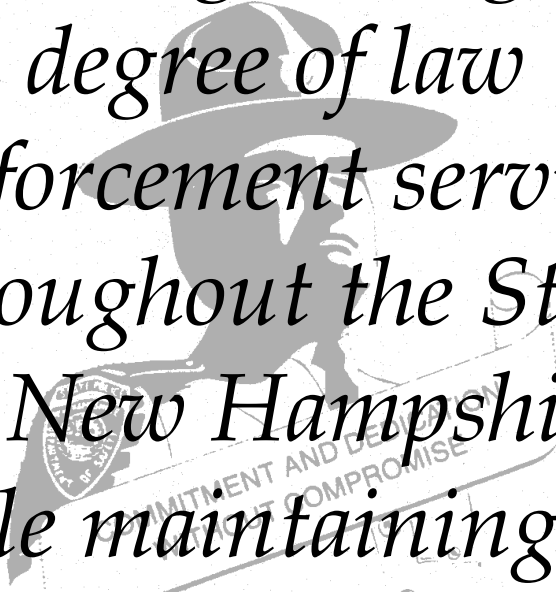


Mission Statement

*Dedicated to
providing the highest
degree of law
enforcement service
throughout the State
of New Hampshire
while maintaining the
traditions of fairness,
professionalism and
integrity.*



NEW HAMPSHIRE STATE POLICE

SECTION I

PERSONAL DATA AND BACKGROUND QUESTIONNAIRE

Important instructions:

Read the entire employment packet thoroughly and answer **all** questions **fully**. It is important for you to remember that **all** statements will be thoroughly investigated by the State Police; **any misrepresentation or omission on your part will cause your application with New Hampshire State Police to be immediately rejected**. Further, if you have attained employment as a State Police employee, and should an investigation disclose any misrepresentation or omission, your employment may be terminated. If you have previously submitted paperwork, such as transcripts, certificates, or military documents, you do not need to resubmit these documents.

Signed: _____

Date: _____



Colonel Nathan A. Noyes
Director

State of New Hampshire

DEPARTMENT OF SAFETY
Robert L. Quinn, Commissioner of Safety
Division of State Police

James H. Hayes Safety Building, 33 Hazen Drive, Concord, NH 03305



CONSENT

In keeping with my candidacy as an employee of the New Hampshire State Police, I hereby consent that any bona fide law enforcement agency be permitted to examine and obtain copies of all pertinent documents relating to my prior positions of employment, medical history, education, credit ratings, criminal history, including expunged and juvenile records, and in addition any and all other forms of documentation that may address my background.

I am willing that a photostat of this authorization be accepted with the same authority as the original.

Date: _____ Signed: _____

Name: _____

(type full name)

Address: _____

Subscribed and Sworn before me this _____ day of _____ 20 ____ .

Notary Public: _____

MARITAL AND FAMILY STATUS

PRESENT STATUS (CHECK ONE)

Single Married Separated Divorced Other Please specify: _____

Father's Name: _____ Date of Birth: _____

Address: _____ Home Telephone: (____) _____

E-Mail Address: _____

Mother's Maiden Name: _____ Date of Birth: _____

Address: _____ Home Telephone: (____) _____

E-Mail Address: _____

Brothers and/or Sisters: (Use additional sheets if necessary.)

Name: _____ Date of Birth: _____

Address: _____ Home Telephone: (____) _____

E-Mail Address: _____

Name: _____ Date of Birth: _____

Address: _____ Home Telephone: (____) _____

E-Mail Address: _____

Name: _____ Date of Birth: _____

Address: _____ Home Telephone: (____) _____

E-Mail Address: _____

Spouse's Pre-Marriage Name(s): _____ Date of Birth: _____

Date of Marriage: _____ If Married and Separated, note details: _____

Number of Children: _____ Where Residing: _____

Names and Ages: _____

If Divorced, complete the following:

Name of Former Spouse: _____ Date of Birth: _____

Present Name: _____ Home Telephone: (____) _____

Present Address: _____

Date of Divorce: _____ Place: _____ Court: _____

Details Regarding Divorce: _____

SECTION III - EDUCATION

(List ALL institutions attended)

Elementary School(s) and Address(es)

Date Completed

Junior High School(s) and Address(es)

Date Completed

High School(s) and Address(es) (Include photocopy of diploma.)

