



CITY of  
**CHICOPEE**  
*Crossroads of New England*

THE CITY OF CHICOPEE, MASSACHUSETTS  
MAYOR RICHARD J. KOS

**CONSTABLE APPLICATION 2017**

## **2017 CONSTABLE APPLICATION CHECKLIST**

To insure your application is complete, please make sure you have submitted the following document with your application package:

- 1. Complete and Sign Constable Application Form.
- 2. Photo Copy of Massachusetts ID.
- 3. Complete Reference Form, attached as Exhibit 1 to Application.
- 4. Letter to Mayor explaining reasons for seeking Constable appointment.
- 5. Copy of resume or curriculum vitae.
- 6. Completed Authorization for CORI check.
- 7. Tax Certification.
- 8. Review by Police Department

## **GUIDE TO CONSTABLE APPOINTMENT**

All applicants interested in serving as a Constable for the City of Chicopee must be residents of Massachusetts. Pursuant to M.G.L. Chapter 41 Section 91B, before serving as a Constable in the City of Chicopee, applicant must be approved and appointed by the Mayor. The term of a Constable is valid from the date of the appointment through December 31 of the same year only and includes the obligation to make quarterly and year end reports and payments to the City of Chicopee for your service of civil process.

To complete the application:

1. Fill in all information requested and sign the Application for Constable.
2. Fill in and sign the top half of the Certificate of Good Standing. **Exhibit #3**
3. Fill in the CORI Check Form. **Exhibit #2**
4. In the section marked "Attorney Recommendation," obtain a recommendation and signature from an Attorney who lives in the city attesting to the moral character of the applicant.
5. In the section marked "Citizen Recommendation," obtain signatures from at least four (4) residents of Chicopee attesting to the moral character of the applicant.
6. If you own property in Chicopee, proceed to the Collector/Treasurer's Office to confirm that all taxes (real estate, excise, etc.) and fees have been paid and have the Collector/Treasurer sign off on the Certificate of Good Standing. **Exhibit #3**
7. Deliver finished application and materials to the Mayor's Office (17 Springfield Street, Chicopee, Massachusetts) The Mayor's Office will review your application, check your recommendations and CORI.
8. If the Mayor recommends approval, **you will be required to attain a certified Constable Bond in the amount of \$5,000.** Once the signed Original bond is received by the Mayor's Office, the bond will be reviewed by the Law Department for verification. After approval from the Law Department, the Mayor will sign the bond and present you with a letter approving you as a Constable for the City of Chicopee.
9. Applicant will take Original Bond and Acceptable Letter to the City Clerk to be sworn in.

## **Requirements for Constable Applicants**

1. All applicants must be a resident of Massachusetts. For the purposes of this process, “resident” shall mean currently and actually living at an address within Massachusetts. Any evidence uncovered that shows that the applicant was using a “straw” residence/address for the purposes of this application, shall automatically disqualify the applicant from consideration. All persons appointed to the position of constable shall continue to maintain their actual residence within the Commonwealth; otherwise, the appointment to the position of constable shall be null and void.
2. All applicants shall have obtained at least a high school diploma or G.E.D. and furnish proof thereof.
3. All applicants for appointment must fill out and return a completed constable application form, pass a CORI check and be in good tax standing with the City.
4. All applicants shall have a current and valid Massachusetts State ID and furnish a copy of the front and back thereof.
5. All applicants, once approved, shall secure a constable bond in the amount of \$5,000.
6. All approve applicants for constable must obtain a Constable Identification Card (CIC). All appointed constable must carry this CIC at all time while conducting any business as a constable.
7. Under Massachusetts General Laws Chapter 262, Section 8A, appointed constable are obligated to file reports and make payments to the City of Chicopee for your service of civil process. **Note: Your ongoing appointment as Constable is subject to the timely receipt of these quarterly/annual reports and payments.**

The term of an appointed constable is valid from the date of the appointment through December 31 of the following year.

Appointed Constables, while performing their duties and services, are to dress and act in a manner that is appropriate and suitable to their appointment and duties. Constables should conduct themselves in a professional manner as their title and position and not in a way that could be interpreted as misrepresentation.

Any abuse or deception of representation, intentional or not, as a Constable will result in immediate removal and dismissal from appointment.

**SIGNATURE:**

**I swear under the penalties of perjury that the information provided in this application is true.**

\_\_\_\_\_  
**Name:**

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



CITY of  
**CHICOPEE**  
*Crossroads of New England*

**MAYOR RICHARD J. KOS**

**CONSTABLE APPLICATION/CALENDAR YEAR 2017**

To: Mayor Richard J. Kos  
City of Chicopee  
City Hall – 17 Springfield Street  
Chicopee, MA 01013

**RENEWAL**

I, \_\_\_\_\_, hereby petition for appointment to the office of Constable in the City of  
(Signature)  
Chicopee.

**PART I: APPLICANT INFORMATION**

**NAME:** \_\_\_\_\_  
(Please print your full name)

**ADDRESS:** \_\_\_\_\_, **Massachusetts** \_\_\_\_\_  
(Print Address) (Zip Code)

Length of years you have been a resident of your city or town. \_\_\_\_\_

**TELEPHONE#:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **PLACE OF BIRTH:** \_\_\_\_\_

**SOCIAL SECURITY #:** \_\_\_\_\_

If you have lived at your current address less than 3 years, please list all other addresses for the past 5 years:

---

---

---

Have you ever been a suspect or defendant in a criminal investigation or proceeding?  
Yes\_\_\_\_\_ No\_\_\_\_\_

If Yes, list date, location, and offense(s):

---

---

---

Are you now, or have you ever been the subject of an Abuse Prevention Order or Harassment Prevention Order?

