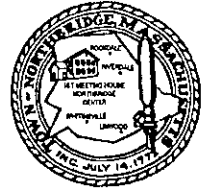




# TOWN OF NORTHBRIDGE DEPARTMENT OF POLICE

1 HOPE STREET, WHITINSVILLE, MA 01588  
www.northbridgepolice.com  
TEL (508) 234-6211 • FAX (508) 234-9021



WALTER J. WARCHOL  
CHIEF OF POLICE

TIMOTHY LABRIE  
LIEUTENANT

## EMPLOYMENT APPLICATION

The Town of Northbridge is an Affirmative Action/Equal Employment Opportunity Employer and does not discriminate based upon race, religion, gender, ethnic group, age, handicap, or political affiliation.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Apt/P.O. Box  
City/Town Zip Code

Telephone: \_\_\_\_\_ Are you a U.S. Citizen? Yes \_\_\_\_ No \_\_\_\_

Are you a minor? (under the age of eighteen) Yes \_\_\_\_ No \_\_\_\_

Position applying for: \_\_\_\_\_ Full Time \_\_\_\_ Part Time \_\_\_\_

Do you possess a valid driver's license? Yes \_\_\_\_ No \_\_\_\_

Date available to begin work: \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_ No \_\_\_\_

### Employment History:

Please list your complete employment history for the past five (5) years. Begin with your most recent position.

1. \_\_\_\_\_  
Employer Address Telephone  
Position Held Duties/Responsibilities Supervisor
2. \_\_\_\_\_  
Employer Address Telephone  
Position Held Duties/Responsibilities Supervisor
3. \_\_\_\_\_  
Employer Address Telephone  
Position Held Duties/Responsibilities Supervisor

If you need additional space to complete this section, please use a separate piece of paper and attach.

Continued on back ▶

Did you graduate from high school? Yes \_\_\_\_ No \_\_\_\_

High School: \_\_\_\_\_  
*Name of High School* *City, State*

Have you attended a college or university? Yes \_\_\_\_ No \_\_\_\_

College: \_\_\_\_\_  
*Name of College/University* *City, State*

Degree Awarded? Yes \_\_\_\_ No \_\_\_\_ Program: \_\_\_\_\_

Graduate of, or attendance at, any other type of school? \_\_\_\_\_  
*(please explain)*

Relevant experience, training, or special skills: \_\_\_\_\_

Are you a veteran of the U.S. Armed Services? Yes \_\_\_\_ No \_\_\_\_

Branch of Service: \_\_\_\_\_ Discharge Condition: \_\_\_\_\_

Occupational Specialty (MOS, AFSC): \_\_\_\_\_

**Personal References:**

*Please list three individuals familiar with your character.*

1. \_\_\_\_\_  
*Name* *Address* *Telephone*

2. \_\_\_\_\_  
*Name* *Address* *Telephone*

3. \_\_\_\_\_  
*Name* *Address* *Telephone*

*The Town of Northbridge may require a physical examination by the Town Physician prior to the start of employment.*

All of the above information is true and factual to the best of my knowledge.

\_\_\_\_\_  
*Signature of Applicant*

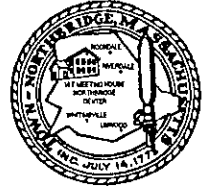
Please attach one copy of resume.



WALTER J. WARCHOL  
CHIEF OF POLICE

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TIMOTHY LABRIE  
LIEUTENANT

## RECORD CHECK WAIVER

Name: \_\_\_\_\_  
*Last First Middle*

Previous Name/Alias/Maiden Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
*Number and Street Apt. #*

\_\_\_\_\_ *City/Town State Zip Code*

Social Security Number: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

I, \_\_\_\_\_, hereby release, discharge, and exonerate the Town of Northbridge, the Northbridge 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 of the investigation made by or on behalf of the Northbridge Police Department.

I further understand that the Northbridge Police Department will conduct a background investigation which may include a check with any past employers, a criminal record check with local departments, the State Police, the Federal Bureau of Investigation located in Washington, and the Massachusetts Board of Probation, and a neighborhood check as well as an interview with my character references.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_