Date Completed

College(s) and Address(es) (Include transcripts.)

Dates Attended

Degree: None Associates Bachelors Masters Major: _____

Degree: None Associates Bachelors Masters Major: _____

Additional Academic Experiences

List courses, institutions, and dates of completion. (Use additional sheets if necessary.)

SECTION IV – MILITARY SERVICE
(ATTACH A CERTIFIED COPY OF DD 214.)

Were you ever in the military? Yes No Dates _____

Branch _____ Unit _____ MOS _____

Serial # _____ Type of Discharge _____

Describe duties of assignment(s). _____

If discharge is other than honorable, explain. _____

Were you ever disciplined while in the Military? Yes No Explain. _____

List Reserve Status (Be specific as to obligation – Active, Inactive, National Guard, none, etc.)

List specialized training/skills (include courses and dates of completion, if applicable).

SECTION V - EMPLOYMENT

List **ALL** your work experiences (full and part time), no matter how brief, beginning with the most recent. Account for **ALL PERIODS** of employment and unemployment. Please duplicate this page if necessary.

Name of Employer _____
Address: _____ Telephone (____) _____
Immediate Supervisor _____ Title _____
Position Held _____ Salary \$ _____
Period of Employment: From _____ To _____
Duties _____

Reason for Leaving _____
* * * * *

Name of Employer _____
Address _____ Telephone (____) _____
Immediate Supervisor _____ Title _____
Position Held _____ Salary \$ _____
Period of Employment: From _____ To _____
Duties _____

Reason for Leaving _____
* * * * *

Name of Employer _____
Address _____ Telephone (____) _____
Immediate Supervisor _____ Title _____
Position Held _____ Salary \$ _____
Period of Employment: From _____ To _____
Duties _____

Reason for Leaving _____
* * * * *

Name of Employer _____
Address _____ Telephone (____) _____
Immediate Supervisor _____ Title _____
Position Held _____ Salary \$ _____
Period of Employment: From _____ To _____
Duties _____

Reason for Leaving _____
* * * * *

DUPLICATE THIS PAGE IF NECESSARY

SECTION VI – CRIMINAL / MOTOR VEHICLE INQUIRIES

Have you used illegal drugs within the past twelve months? Yes No If yes, explain. (Use additional sheets if necessary). _____

Have you ever used, tried, experimented, or in any way introduced to your body by any means, one or more of the following illegal drugs?

Drug	Yes	No	Date First Used	Date Last Used	Number of Times Used	Average Frequency
Amphetamine (crosstos, bennies, ecstasy, “uppers”)						
Barbiturates, hypnotics, or other “downers”						
Cocaine						
Crack, rock, ice						
Hashish/Hash oil						
Heroin or other opiates						
LSD Psilocybins or other hallucinogens (mushrooms)						
Marijuana						
Methamphetamine (speed, crank)						
PCP (angel dust, ketamine, sherm)						
Steroids						
Pharmaceutical drugs not prescribed to you (Ex: Adderall, Dilaudid, Oxycodone, Percocet, Valium, Vicodin)						
Drug:						
Drug:						
Drug:						
Drug:						

Is there any other illegal drug, narcotic, or controlled substance not listed on the previous page that you have introduced into your body? Yes No If yes, explain. (Use additional sheets if necessary.)

Have you ever sold any illegal or prescription drugs? Yes No If yes, explain. (Use additional sheets if necessary.)

Have you ever purchased any illegal drug or pharmaceutical drug not prescribed to you? Yes No If yes, explain. (Use additional sheets if necessary.)

Have you ever grown or manufactured any illegal drug? Yes No If yes, explain. (Use additional sheets if necessary.)

Have you ever been arrested, detained, charged or convicted with a crime? Yes No If yes, list ALL such matters even if found not guilty, not formally charged, no court appearance, matter settled by payment of fine or forfeiture of collateral, or the incident was annulled, expunged, or committed as a juvenile. Include date, place, charge, disposition and police agency. **INCLUDE COPIES OF ALL DOCUMENTS AND REPORTS CORRESPONDING TO EACH INCIDENT.** If unavailable, indicate from which agency documents can be obtained. **INCLUDE ALL MOTOR VEHICLE VIOLATIONS EXCEPT PARKING CITATIONS.**

(Use additional sheets if necessary.)

VEHICLE REGISTRATION AND DRIVER'S LICENSE

Provide the requested information for any motor vehicles you own.

