Randolph Police Department

41 South Main Street Randolph, MA 02368 (781) 963-1212 Phone (781) 961-0968 Fax



Traffic Supervisor Application

Legal Name (Last, First, Middle)			DO	DOB			Social Security #			
Street Address, City, State & Zip Code										
Home Phone				Cell Phone						
Email Address						Place of 1	Birth			
Driver's License Number				Physical Disabilities						
Height	Weight	Hair	•	Eyes		Complexion Buil		Build		
Marital Status (Circle One) Married Divorced Single Other				No. of Children						
Education (Circle highest grade completed) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16			6	Name of Last School Attended						
Fathers Name	Fathers Name		Mother's Name (Includ		ide Maiden) Spouse		's Name (I	nclude Maiden)		
Employment (List	all employment wi	thin the past 10 y	ears,	include part	time	and mili	tary, Use b	back if necessary)		
Name and Address of Employer		Dates Employed				Position				
Name and Address of Employer		Dates Employed			Position					
Name and Address	s of Employer	Dates Employe	d	Position		n				
List ANY and AL	L arrests or summo	ns to Court for A	NY v	violations, to	inclu	de motor	r vehicle ci	itations		
Offense	Court L	ocation		Date Disp		position				
Offense	Court L	ocation		Date		Dis	Disposition			
Offense	Court L	ocation		Date		Disposition				
I declare that the facts on this application are complete and true. Any false or incomplete statements may be cause for denial of the position or dismissal.										

Signature	Date					
To be completed by Authorized Personnel Only:						
Received By:	Date Received:	Approved:		Denied:		
Comments:	Photo Taken:					
				Y N		

Please print out, complete and return to:

Randolph Police Department Attn: Safety Officer 41 South Main Street Randolph, MA 02368