
NEW HAMPSHIRE STATE POLICE MARINE PATROL OFFICER



**PRE-EMPLOYMENT
QUESTIONNAIRE**

NAME:

Last

First

Middle

LEGAL ADDRESS:

MAILING ADDRESS (if different):

HOME TELEPHONE:

(_____) _____

WORK TELEPHONE

(_____) _____

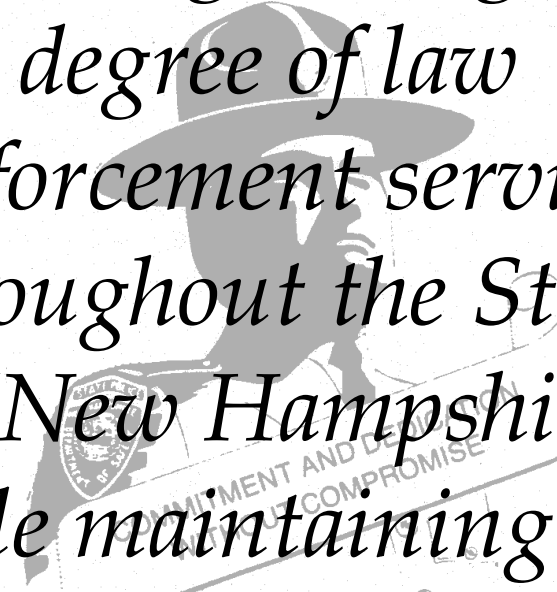
CELLULAR TELEPHONE:

(_____) _____

This application **MUST** be typed.
Revised 01/13

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.*



ESSENTIAL FUNCTIONS OF A STATE POLICE MARINE PATROL OFFICER

BASIC PURPOSE

Responsible for the enforcement of criminal, boating, and other laws to ensure public protection and safety, maintain law and order, detect and prevent crimes, apprehend suspects and prosecute violators, and provide security for the State's seacoast and ports.

CHARACTERISTIC DUTIES AND RESPONSIBILITIES

- To perform law enforcement duties under the supervision of a designated superior by patrolling inland/coastal waters and enforcing boating laws and rules.
- Inspect private and commercial boats for compliance with safety regulations.
- Check spar buoys and flashing light beacons for proper placement and operation.
- Investigates boating accidents, complaints, and calls for service from the public.
- Arrests suspects forcibly if necessary, using handcuffs and other restraints; subdues resisting suspects using maneuvers, approved weapons, and hands and feet in self-defense
- Operates law enforcement patrol boats during both day and night in emergency situations involving high speeds, in congested traffic and unsafe water conditions caused by factors such as fog, rain, wind, heavy surf, extreme cold, (icing conditions), current, ice and snow.
- Writes investigative and other reports including sketches, citations, affidavits, complaints, and warrants using appropriate grammar, symbols, and mathematical computations.
- Respond to water emergencies on inland/coastal waters.
- Prosecutes and testifies as a witness in District Court.
- Assists in traffic control at major waterborne events.

DISTINGUISHING FACTORS

Skill: Requires skill in recommending routine changes in standardized operating procedures OR in retrieving, compiling, and reporting data according to established procedures OR in operating complex machines.

Knowledge: Requires knowledge of business practices and procedures or technical training in a craft or trade, including working from detailed instructions, to apply knowledge in a variety of practical situations.

Impact: Requires responsibility for contributing to immediate, ongoing agency objectives by facilitating the direct provision of services to the public or other state agencies. Errors at this level result in inaccurate reports or invalid test results and require a significant investment of time and resources to detect.

Supervision: Requires no supervision of employees or functions.

Working Conditions: Requires performing regular job assignments in an extremely disagreeable or dangerous working environment with continuous exposure to an uncontrollable number of hazardous elements, including occupational accidents, injuries, or diseases which result in total disability or death.

Physical Demands: Requires medium to heavy work, including continuous physical exertion such as frequent bending, lifting, or climbing.

Communication: Requires summarizing data, preparing reports, and making recommendations based on findings which contribute to solving problems and achieving work objectives. This level also requires presenting information for use by administrative-level managers in making decisions.