Make _____	Model _____	Year _____	Color _____	State _____	Reg# _____
Make _____	Model _____	Year _____	Color _____	State _____	Reg# _____
Make _____	Model _____	Year _____	Color _____	State _____	Reg# _____
Make _____	Model _____	Year _____	Color _____	State _____	Reg# _____

Do you possess a valid driver's license by any state? Yes No Type _____ State _____

License Number _____ Expiration Date _____

Have you ever been refused a driver's license by any state? Yes No If yes, give the state, date, and the circumstances. _____

Have you ever obtained a driver's license under an assumed name? Yes No If yes, list the name(s). _____

Has your driver's license ever been suspended, revoked, placed on probation, or have you ever received a warning notice from the state which issued your license? Yes No If yes, give the name of the state, date, and circumstances. _____

Have you ever been involved in a traffic accident as a driver? Yes No If yes, list the dates, locations, who was at fault, and the name of the agency which investigated. _____

Have you ever been involved in a traffic accident that was not reported, which really should have been reported? Yes No If yes, list details. _____

SECTION VII – FINANCIAL STATUS

List any additional sources of income (alimony, child support, etc.)

Source _____ Monthly amount \$ _____
Total Monthly Income \$ _____

Complete the following information regarding bills, loans, etc. that are in your name or which you have primary financial responsibility. (Use additional sheets if necessary.)

Name of Organization Owed	Address	TOTAL Owed	Payments Per Month
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Do you own your own home? Yes No Rent? Yes No Monthly Payments \$ _____

Total Monthly Expenses \$ _____

Provide institution name and address.

Savings Account(s)

_____ Balance \$ _____

_____ Balance \$ _____

Checking Account(s)

_____ Balance \$ _____

_____ Balance \$ _____

If you have ever been personally involved in a bankruptcy proceeding, been named in civil suit or had any liens or judgments placed against you supply ALL pertinent information in the section below.

SECTION VIII – MISCELLANEOUS

VOLUNTEER SERVICE

(Examples: Scout Leader, 4-H Leader, Youth League Coach, Senior Citizen Worker, etc.)

Organization

Dates

HOBBIES/ATHLETICS

List past and present hobbies. List any athletics participated in individually or as a member of a team.

SPECIAL SKILLS

(Examples: aircraft pilot, mechanic, medical training, photographer, etc.)

SECTION IX – REFERENCES

Provide **ten** references from at least four of the different categories listed below. People who are included in previous sections should not be used as references.

Relatives:

Name: _____ Relationship: _____

Address: _____

E-Mail Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

E-Mail Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Teachers:

Name: _____ Relationship: _____

Address: _____

E-Mail Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

E-Mail Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Co-Workers:

Name: _____ Relationship: _____

Address: _____

E-Mail Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

E-Mail Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Friends/Associates:

Name: _____ Relationship: _____

Address: _____

E-Mail Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

E-Mail Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

E-Mail Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Roommates (past and present):

Name: _____ Relationship: _____

Address: _____

E-Mail Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

E-Mail Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Clergy Members:

Name: _____ Relationship: _____

Address: _____

E-Mail Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Community Leaders:

Name: _____ Relationship: _____

Address: _____

E-Mail Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

E-Mail Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Police/Government:

Name: _____ Relationship: _____

Address: _____

E-Mail Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

E-Mail Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

E-Mail Address: _____

Telephone: (_____) _____ How long have you known this person? _____

List **all** current and former New Hampshire Department of Safety or New Hampshire State Police employees you are familiar with:

Name: _____ Relationship: _____

Address: _____

E-Mail Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

E-Mail Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

E-Mail Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

E-Mail Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

E-Mail Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

E-Mail Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

E-Mail Address: _____

Telephone: (_____) _____ How long have you known this person? _____

DUPLICATE THIS PAGE IF NECESSARY

NEW HAMPSHIRE STATE POLICE



I, (type full name) _____, certify that the statements on all pages of this employment packet are true to the best of my knowledge. I understand that **ALL** statements will be investigated by the State Police. I realize that failure to provide all of the requested information, as well as any misrepresentations or omissions, will be the cause for my immediate rejection. I further understand that if I have attained employment and an investigation discloses misrepresentation, my employment with the State Police may be terminated.

Signature: _____ Date: _____

Subscribed and Sworn before me this _____ day of _____ 20 ____ .

Notary Public: _____