

Commonwealth of Massachusetts
Department of State Police
AGREEMENT

Carefully read each statement below, and after completing it, 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 State Police Cadet, and that an acceptable background investigation does not guarantee my selection as a State Police Cadet.
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: _____