Complexity: Requires a combination of job functions to establish facts, to draw daily operational conclusions, or to solve practical problems. This level also requires providing a variety of alternative solutions where only limited standardization exists.

Independent Action: Requires a range of choice in applying a number of technical or administrative policies under general direction and making routine decisions or in recommending modifications in work procedures for approval by supervisor.

MINIMUM QUALIFICATIONS

Education: Completion of high school, G.E.D. or its equivalent

Experience: No experience required, however, experience in operating power boats is desirable.

SPECIAL REQUIREMENTS

- 1. Age/Citizenship:** Must be at least 18 years of age and a U.S. citizen either prior to or on scheduled date of examination administration.
- 2. Eyesight and Hearing:** Must have at least 20/40 in each eye uncorrected and corrected to 20/20 in each eye and have normal uncorrected depth and color perception; must possess normal hearing sufficient to enable performance of essential job functions.
- 3. Examinations:** Candidates must successfully participate in a physical agility test designed to measure ability to perform essential job functions which are physically demanding tasks encountered in job performance. Candidates must also successfully participate in a written examination and structured interviews. Before appointments are made, candidates will undergo comprehensive background investigations, polygraph examinations and psychological examinations. Candidates who do not have a record free of serious offenses will be ineligible for appointment. After conditional offers of appointment have been made, prospective appointees must pass a comprehensive medical examination provided at state expense. The physician administering medical examinations will be selected by the N.H. Division of State Police. No physical conditions can exist prohibiting appointees from performing the duties and responsibilities of the State Police Marine Patrol Officer position. All candidates will be subject to unannounced drug testing at any point during the selection process. Additional information on required examinations can be obtained from the N.H. Division of Personnel and N.H. Division of State Police Recruitment and Training Unit.
- 4. Police Officer Certification:** Candidates must be able to obtain police officer certification within the time frame established by the New Hampshire Police Standards and Training Council. Must maintain police officer certification throughout tenure of service.
- 5. Residency:** Candidates must be willing to accept employment **ANYWHERE** in the state. With offers of employment, appointees will be assigned a patrol area to patrol.
- 6. License/Registration:** Must hold a current motor vehicle driver's license.

RECOMMENDED WORK TRAITS

- Considerable knowledge of agency rules and regulations governing the Division of State Police Marine Patrol.
- Knowledge of state provisions for emergency situations.
- Knowledge of laws of arrest and evidence.
- Knowledge of state laws relating to the enforcement of criminal boating laws.
- Knowledge of criminal identification techniques and methods to identify and preserve evidence.
- Knowledge of the principles and methods of crime and boating accident investigation.
- Knowledge of probation, parole, and court procedures, including court decisions pertaining to law enforcement.
- Elementary knowledge of criminal behavior.
- Skill in presenting oral and physical evidence in court.
- Skill in proper interviewing and interrogating techniques.
- Skill in making quick, accurate decisions.
- Skill in the proper use and care of firearms.
- Skill in conducting investigations and in recognizing, identifying and preserving evidence of crime
- Skill in using police communications equipment.
- Skill in life saving techniques.
- Ability to perform physically demanding tasks.
- Ability to operate a motor vehicle and various types of powerboats safely and at high speeds.
- Ability to learn the use of firearms and other law enforcement equipment.
- Ability to exercise tact, diplomacy and impartiality in relation to others.
- Ability to make decisions based on common sense and good judgment.
- Ability to resolve stressful situations.
- Ability to comprehend and comply with written and oral directions.
- Ability to comply with and enforce federal, state, and local laws.
- Ability to increase competency through training and instruction.
- Ability to communicate orally and in writing.
- Ability to take orders and accept supervision.
- Ability to withstand long periods of uninterrupted work.
- Ability to react quickly and calmly in emergency situations.
- Ability to establish and maintain appearance appropriate to assigned duties and responsibilities as determined by the agency appointing authority.

PERSONAL CHARACTERISTICS

Since law enforcement officers are required to enforce the law and are exposed to certain temptations to show favoritism, corruption, or unlawful monetary gain, it is a “business necessity” that officers exhibit a history and characteristics of honesty, reliability, ability to manage personal finances, interpersonal skills and integrity.

