

Town of Stoughton

10 Pearl Street ♦ Stoughton, MA 02072 ♦ 781-341-1300 ♦ Fax 781-297-2879

Select Board - Local Licensing Authority Application for Constable Appointment

Name: _____

Residence: _____

Mailing Address: _____

Daytime Telephone #: _____ Email: _____

Last date Constable power were exercised: _____

DOB: ____/____/____ Social Security #: _____ U. S. Citizen: Yes ____ No ____

Present Employer address & Phone: _____

Terms of your employment with this employer: _____

List your employers for the last five years, if different from above:

Other clients for which you are or may be affiliated with as a Constable:

Applicant's reason for desiring appointment:

Town of Stoughton

10 Pearl Street ♦ Stoughton, MA 02072 ♦ 781-341-1300 ♦ Fax 781-297-2879

Select Board - Local Licensing Authority

This application must be signed by five reputable citizens of the city or town where that applicant resides, one of whom being an attorney at law.

We the undersigned, hereby attest to the good moral character of said applicant and that the applicant possesses sufficient qualification and abilities to discharge the duties of the office of constable.

Name

Address

Title

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name, address and phone # of all persons employing you as constable:

Pursuant to Mass. General Law, Chap 62C, Section 49A, I hereby certify, under the penalties of perjury, that I have, to the best of my knowledge and belief, filed all state and local tax returns, paid all state and local taxes required under the law and desire appointment as constable by the Town of Stoughton.

Applicant Signature

Date

All applicants will be required to provide documentation to indicate adequate bonding with the application

Town of Stoughton Constable Appointment Regulations

Application Requirements

1. All candidates fill out and return a completed application, including 5 letters of reference, at least one of which is from an attorney who is currently a member of the Massachusetts Bar.

NOTE: Incomplete applications, applications with incorrect information or applications improperly filled out will result in qualifications from consideration.

2. All candidates sign a CORI release authorizing a criminal history check.

3. After the applications, letters of reference and CORI release have been submitted, all candidates schedule a pre-appointment interview with the Chief of Police or his designee.

4. The Chief of Police or his designee shall then make recommendations to the Appointing Authority regarding the fitness of the candidate.

Qualifications

1. All applicants shall be twenty-one years of age or older.

2. All applicants shall be of sound moral character.

3. All applicants shall be current legal residents of the Town of Stoughton.

4. Applicants who have any of the following shall be excluded from consideration:

a. a conviction for a violent offense within the past ten (10) years; *

b. a conviction for misdemeanor within the past five (5) years;

c. a current open case in criminal court;

d. a history of domestic violence, including current or expired restraining orders under M.G.L. 208 or 209A;

e. has been incarcerated in a state or county penal institution;

f. is classified as a sex offender under Massachusetts Law.

*Violent offenses include, but are not limited to, assaults of any type, armed and unarmed robberies and all crimes of a sexual nature.



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



This form is not to be faxed. Please return form to organization .

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

To be used by organizations conducting CORI checks for employment or licensing purposes.

_____ 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, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to

(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 _____
(Organization)

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

I also understand, that _____ may conduct
(Organization)
subsequent CORI checks within one year of the date this Form was signed by me.

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