

## Town of Swansea, Massachusetts Police Department 1700 GAR Highway Swansea, Massachusetts 02777



Fax (508) 674-8463

The information solicited in this application for employment is necessary to complete your background investigation. In order for the Swansea Police Department to have sufficient information to complete this investigation, you must complete this application in its entirety. The information solicited herein and the results of the investigation that follow will be used to determine your suitability for employment with the Swansea Police Department. You should be aware that willfully making a false statement or concealing any material fact in your application for employment will be the basis for dismissal from the selection process or from the Swansea Police Department, if later discovered.

The Swansea Police Department maintains regularly scheduled night shifts. I understand that I must be available for such assignments as the needs of the Department might require. I further understand that any appointments tendered me will be contingent upon the results of a complete character and fitness investigation. I am aware that willfully withholding information or making false statements on this application will be the basis for dismissal from the selection process or from the Swansea Police Department, if later discovered. I agree to these conditions and hereby certify that all statements made by me on this application are true and complete to the best of my knowledge.

SIGNATURE OF APPLICANT	<del></del>
Subscribed and sworn before me, this day of	of
NOTARY PUBLIC	MY COMMISSION EXPIRES