



NEW CONSTABLE APPLICATION FOR APPOINTMENT AS CONSTABLE FOR THE CITY OF BROCKTON

General Provisions:

The following guidelines and procedures shall be adhered to strictly in applying to the City of Brockton for an appointment of "constable," pursuant to M.G.L. c. 41 §§ 91, 91A, 91B, and 95A as well as City Ordinances, §§ 2-160 and 11-200.

1. The Mayor appoints constables, upon the completion of a CORI check, with City Council confirmation required.
2. The term of appointment shall be up to three (3) years.
3. There is a non-refundable application fee of Two Hundred Fifty Dollars (\$250.00)
4. There is a fee of Twenty Dollars (\$20.00) per year of appointment (due and payable upon City Council confirmation).
5. Before you are sworn in as Constable, you will be required to provide the City Clerk with an original Constable Bond in the amount of \$5,000.00.
6. All constables shall be residents of the City of Brockton during their tenure, with the exceptions of constables holding appointments as of July 27, 1999.
7. All applicants shall have a current, valid Massachusetts License to Operate Motor Vehicles and furnish a copy thereof.
8. Such application shall contain a statement as to the moral character of the applicant signed by at least five reputable citizens of the city or town of his residence, one of whom shall be an attorney-at-law.
9. Pursuant to M.G.L. c. 41 §95A, constables must deposit with the city treasurer twenty-five percent (25%) of the fees collected by them during the preceding months for the service of civil process under the fee structure established by M.G.L. c. 262 § 8. This deposit must be made no later than January 15, April 15, July 15 and October 15.
10. Constables are required annually, on or before April 15, to file with the city treasurer an itemized account of all fees and monies received for the service of civil process.
11. Constables may be removed from office for gross misconduct at the sole discretion of the Mayor with consent of the City Council.
12. A law enforcement officer, which includes a constable executing an arrest for any reason, must complete training required pursuant to 550 CMR 3.00.
13. Please note: making fraudulent statements herein or failing to update the City of any change to the nature of your constable appointment is grounds for removal.

APPLICATION FOR APPOINTMENT AS CONSTABLE
FOR THE CITY OF BROCKTON

Date: _____

To the Mayor:

I hereby make application for appointment as a Constable to serve without compensation from the City of Brockton; and I subscribe to the truth of the following facts:

Name: _____

Address: _____

Telephone: _____
Home Cellular/Business

Occupation: _____

License No. _____ Vehicle Registration: _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____

Employer: _____

Prior Employer: _____

(if less than 3 years at current employer)

Do you currently hold a License to Carry a firearm in Massachusetts? ___ Yes ___ No

If yes, LTC Number: _____ Date Issued: _____

Have you ever had a License to Carry a firearm revoked or suspended, or application denied here or in any other jurisdiction? ___ Yes ___ No

Do you have plans to apply for a License to Carry a firearm? ___ Yes ___ No

Signed under the pains and penalties of perjury.

Signature: _____

RECOMMENDATIONS AND REFERENCES
(at least one reference must be an **Attorney at Law**)

Name of Applicant: _____

I, the undersigned, hereby certify by affixing my signature hereto that I am a resident of the City of Brockton and a citizen of the United States of America and that to the best of my knowledge and belief the above-named individual is of good repute, character and integrity and I hereby recommend appointment as Constable.

Name: _____
Address: _____
Telephone: _____
Occupation: _____
Employer: _____
Signature: _____

Name: _____
Address: _____
Telephone: _____
Occupation: _____
Employer: _____
Signature: _____

Name: _____
Address: _____
Telephone: _____
Occupation: _____
Employer: _____
Signature: _____

Name: _____
Address: _____
Telephone: _____
Occupation: _____
Employer: _____
Signature: _____

Name: _____
Address: _____
Telephone: _____
Occupation: _____
Employer: _____
Signature: _____

COURT RECORD HISTORY

A. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?

(note: Under Massachusetts law, you may answer "no record" if offense(s) falls under any of the following categories)

- Criminal cases that did not end in a conviction (including CWOFS);
- An arrest or detention (e.g., being held at a police station) that did not end in a conviction;
- A first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace;
- Misdemeanor convictions where the date of the conviction or the release from incarceration was 3 or more years ago (unless there were subsequent convictions within the 3-year time period);
- Juvenile court records; or
- Sealed or expunged criminal records.

You must answer "YES" or "NO" with regard to ALL other criminal violations.

Yes _____ No _____

If Yes, please complete Part B:

<u>B. DATE</u>	<u>COURT & LOCATION</u>	<u>CHARGE</u>	<u>DISPOSITION</u>
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C. ARE YOU NOW UNDER CHARGE FOR ANY CRIMINAL OFFENSE ON WHICH YOU ARE AWAITING TRIAL OR FINAL DISPOSITION?

