



CITY OF NEW BEDFORD
JONATHAN F. MITCHELL, MAYOR

March 4, 2019

City Council President Linda M. Morad and
Honorable Members of the City Council
133 William Street
New Bedford, MA 02740

Dear Council President Morad and Honorable Members of the City Council:


I am submitting for your approval the **RE-APPOINTMENT** as **SPECIAL POLICE OFFICER**:

WILLIAM T. CAMBRA, SR.

N. DARTMOUTH, MA 02741

This re-appointment is subject to confirmation by the City Council.

Sincerely,


Jonathan F. Mitchell
Mayor

JFM/sds
Attachment

cc: William T. Cambra



TO BE MADE OUT IN INK BY THE APPLICANT
APPLICATION FOR APPOINTMENT _____ OR REAPPOINTMENT ✓
AS SPECIAL POLICE OFFICER

New Bedford, MA _____

To the Mayor and City Council of the City of New Bedford:

I hereby make application under provisions of The New Bedford City Code Chapter 19, Sections 13-20 inclusive, for appointment as a Special Police Officer of the City of New Bedford, to serve without pay for the City for the term of one year, and I subscribe to the truth of the following facts:

Age 55 years Date of Birth 1-23-63 Resident of New Bedford 2 years

Citizen-native born or naturalized CITIZEN-NATIVE BORN

If naturalized, date and court of naturalization _____

Education HIGH SCHOOL / MPTC - RESERVE / INTERMITTENT POLICE ACADEMY

Present Occupation SENIOR SECURITY OFFICER

Name of Employer SOUTHCOST HEALTH GROUP ST. LUKES SITE

Employment for five years preceding date of application EMPLOYED BY SOUTHCOST FOR THE PAST 26 YEARS

If a former employee of the City of New Bedford, were you retired for physical disability? _____

Ever arrested or summonsed to court within the past five years? No

If so, please state when, where and reason: _____

Reason for requesting appointment JOB REQUIREMENT

Is this a renewal? YES

If so, give badge number 3193

Print Name WILLIAM T. CAMBRA SR.

Signature William T. Cambra Sr.

Residence N. DARTMOUTH, MA

Phone Number _____

Appointment requested by SOUTHCOST HEALTH GROUP
(NAME OF FIRM OR EMPLOYER)

By [Signature] MANAGER
(TITLE)

Date referred to Chief of Police for report 2/15/19

REPORT OF CHIEF OF POLICE

City of New Bedford, Office of Chief of Police _____

To the City Clerk:

I hereby report on the fitness of the application as follows _____

I hereby report on the necessity of such appointment as follows _____

Investigated by Sgt. Norman Ducherneau

[Signature]
Chief of Police