

HAMPSTEAD POLICE DEPARTMENT

30 VETERANS WAY
POST OFFICE BOX 540
HAMPSTEAD, NH 03841
(603)329-5700

POLICE EMPLOYMENT APPLICATION PERSONAL HISTORY STATEMENT

NOTE: Read these instructions carefully before proceeding.

INSTRUCTIONS: These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

1. Your Personal History Statement should be printed legibly in ink or typed. Answer all questions to the best of your ability. If a question is not applicable to you, enter N/A in the space provided. If you do not know the answer to a particular question, indicate by entering "don't know" in the space provided.
2. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
3. You are responsible for obtaining correct addresses and telephone numbers. If you are not sure of an address, check it by personal verification or online.
4. If there is insufficient space on the form for your required information, attach extra pages to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
5. The New Hampshire Police Standards and Training Council rules, under the authority of NH law; RSA 188-F:26-28, requires all applicants for the position of Police Officer in the State of New Hampshire to submit to a comprehensive background investigation. An accurate and complete form will help expedite your investigation. Conversely, deliberate omissions or falsifications may result in disqualification.

POLICE CANDIDATE APPLICATION

The following application MUST be completed in full. Please answer each question. Use additional pages where necessary to complete every section. The New Hampshire Police Standards and Training Council rules, under the authority of RSA 188-F:26-28, requires all applicants for the position of Police Officer in the State of New Hampshire to submit to a comprehensive background investigation. This application will answer some of the required information and should be typed.

DATE OF APPLICATION: _____

POSITION APPLIED FOR: _____

PERSONAL IDENTIFICATION

Name: _____
Last First Middle

Address: _____
Number Street City State Zip

Phone: _____ Date of Birth: _____

Social Security #: _____ Place of Birth: _____

Are you a United States citizen? Y / N

Nickname(s), maiden name, or other names by which you may have been known by: _____

Driver's License #: _____ State: _____ Expiration Date: _____

Height: _____ Weight: _____ Color Eyes: _____ Color Hair: _____

Scars, Marks, Tattoos, or other: _____

RESIDENCE

List all addresses where you have lived during the past ten (10) years, beginning with your current address. List dates by month and year. Attach extra page if necessary.

Date(s): _____

Address: _____

Date(s): _____

Address: _____

Date(s): _____

Address: _____

EMPLOYMENT HISTORY

Begin with your current or most recent employment. List all employment held for the past ten (10) years including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra pages if necessary. Please indicate if you are fearful that your present job would be in jeopardy if inquiries were made.

Employer: _____

Address: _____

Phone: _____ Position: _____

Supervisor: _____ Title: _____

Name of a Co-worker: _____

Date started: _____ Date left: _____

Reason for Leaving: _____

Employer: _____

Address: _____

Phone: _____ Position: _____

Supervisor: _____ Title: _____

Name of a Co-worker: _____

Date Started: _____ Date left: _____

Reason for Leaving: _____

Employer: _____

Address: _____

Phone: _____ Position: _____

Supervisor: _____ Title: _____

Name of a Co-worker: _____

Date Started: _____ Date Left: _____

Reason for Leaving: _____

Employer: _____

Address: _____

Phone: _____ Position: _____

Supervisor: _____ Title: _____

Name of a Co-worker: _____

Date Started: _____ Date left: _____

Reason for Leaving: _____

MILITARY RECORD

Have you served in the U.S. Armed Forces? Yes / No

Date of Service – From: _____ To: _____ Branch: _____

Unit Designation: _____ Military Service #: _____

Highest Rank Held: _____ Type of Discharge: _____

Describe any disciplinary measures taken against you while in the United States Armed Services. Include court-martial, captain's masts, company punishment, etc... if applicable.

