

MILITARY

WERE YOU EVER IN THE MILITARY SERVICE: YES [] NO []

IF YES, WHAT BRANCH: _____ YEARS: _____ TO _____

HIGHEST RANK ATTAINED: _____ OVERSEAS DUTY: YES [] NO []

SERVICE SER. NO. _____ TYPE OF DISCHARGE _____

OCCUPATION IN SERVICE _____

NOTE: COPY OF DD 214 IS REQUIRED WITH APPLICATION.

LIST BELOW ALL SCHOOLS AND SPECIAL TRAINING YOU HAD IN THE SERVICE:

EDUCATION (PRIMARY AND HIGH SCHOOL)

HIGHEST YEAR ATTAINED IN SCHOOL: 8 [] 9 [] 10 [] 11 [] 12 []

WHAT SCHOOLS DID YOU ATTEND? LIST BELOW:

IF A HIGH SCHOOL GRADUATE, WHAT SCHOOL AND WHAT YEAR? ALSO NOTE WHETHER GRADUATED OR GED.

LIST BELOW ANY COLLEGE OR SPECIALIZED COURSES TAKEN. IF COLLEGE GRADUATE, NAME OF COLLEGE, YEAR AND DEGREE.

LIST BELOW YOUR RESIDENCE STREET ADDRESS, CITY AND STATE, FOR EACH PLACE YOU HAVE LIVED DURING THE PAST FIVE (5) YEARS.

EMPLOYMENT HISTORY

LIST BELOW THE NAMES AND ADDRESSES OF EACH EMPLOYER YOU HAVE HAD ON A FULL TIME BASIS FROM THE TIME YOU LEFT SCHOOL TO PRESENT.

EMPLOYER	OCCUPATION	FROM	TO	WAGE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DESCRIBE BELOW ANY PART TIME JOBS YOU HAVE HELD SINCE LEAVING SCHOOL. YEAR(S) HELD, NAME AND ADDRESS OF EMPLOYER.

REFERENCES

LIST BELOW NAMES, ADDRESSES AND TELEPHONE NUMBERS OF AT LEAST THREE PERSONAL REFERENCES WE COULD CONTACT FOR A CHARACTER REFERENCE ON YOU. **DO NOT LIST FORMER EMPLOYERS OR RELATIVES.**

LIST BELOW THE NAMES AND ADDRESSES OF THREE CREDIT REFERENCES WHICH WE
COULD CONTACT FOR INFORMATION ON YOUR CREDIT.

PERSONAL

HAVE YOU EVER BEEN ARRESTED FOR OTHER THAN A TRAFFIC VIOLATION? IF SO, GIVE
DATE, PLACE AND DETAILS:

HAVE YOU EVER BEEN ARRESTED OR SUMMONSED FOR A TRAFFIC VIOLATION? IF SO,
GIVE DATE, PLACE AND DETAILS:

DO YOU DRINK ALCOHOLIC BEVERAGES OR LIQUOR? YES [] NO []

IF THE ANSWER TO THE ABOVE QUESTION IS YES, EXPLAIN HOW MUCH, ETC.:

DO YOU NOW OR HAVE YOU EVER TAKEN DRUGS OTHER THAN THOSE PRESCRIBED BY A
DOCTOR? YES [] NO []

IF YES, EXPLAIN WHAT TYPES OF DRUGS AND HOW OFTEN USED:

HAVE YOU EVER BEEN, OR ARE YOU NOW, A MEMBER OF ANY PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF THE UNITED STATES GOVERNMENT?

YES []

NO []

LIST BELOW ANY CLUBS OR ORGANIZATIONS OF WHICH YOU ARE A MEMBER AT THE PRESENT TIME:

DO YOU LIVE IN A RENTED ROOM, APARTMENT OR HOUSE OR DO YOU OWN THE PROPERTY WHERE YOU NOW LIVE?

LIST BELOW THE AMOUNT OF MONTHLY PAYMENTS YOU ARE NOW MAKING, INCLUDING BANK LOANS, MORTGAGES, CAR PAYMENTS, INSTALLMENT ACCOUNTS, ETC.:

IF LIVING WITH RELATIVES, INDICATE RELATIONSHIP:

YOUR HEIGHT _____

YOUR WEIGHT _____

COLOR HAIR _____

COLOR EYES _____

ACCORDING TO NEW HAMPSHIRE LAW, ALL POLICE OFFICERS ARE REQUIRED TO ATTEND A TRAINING ACADEMY AS SET FORTH BY THE NEW HAMPSHIRE POLICE STANDARDS AND TRAINING COUNCIL. IF NOT PRESENTLY CERTIFIABLE, ARE YOU WILLING TO ATTEND THIS FUNCTION?

YES []

NO []

LIST BELOW ANY SPECIAL TRAINING OR ABILITIES YOU THINK YOU MAY HAVE THAT MIGHT HELP YOU AS A POLICE OFFICER:

TELL US IN 25 WORDS OR LESS WHY YOU WOULD LIKE TO BE A POLICE OFFICER:

DO NOT WRITE IN THE SPACE BELOW

SCORE ON WRITTEN TEST _____ PASSED PHYSICAL _____

PHYSICAL AGILITY _____ PASSED POLYGRAPH _____

ORAL EXAM _____ PSYCHIATRIC EXAM _____

COMMENTS: _____

AUTHORIZATION TO RELEASE INFORMATION

To:

I hereby request and authorize you to furnish:

CHIEF Stephen M. Hankard

Name

SANBORNTON POLICE DEPARTMENT

Agency

565 SANBORN ROAD, P.O. BOX 125

Street

SANBORNTON, NH 03269

City, State & Zip

With any and all information they may request concerning my work record, education history, military record, financial status, criminal record, general reputation, and past or present medical condition.

This authorization is specifically intended to include any and all information of a Confidential or privileged nature as well as photocopies of such document, if Requested. The information will be used for the purpose of determining my Eligibility for employment as a law enforcement officer.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as a law enforcement officer.

This authorization is specifically intended to obtain a copy of my training records with Police Standards & Training to be considered as transcripts to a learning institution.

NOTE: This release will expire sixty days after the date signed.

A photocopy of this release form will be as valid as an original.

Signature

Date

Print full name

Social security number

Date of birth

