of Massachusetts
Department of State Police
AGREEMENT

Carefully read each statement below, and **after having the form notarized**, return it with your application.

1. I authorize investigation of all statements contained in this Application and Personal History Statement Form as may be necessary in arriving at an employment decision.
2. I understand that this Application and Personal History Statement is but one element of the selection process for Trooper Trainee, and that an acceptable background investigation does not guarantee my selection as a Trooper Trainee.
3. I understand that false or misleading information given herein or during interview(s) will result in my being disqualified from further consideration and/or terminated from employment with the Department of State Police.
4. I understand and agree that information about me, provided by individuals, and the identity of those individuals are considered confidential and will not be disclosed to me.

Applicant's Full Name (type or print legibly): _____

Applicant's Signature: _____

Applicant's Home Address: _____

Date: _____

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

On this, the _____ day of _____, 20____, before me, the undersigned Notary Public, personally appeared _____, proved to me through satisfactory evidence of identification, which was/were _____ to be the person whose name is signed on this document and who swore or affirmed to me that the contents of the Document are truthful and accurate to the best of his/her knowledge and belief.

Notary Public

USE CONTINUATION SPACE OR ADDITIONAL PAGES IF NECESSARY



The Commonwealth of Massachusetts
Department of State Police

Human Resources Section
470 Worcester Road, Framingham, MA 01702
(508) 820-2339

AUTHORIZATION FOR RELEASE OF INFORMATION
(Print clearly in ink or type)

Please accurately complete the following information:

NAME: _____
First Name Middle Initial Last Name
PREVIOUS NAME OR ALIAS (Include Maiden name): _____
RESIDENTIAL ADDRESS: _____
(Not a Post Office Box) Number Street
City/Town State Zip Code
MAILING ADDRESS (If different) _____
SOCIAL SECURITY NO.: _____ DRIVERS LICENSE NUMBER: _____
DATE OF BIRTH: ____/____/____ PLACE OF BIRTH: _____

I, _____, do hereby authorize a review of and a full disclosure of all records, or any part there of, concerning myself, by and to ANY duly authorized agent of the Department of State Police, whether the said records are public, private or confidential nature.

The intent of this authorization is to give my consent for a full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of deposits, withdrawals and balances of checking and saving accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employers including but not limited to employment and pre-employment records, background reports, efficiency ratings, complaints and/or grievances filed by me or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial, and/or convictions for alleged or actual violations of the law, including criminal, civil and/or traffic records; records of complaint of a civil/probate nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have an interest.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Department of State Police to consider in determining my suitability for employment by the Department of State Police. It is my specific intent to provide access to personal information, however personal or confidential it may be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Department of State Police. I understand that all materials pertaining to this background investigation become the property of the Department of State Police and will not be returned or provided to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his 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 this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot and will not be revealed to me.

I understand a photocopy of this release form will be valid as an original hereof, even though said photocopy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

On this, the ____ day of _____, 20____, before me, the undersigned Notary Public, personally appeared _____, proved to me through satisfactory evidence of identification, which was/were _____ to be the person whose name is signed on this document and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her knowledge and belief.

Signature: _____
Street Address _____
City: _____
State: _____
Zip Code: _____

Notary Public

USE CONTINUATION SPACE OR ADDITIONAL PAGES IF NECESSARY

PRE-EMPLOYMENT PHYSICAL & DRUG SCREENING NOTICE

PLEASE READ BEFORE SIGNING

If an offer of employment is made to you, the Department of State Police (hereinafter “the Department”), as a Commonwealth of Massachusetts employer (hereinafter “the Commonwealth”), may specify that it is contingent upon the results of a medical examination. I freely and voluntarily agree to submit to a pre-employment physical and/or drug screen, as it relates to the requirements of a specific job, as part of my pre-employment application to the Department and the Commonwealth. I understand that either refusal to submit to such screening, or failure to qualify according to the minimum standards established by the Department for this screening, may disqualify me from further consideration for employment. Further, I understand that any positive drug test results will be communicated in a confidential manner.

I hereby acknowledge that I have read in full and understand the above statements.

Signature of Applicant

Date

Printed Name



**COMMONWEALTH OF MASSACHUSETTS
Department of State Police
AFFIRMATIVE ACTION DATA RECORD**

CONFIDENTIAL

The Department of State Police, as a Commonwealth of Massachusetts employer, is committed in spirit as well as in action to abide by all laws dealing with equal employment opportunity. It is our policy to guarantee equal employment opportunities for all qualified persons without regard to their age, race, creed, color, national origin, ancestry, marital status, gender, military status, sexual orientation, or disability, which can be reasonably accommodated.

Further, the Department will act in good faith to affirmatively recruit and consider for promotion individuals in protected categories. Age, race, creed, color, national origin, ancestry, marital status, gender, military status, sexual orientation, or disability are not factors in employment, promotion, transfer, compensation, lay-off, disciplining and termination.

In order to effectively monitor the success of our recruitment and employment efforts, it is requested that you provide the following information.

The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Affirmative Action Data Records are kept in a confidential file and are not a part of your application for employment or your personnel file. Your cooperation is voluntary. Inclusion or exclusion of any affirmative action data will not jeopardize or adversely affect any employment decision.

(PLEASE PRINT)

Name (First)					(Middle)					(Last)																																																																
Address (Street)					(City)					(State)					(Zip) (Postal Code)																																																											
Telephone Number (s)										National ID (Social Security Number)																																																																
CHECK ONE															<input type="checkbox"/> Male					<input type="checkbox"/> Female																																																						
Check one of the following: (Race)																																																																										
<input type="checkbox"/> White															<input type="checkbox"/> Black															<input type="checkbox"/> Hispanic															<input type="checkbox"/> Asian/Pacific Islander															<input type="checkbox"/> Native American (American Indian or Alaskan Native)														
																														(If Native American, please attach documentation of tribal affiliation)																																												
Check if the following is applicable:																																																																										
<input type="checkbox"/> Vietnam Era Veteran*																																																																										
																														<i>(Ninety (90) days of active duty service, any part of which occurred between August 5, 1964 and May 7, 1975)</i>																																												

*In order to qualify for Affirmative Action status as a Vietnam Era Veteran, you must apply for Eligibility Certification which is issued by the State Office of Affirmative Action. Forms are available from the State Office of Affirmative Action, (617) 727-7441.

Applicant Signature

Date

USE CONTINUATION SPACE OR ADDITIONAL PAGES IF NECESSARY