PERSONAL BACKGROUND

The New Hampshire State Police is seeking only the most qualified individuals for positions as State Police Marine Patrol Officers. The purpose of the personal background qualifications is to obtain specific information regarding the applicant's background, integrity, honesty, ethics, and abilities, so that the standards of law enforcement as a profession may continue to rise. The personal conduct of each person being considered for a conditional offer of employment, especially conduct related to criminal or unethical behavior, is considered critically important in determining acceptability for a State Police Marine Patrol Officer position. Therefore, a candidate **WILL NOT BE ELIGIBLE** if he or she has:

- Used marijuana within 12 months.
- Illegally used a controlled substance, other than marijuana, within 36 months, unless the applicant was under 21 years of age at the time of use, in which case 24 months shall apply.
- Manufactured, transported for sale, or sold a controlled substance.
- Used a controlled substance while employed in a law enforcement capacity.
- Been dishonorably discharged from military service.
- Been convicted of a felony.
- Been convicted of a misdemeanor involving dishonesty, unlawful sexual conduct, physical violence, controlled substances, moral turpitude, or any offense which would cause a reasonable person to doubt the applicant's character, honesty, or ability. **See the partial list of examples on the following pages.**

If, after reviewing the Essential Functions of a State Police Marine Patrol Officer and the Minimum Qualifications, you are **NO LONGER INTERESTED** in employment with the New Hampshire State Police, fill out the Voluntary Withdrawal Form and return this packet immediately to:

New Hampshire State Police
Marine Patrol
31 Dock Road
Gilford, N.H. 03249

If you **ARE STILL INTERESTED** in employment with the New Hampshire State Police, sign the Consent form, complete the employment packet without omission, errors, or unclear answers, and have it **NOTARIZED**.

Examples of Felony and/or Misdemeanor Offenses

Abuse of a corpse	Deceptive business practices
Advertising drug paraphernalia	Desecration of U.S. flag
Aggravated driving while intoxicated	Disobeying an officer
Aggravated felonious sexual assault	Disorderly conduct
Aiding criminal activity	Distribution of drug paraphernalia
Arson, or attempt	Domestic violence act
Attempt to commit abduction	Driving after revocation or suspension
Attempt to commit extortion/blackmail	Driving while intoxicated
Attempt to commit larceny	Driving without giving proof of financial responsibility
Attempt to commit welfare fraud	DWI of commercial vehicle
Attempt to commit wire fraud	Escape
AWOL/desertion	Exposing a minor to harm
Bail default; drivers license suspension resulting	Fail to answer a court issued summons
Bail jumping	Fail to appear; default to recognizance
Bail jumping, interstate	Fail to report injuries
Bigamy	Failure to pay court ordered judgments
Boating while intoxicated	False fire alarm; aiding and abetting
Bribery; official/political matters	False fire alarm; injury/death resulting
Burglary; or attempt	False imprisonment
Capitol murder	False report of accident
Carrying a loaded handgun without a license	False report of a stolen vehicle
Changed or removed VIN	False report of law enforcement
Changing marks on a firearm	False reports – explosives; bomb threat
Child abuse	False statements on vital records
Child neglect	False swearing/statements
Commercial bribery	Falsifying physical evidence
Compensation for past action	Felon in possession of a dangerous weapon
Computer related crime: ATM/credit fraud	Felonious sexual assault, or attempt
Computer related crime: damage resulting	Felonious use of body armor
Computer related crime: fraud	First degree assault, or attempt
Computer related crime: theft of data	First-degree murder
Computer related crime: wire fraud	Forgery
Concealing death of a newborn	Fraud on creditors
Concealing identity of a vehicle	Fraud on depositors
Consolidation; general theft or larceny	Fraudulent communications paraphernalia
Contributing to the delinquency of a minor	Fraudulent execution of documents
Criminal defamation of character	Fraudulent handling of legal documents
Criminal liability for conduct of another	Fraudulent issue of non-negotiable bill
Criminal mischief, or attempt	Fraudulent sales/purchases of securities
Criminal restraint	Fraudulent use of credit card, or attempt
Criminal threatening	Fugitive from justice
Cruelty to animals	