Yes _____ No _____

If yes, give charge and court:

D. HAVE YOU EVER BEEN, OR ARE YOU NOW, A DEFENDANT IN ANY CIVIL COURT ACTION?

Yes _____ No _____

If yes, give the nature of the action and court:

E. ARE YOU NOW, OR HAVE YOU EVER BEEN THE SUBJECT OF AN ABUSE PREVENTION ORDER OR HARASSMENT PREVENTION ORDER?

Yes _____ No _____

If yes, list date, location, and type of order:

F. HAVE YOU EVER BEEN EVICTED?

Yes _____ No _____

If yes, provide details below:

PERSONAL HISTORY

A. NAME IN FULL (Last, First, Middle)

B. LIST ALL OTHER NAMES YOU HAVE USED (If female, list maiden name. If you have ever used any surnames other than your true name, during what period and under what circumstances were those names used? If you have ever legal changed your name, provide date, city/town and court)

C. DATE OF BIRTH: _____

D. PLACE OF BIRTH: _____

E. ARE YOU A UNITED STATES CITIZEN? YES _____ NO _____

F. NATURALIZED CITIZEN? YES _____ NO _____

If so, Naturalization Number: _____

G. MARITAL STATUS

Single ()

Married ()

Widowed ()

Divorced ()

Separated ()

Date and Place of Marriage: _____

Date and Place of Divorce or Separation: _____

Number of Children: _____

H. HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE U.S. ARMED FORCES?

YES _____ NO _____

Branch: _____

Dates of Duty: _____

Type of Discharge: _____

I. HAVE YOU EVER BEEN APPOINTED OR ELECTED AS A CONSTABLE IN ANY CITY OR TOWN IN THE COMMONWEALTH OF MASSACHUSETTS?

YES _____ NO _____

J. IF THE RESPONSE ABOVE IS "YES" PLEASE STATE THE DATE OF APPOINTMENT OR ELECTION AND THE TERMS OF OFFICE IN WHICH YOU SERVED AS CONSTABLE

K. HAVE YOU EVER BEEN DENIED AN APPOINTMENT AS CONSTABLE?

YES _____ NO _____

L. IF "YES" GIVE THE DATE, THE CITY/TOWN OF DENIAL, AND A DETAILED EXPLANATION/REASON FOR THE DENIAL.

M. WHY DO YOU SEEK APPOINTMENT AS CONSTABLE?

N. IN WHAT CAPACITY DO YOU PLAN TO UTILIZE YOUR APPOINTMENT AS CONSTABLE? (e.g. service of process, arrest warrants, etc.)

*Please note, you are required to notify the City immediately if your response to this question changes at any time during your appointment. Appointment is subject to revocation for failure to do so.

PROVIDE COMPLETE NAMES (First, Middle, Last) and ADDRESSES (even if deceased).

FATHER:

MOTHER:

Name

Name

Address

Address

Occupation

Occupation

Date of Birth

Date of Birth

Place of Birth

Place of Birth

HUSBAND OR WIFE (or former, if divorced)

Name

Address

Date of Birth

Place of Birth

CHILDREN (List names and current addresses):

NOTORY PUBLIC'S SEAL

Commonwealth of Massachusetts
County of Plymouth

I, _____, being duly sworn, depose and say that I am the person applying for appointment as Constable within the City of Brockton, that all information contained herein was provided by me and I do solemnly swear and proclaim that each and every answer is full, true and correct, under the pains and penalties of perjury this _____ day of _____, 20____.

Applicant

COMMONWEALTH OF MASSACHUSETTS

PLYMOUTH, ss.

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that he/she signed it voluntarily, 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

Printed Name

Commission Expiration

City of Brockton

Background Check Authorization Form

The City of Brockton is committed to selecting and retaining the best staff and volunteers. As part of the initial process, the City will conduct a background check review on all Volunteers.

All appointments the City of Brockton are contingent upon the results of a background check review which will consist of (but not limited to):

- 7-year Criminal History Search (County/State/Federal)
- Social Security Trace
- National Criminal Record Locator (included the National Sex Offender Registry Search)
- 7-year Sex Offender Registry
- Criminal Offender Record Information (CORI)

You will receive an email from our background check vendor, Creative Services Inc., (donotreply@creativeservices.com), to complete the background check process. Also enclosed is the Criminal Offender Record Information (CORI) acknowledgement form, please review, complete and return in person to Human Resources (a photo ID and proof of social security number must be provided in order to complete the CORI).

By signing below, I, _____ authorize the City of Brockton to conduct a background check review. I hereby release the City of Brockton and its elected officials, employees, and agents, as well as the Company performing the background check and its employees, from all liability resulting from the furnishing of this information to the City of Brockton.

I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false statements made herein could void my consideration as a City of Brockton volunteer.

Signature: _____ Date: _____

If minor, Signature of Parent or Legal Guardian:

That the Undersigned, being of lawful age, does hereby acknowledge and represent that I am the lawful parent or guardian of the minor identified below and I authorize the City of Brockton to perform Criminal Offender Record Information (CORI) background check on said minor in accordance with all applicable laws and in association with the minor's prospective employment and/or volunteer work with the City of Brockton.

Print Name: _____ Signature: _____

Date: _____



THE COMMONWEALTH OF MASSACHUSETTS
 EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
 Department of Criminal Justice Information Services
 200 Arlington Street, Suite 2200, Chelsea, MA 02150
 TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
 MASS.GOV/CJIS



**Criminal Offender Record Information (CORI)
 Acknowledgement Form**

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

The City of Brockton is registered under the
 (Organization)

provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to The City of Brockton
 (Organization)

to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing The City of Brockton
 (Organization)

with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The The City of Brockton may conduct
 (Organization)
 subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that The City of Brockton,
 (Organization) must first provide me

with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



THE COMMONWEALTH OF MASSACHUSETTS
 EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
 Department of Criminal Justice Information Services
 200 Arlington Street, Suite 2200, Chelsea, MA 02150
 TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
 MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
 The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last SIX digits of Social Security Number: _____ -- _____ No Social Security Number

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date