



TOWN OF LUNENBURG

17 Main Street
P. O. Box 135
Lunenburg, MA 01462
Phone 978-582-4144
Fax 978-582-4175

APPLICATION FOR CONSTABLE

I, _____, HEREBY APPLY FOR APPOINTMENT AS A
CONSTABLE FOR THE TOWN OF LUNENBURG, WORCESTER COUNTY, FOR THE
FOLLOWING REASONS: _____

I FURTHER CERTIFY AS FOLLOWS:

I HAVE NOT BEEN CONVICTED OF A FELONY OR MISDEMEANOR IN THE PAST TEN
(10) YEARS EXCEPT FOR: _____

I AM NOT NOW ADDICTED, NOR HAVE I BEEN ADDICTED DURING THE PAST TEN
(10) YEARS TO ANY CONTROLLED SUBSTANCE AS DEFINED IN MA. GENERAL
LAWS, CHAPTER 94C, EXCEPT FOR: _____

AS REQUIRED BY YOUR BOARD, PLEASE FIND LISTED BELOW, THE SIGNATURES
OF FIVE CITIZENS OF THE CITY/TOWN IN WHICH I RESIDE (ONE OF WHOM MUST
BE AN ATTORNEY-AT-LARGE), WHO WILL AFFIRM THAT MY MORAL CHARACTER
AND CREDIBILITY ARE MORE THAN SATISFACTORY AND THAT I AM WORTHY OF
APPOINTMENT TO THE POSITION OF CONSTABLE FOR THE TOWN OF
LUNENBURG:

(PRINT)

(SIGNATURE)

AS PER YOUR REQUIREMENTS, I WILL FURNISH A BOND IN THE AMOUNT OF \$5,000.

PRINTED NAME _____

SIGNATURE _____

ADDRESS _____

CITY/TOWN/ZIP CODE _____

PHONE # _____

COMMONWEALTH OF MASSACHUSETTS

Worcester, SS:

Date: _____

Subscribed and sworn to before me.

Notary Public Printed Name

Notary Public Signature

My Commission Expires: _____

Place Seal Below:



TOWN OF LUNENBURG BOARD OF SELECTMEN

17 Main Street
P. O. Box 135
Lunenburg, MA 01462
Phone 978-582-4144
Fax 978-582-4175

AUTHORIZATION/CONSENT

I, _____, consent to, but not limited to, a motor vehicle and criminal history check by the Lunenburg Chief of Police, or his assignee, which will be forwarded to the Board of Selectmen along with any recommendation made by the Chief of Police.

_____ *Signed* _____ *Date*

_____ *Address*



Town of Lunenburg
Board of Selectmen
17 Main Street, P O Box 135
Lunenburg, MA 01462

LUNBG
MGL 6, §172(3)

CORI REQUEST FORM

Town of Lunenburg is requesting all the available criminal offender record information (CORI) on the following individual from the Criminal History Systems Board pursuant to Chapter 6, § 172 (3), which mandates organizations access and to receive pending case CORI for the purpose of evaluating applicants for a professional or occupational license issued by a state or municipal entity.

APPLICANT/EMPLOYEE SIGNATURE

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH

SOCIAL SECURITY #
(Last Six SSN ONLY:***)

ID THEFT INDEX PIN
(if applicable)

MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES:

SEX: _____ HEIGHT: ___ ft. ___ in. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____
(include state of issue)

*** THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING
FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC
IDENTIFICATION: _____

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

*The CHSB Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.