Charge: _____ Date: _____ Agency: _____

Your age at the time: _____ Disposition: _____

Charge: _____ Date: _____ Agency: _____

Your age at the time: _____ Disposition: _____

Charge: _____ Date: _____ Agency: _____

Your age at the time: _____ Disposition: _____

Charge: _____ Date: _____ Agency: _____

Your age at the time: _____ Disposition: _____

EDUCATIONAL HISTORY

High School: _____

Address: _____

From (year): _____ To: _____ Graduated? Y / N

Other School: (Trade/Vocational, etc...) _____

Address: _____

From (year): _____ To: _____ Graduated? Y / N

Course of Study: _____ Diploma/Certificate: _____

College/University: _____

Address: _____

Major/Minor: _____ From: _____ To: _____

Credits Completed: _____ Degree: _____ Graduated? Y / N

College/University: _____

Address: _____

Major/Minor: _____ From: _____ To: _____

Credits Completed: _____ Degree: _____ Graduated? Y / N

College/University: _____

Address: _____

Major/Minor: _____ From: _____ To: _____

Credits Completed: _____ Degree: _____ Graduated? Y / N

SPECIAL QUALIFICATIONS OR SKILLS (List special licenses earned such as pilot, radio, scuba, etc...)

License: _____ Issued By: _____

Date of Issue: _____ Expiration Date: _____

License: _____ Issued By: _____

Date of Issue: _____ Expiration Date: _____

License: _____ Issued By: _____

Date of Issue: _____ Expiration Date: _____

List any foreign languages in which you are fluent in: _____

List any other special skills or qualifications you possess: _____

CONVICTIONS, ARRESTS, DETENTIONS AND LITIGATION

Have you ever been convicted, arrested, detained, or summoned into court by a law enforcement agency? Yes / No

***If so, list ALL such occurrences; including juvenile related.**

Incident: _____ Date: _____

Disposition: _____ Date: _____

Police Agency: _____

Address: _____

Incident: _____ Date: _____

Disposition: _____ Date: _____

Police Agency: _____

Address: _____

Incident: _____ Date: _____

Disposition: _____ Date: _____

Police Agency: _____

Address: _____

Incident: _____ Date: _____

Disposition: _____ Date: _____

Police Agency: _____

Address: _____

Have you ever been involved as a party in civil litigation? Yes / No

If so, explain: _____

Has your driver's license ever been suspended or revoked in any State? Yes / No

If so, explain reason, date, state, location: _____

Name of your current auto insurance company: _____

Branch: _____ Phone: _____

To the best of your recollection, list ALL driving citations you have received:

Month/Year	Offense/Charge	City/State	Disposition
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Month/Year	Offense/Charge	City/State	Disposition
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Month/Year	Offense/Charge	City/State	Disposition
------------	----------------	------------	-------------

Month/Year	Offense/Charge	City/State	Disposition
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Month/Year	Offense/Charge	City/State	Disposition
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Describe in a brief narrative ANY motor vehicle crashes in which you have been involved, providing dates and location:

MARITAL AND FAMILY HISTORY

Circle your current status: Single Married Separated Divorced Widowed

If married: Spouse's name: (include maiden name) _____

Date Married: _____ City and State: _____

Current Address: _____

If divorced, separated, or marriage annulment:

Date of Order: _____ Court and State: _____

List ALL children related to you or your spouse (natural, stepchildren, adopted and foster children):

Full Name: _____ Age: _____ Phone: _____

Address: _____

Full Name: _____ Age: _____ Phone: _____

Address: _____

Full Name: _____ Age: _____ Phone: _____

Address: _____

Full Name: _____ Age: _____ Phone: _____

Address: _____

List other relatives (parents, brothers, sisters, spouse's parents, etc...)

