



# Office of the Mayor

One JFK Memorial Drive  
Braintree, Massachusetts 02184

Charles C. Kokoros  
Mayor

As part of your Constable application the Town of Braintree and the Braintree Police Department will conduct a thorough background check. Failure to answer any question truthfully and completely or failing to provide any requested supporting documentation may result in the application being denied.

## Contact Information

|                                   |                |                                  |
|-----------------------------------|----------------|----------------------------------|
| Name                              |                |                                  |
| _____                             | _____          | _____                            |
| First                             | Middle         | Last                             |
| Address                           |                |                                  |
| _____                             |                | _____                            |
| # and Street (unit if applicable) |                | City, State, Zip                 |
| _____                             | _____          | _____                            |
| Date of Birth (mm/dd/yyyy)        | Place of Birth | Social Security Number           |
| _____                             | _____          | _____                            |
| Phone Number                      | email address  | Driver' License State and number |

If you have ever used any other name (maiden name, alias, etc.), please list legibly.

*Use additional paper if needed.*

|       |        |       |
|-------|--------|-------|
| _____ | _____  | _____ |
| First | Middle | Last  |
| _____ | _____  | _____ |
| First | Middle | Last  |

- Are you a citizen of the United States?  Yes  No
- Are you currently or have you ever been appointed a \_\_\_\_\_ constable in another city or town in the Commonwealth?  Yes  No

*If yes, where and when?*

3. If you have previously been appointed a Constable by the Town of \_\_\_\_\_  
Braintree, when were you appointed?

4. Have you ever had an application for appointment as a Constable  
denied or rejected?  Yes  No

*If Yes, where and when?*

—

**Employment History**

Please account for the last 3 positions you have held. Start with your present or most recent employer. You may include military service and any verifiable work performed as an intern or volunteer.

|                          |                           |
|--------------------------|---------------------------|
| Employer:<br>_____       | Address<br>_____          |
| Title<br>_____           | Dates Worked<br>_____     |
| Supervisor Name<br>_____ | Supervisor Phone<br>_____ |

|                          |                           |
|--------------------------|---------------------------|
| Employer:<br>_____       | Address<br>_____          |
| Title<br>_____           | Dates Worked<br>_____     |
| Supervisor Name<br>_____ | Supervisor Phone<br>_____ |

|                          |                           |
|--------------------------|---------------------------|
| Employer:<br>_____       | Address<br>_____          |
| Title<br>_____           | Dates Worked<br>_____     |
| Supervisor Name<br>_____ | Supervisor Phone<br>_____ |

As part of your constable application the Town of Braintree may contact recent employers to verify your moral character and reputation.

6. Do you consent to the background investigator contacting current or past employers?  Yes  No

7. Has a restraining order ever been filed against you?  Yes  No

8. Have you ever been the subject of any other protective order?  Yes  
No

9. Have you ever been arrested or appeared as a defendant, or as a delinquent child, in court charged with violating any criminal law, regardless of the disposition?  Yes  No

10. Have you ever been treated or hospitalized for mental illness, drug addiction, or habitual drunkenness?  Yes  No

If you answer YES to Questions 7 -10 type or write your version of the incident on an **Additional Response Form**. Be sure to include specifics regarding dates, institutions, individuals, and actions taken.

**References** (minimum of 3 business and 3 personal references)

Business

|   | Name/Title | Address | Phone | Relationship |
|---|------------|---------|-------|--------------|
| 1 |            |         |       |              |
| 2 |            |         |       |              |
| 3 |            |         |       |              |

Personal

|   | Name/Title | Address | Phone | Relationship |
|---|------------|---------|-------|--------------|
| 1 |            |         |       |              |
| 2 |            |         |       |              |

|   |  |  |  |  |
|---|--|--|--|--|
| 3 |  |  |  |  |
|---|--|--|--|--|

**Additional Response Form**

Applicant Name: \_\_\_\_\_

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

Additional response to Question # \_\_\_\_\_.

Statement:

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

*If needed please make copies of this form and use for additional responses.*