Yes\_\_\_\_\_ No\_\_\_\_\_

If Yes, list date, location, and type of order:

---

---

---

Have you ever applied for an appointment of Constable anywhere in the past?

Yes\_\_\_\_\_ No\_\_\_\_\_

If Yes, list date, and location:

---

---

---

**NOTES:** Applicant must attach documentation proving actual current residency in Massachusetts and a copy of one form of photo identification. (*Proof of residency may include a driver's license, passport, or other official documentation stating your current address.*)

All appointed applicants for constable must carry a Constable Identification/ID at all times while conducting any business as a constable.

## **PART II: REFERENCES**

The applicant must obtain the signatures of 5 reputable citizens from the city or town of the applicant's residence, one of whom must be an attorney, certifying that the applicant is personally known to them, is a citizen of high standing and moral character, and is in every way fitted for the position of Constable.

These signatures must be submitted on the form attached hereto as **Exhibit #1**.

Applicants may provide additional reference letters and letters of recommendation by attaching the same to this application.

## **PART III: REASONS FOR SEEKING APPOINTMENT**

Applicant must attach a formal letter to the Mayor explaining your reasons for seeking appointment as a constable.

## **PART IV: RESUME OR CURRICULUM VITAE**

Applicant must attach a copy of their resume or curriculum vitae to this application.

## **PART V: AUTHORIZATION FOR CRIMINAL RECORD CHECK**

All applicants must fill out the form attached as **Exhibit #2** for submission to the Department of Criminal Justice Information Systems.

## **PART VI: TAX CERTIFICATION**

All applicants must fill out the form attached as **Exhibit #3** for submission to the City Collector/Treasurer.

**I swear under the penalties of perjury that the information provided in this application is true.**

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

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

**Reviewed by Chief of Police:** \_\_\_\_\_ **Date** \_\_\_\_\_



**EXHIBIT #1**

**CONSTABLE APPLICATION REFERENCE FORM**

The applicant must obtain the signatures of 3 individuals, **one of whom must be an attorney**, certifying as follows.

**Applicant Name:** \_\_\_\_\_  
(please print full name)

I, the undersigned, resident of \_\_\_\_\_, Massachusetts, certify that the above-name applicant is personally known to me; is a citizen of high standing and moral character, and is in every way fit to serve as a Constable.

**YOU MUST BE A CHICOPEE RESIDENT TO SIGN BELOW**

<b><u>NAME &amp; SIGNATURE</u></b>	<b><u>ADDRESS</u></b>	<b><u>Occupation</u></b>	<b><u>Contact Info</u></b>
<b><u>Attorney/Citizen Recommendation.</u></b>			
<b><u>Citizen Recommendation</u></b>			
<b><u>Citizen Recommendation</u></b>			
<b><u>Citizen Recommendation</u></b>			
<b><u>Citizen Recommendation</u></b>			

**EXHIBIT #2**

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

The City of Chicopee, Massachusetts, is registered under the provisions of M.G.L. c.6 s.172 to receive CORI for the purposes of screen current and otherwise qualified prospective employees and volunteers.

As a prospective volunteer/applicant for the position of Constable, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the City of Chicopee 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 the City with written notice of my intent to withdraw consent to a CORI check.

The City of Chicopee may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that the City must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on page 2 of this acknowledgement is true and accurate.

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

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

**SUBJECT INFORMATION:** An asterisk(\*) denotes a required field.

\_\_\_\_\_  
Last Name\*                                      First Name\*                                      Middle Name                                      Suffix

\_\_\_\_\_  
Maiden Name or any other names by which you have been known

\_\_\_\_\_  
\*Date of Birth                                      \*Place of Birth

\* Social Security #:                      \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_      Height: Feet \_\_\_\_ Inches \_\_\_\_      Eye Color: \_\_\_\_\_      Race: \_\_\_\_\_

State Driver's License #: \_\_\_\_\_      State of Issue \_\_\_\_\_

\_\_\_\_\_  
(Mother's Full Maiden Name)                                      (Father's Full Name)

Current & Former Addresses:

\_\_\_\_\_  
Street Number & Name                                      City/Town                                      State                                      Zip

\_\_\_\_\_  
Street Number & Name                                      City/Town                                      State                                      Zip

\*\*\*\*\*  
The above information was verified by reviewing the following form(s) of government issued identification:

\_\_\_\_\_  
(ID)

**VERIFIED BY:** \_\_\_\_\_  
Name of Verifying Employee (print)

\_\_\_\_\_  
Signature of Verifying Employee                                      Date: \_\_\_\_\_

**EXHIBIT #3**

**CITY OF CHICOPEE, MASSACHUSETTS  
COLLECTOR/TREASURER**

**CERTIFICATE OF GOOD STANDING**

1. Exact name of the taxpayer/applicant's business:

\_\_\_\_\_

2. Address of the taxpayer/applicant's business in Chicopee:

\_\_\_\_\_

3. Address of the taxpayer/applicant's home in Chicopee:

\_\_\_\_\_

4. Date of Birth: \_\_\_\_\_

5. Driver's License Number: \_\_\_\_\_

6. Taxpayer/Applicant's phone#: \_\_\_\_\_

I, \_\_\_\_\_, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

**SIGNED UNDER THE PENALTIES OF PERJURY**

this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

For City Use Only

**DATE:** \_\_\_\_\_

**CLERK'S INITIALS:** \_\_\_\_\_