Name: _____ Relation: _____ Phone: _____

Address: _____

REFERENCES

List three (3) persons who know you well enough to provide current information about you. Do not list relatives or former employers:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

FINANCIAL HISTORY

Present Salary: _____ Other Sources of Income: _____

Real Estate Owned: _____

Location: _____ Value: _____

Stocks or Bonds Owned: _____

Bank Accounts:

Name: _____ Avg. Balance: \$ _____

Address: _____

Name: _____ Avg. Balance: \$ _____

Address: _____

Name: _____ Avg. Balance: \$ _____

Address: _____

FINANCIAL OBLIGATIONS

Provide names and addresses of individuals, companies, or others to whom you are financially indebted and to the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support, and any other debts or payments. Include account numbers where applicable.

Name: _____ Type of Account: _____

Address: _____

Account #: _____ Balance Due: _____ Monthly Payment: _____

Name: _____ Type of Account: _____

Address: _____

Account #: _____ Balance Due: _____ Monthly Payment: _____

Name: _____ Type of Account: _____

Address: _____

Account #: _____ Balance Due: _____ Monthly Payment: _____

Name: _____ Type of Account: _____

Address: _____

Account #: _____ Balance Due: _____ Monthly Payment: _____

Name: _____ Type of Account: _____

Address: _____

Account #: _____ Balance Due: _____ Monthly Payment: _____

MISCELLANEOUS DATA

Blood Type: _____

Please list the following persons: (where applicable)

Fiancé/Fiancée: _____ Address: _____

Live in Partner: _____ Address: _____

Former Spouse: _____ Address: _____

Former Spouse: _____ Address: _____

Former Spouse: _____ Address: _____

Are you a member of the National Guard or Reserve? _____ If so, Unit and Rank: _____

Have you ever been fingerprinted for any reason? Yes / No

If so, for what reason and where?

What hobbies, sports, or activities do you or have participated in?

Have you ever resigned/quit after being informed that your employer intended to discharge you? Yes / No
If yes, please explain;

CANDIDATES MUST SUBMIT A COPY OF THE FOLLOWING DOCUMENTS WITH THIS APPLICATION:

- **COPY OF BIRTH CERTIFICATE**
- **COPY OF SOCIAL SECURITY CARD**
- **COPY OF DRIVER'S LICENSE/PHOTO ID**
- **COPY OF HIGH SCHOOL DIPLOMA/G.E.D.**
- **SIGNED "AUTHORIZATION TO RELEASE" FORM** (Provided by Hampstead Police Department)

AUTHENTICATION

I, _____ hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection of this application or subsequent termination of employment.

Applicant's Name

Date: _____

Printed Name of Applicant: _____

Signature of Applicant: _____

AUTHORIZATION TO RELEASE INFORMATION

I, _____, born in _____, having filed
NAME OF CANDIDATE/APPLICANT *CITY, STATE, COUNTRY*

an application for employment with the Hampstead Police Department, consent herein to have an investigation made as to my moral character, reputation, and fitness for the position for which I have applied. Furthermore, I agree to give any additional information that may be required during the conduct of that investigation.

I also authorize and request every person, firm, company, corporation, partnership, government agency, court, association, medical professional, medical facility/institution, school, college, or branch of the military having control of any documents, records, reports, or other written information pertaining to me, to cooperate and allow inspection or provide copies of such documents, records, reports, or other written information to the Hampstead, NH Police Department or any of its agents or representatives.

I hereby release, exonerate, and discharge the Hampstead, NH Police Department, its agents and representatives, and any person or entity so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such written documents, records, reports, or other such written information to the said Hampstead, NH Police Department or its agents or representatives.

This authority shall continue for a period of one (1) year from my application date, unless sooner revoked by me, in writing, to the Hampstead, NH Police Department.

PRINTED NAME OF APPLICANT

SIGNATURE OF APPLICANT

Date of Application: _____

County of _____, _____, _____
County *CITY* *STATE*

Having personally appeared, the above-named, _____,
Applicant's Name

before me, _____, and acknowledged the foregoing to be his/her
JUSTICE OF THE PEACE / NOTARY PUBLIC

voluntary act and deed.