Gambling equipment violations	Possession of controlled drug in boats
Habitual offender	Possession of controlled narcotic / drugs
Harassment	Possession of explosives
Hindering apprehension or prosecution	Possession of forgery tools or writing
Illegal night hunting	Possession of more than one driver's license
Illegal possession of hypodermic needle	Possession of property without a serial number
Illegal sales of securities	Prohibited vehicles on highway
Impersonating a police officer	Prostitution and related offenses
Implied consent	Prowling
Improper influence	Purchase of public office
Incest	Receiving stolen property
Indecent exposure and lewdness	Receiving unsolicited merchandise
Inhaling toxic vapors for effect	Robbery, armed
Insurance fraud	Robbery, unarmed
Issuing bad checks	Reckless conduct; placing another in danger
Kidnapping	Reckless operation
Manslaughter, or attempt	Robbery, or attempt
Negligent discharge of firearm/crossbow	Sabotage against the state or U.S.A.
Negligent homicide	Sale of controlled/narcotic drug
Non-support	Sale of handguns to minors
Obscene matter/materials	Sale of hypodermic needles
Obstructing government administration	Second degree assault, or attempt
Obtaining non-controlled drugs by fraud or deceit	Second degree murder
Obtaining controlled drug by forgery of prescription	Sexual assault, or attempt
Obtaining controlled drug by misrepresentation	Shoplifting
Obtaining controlled drug from 2 or more doctors	Simple assault, or attempt
Odometer tampering	Stalking
Operating after suspension	Taking without owner's consent
Operating boat after suspension/revocation	Tampering with public or private records
Operating OHRV while intoxicated	Tampering with witnesses and informants
Perjury	Theft by deception
Possession controlled drug/marc drug with intention to distribute	Theft by extortion
Possession of false forged controlled drug prescription	Theft by misapplication of property
Possession/use/display of false ID card	Theft by unauthorized taking or transfer
Possession, sale, etc., of wire tap device	Theft by lost or mislaid property
Possessing bomb	Theft of service
Possessing infernal machine	Theft of utility services
Possession of burglary tools	Theft; from a building, or attempt
Possession of child pornography	Theft; from a motor vehicle, or attempt
	Theft; motor vehicle, or attempt
	Theft; of motor vehicle parts/accessory or attempt
	Theft; pocket-picking, or attempt
	Theft; purse-snatching, or attempt

Unauthorized use of propelled vehicle/rented property
Unlawful dealing in prescriptive drugs
Unlawful gambling
Unlawful manufacture of a controlled drug
Unlawful possession of alcohol
Unlawful wire tapping – felony
Unlawful wire tapping – misdemeanor
Unlawfully conducting a lottery
Unsworn falsification
Use and possession of slugs; fraud
Use and possession of slugs; theft

Use of Molotov cocktail
Uttering false/forged prescription
Violation and contempt of protective order
Violation of privacy
Violation of probation or parole
Weapons possession (during other crime)
Willful concealment

NEW HAMPSHIRE STATE POLICE MARINE PATROL OFFICER

SECTION I

PRE-EMPLOYMENT QUESTIONNAIRE INSTRUCTIONS AND FORMS

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; and **any misrepresentation or omission on your part will cause your application as a State Police Marine Patrol Officer to be immediately rejected**. Further, if you have attained employment as a State Police Marine Patrol Officer, 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.

I, (type full name) _____, have read the essential functions of a State Police Marine Patrol Officer, the minimum qualifications, and these instructions. By proceeding with this application I declare that, to the best of my knowledge, I fully meet all of the qualifications.

Signed: _____

Date: _____

NEW HAMPSHIRE STATE POLICE MARINE PATROL OFFICER

VOLUNTARY WITHDRAWAL FORM

I, (type full name) _____ ,
voluntarily withdraw my application from any further consideration for appointment as a
Marine Patrol Officer with the Division of State Police. This is done without prejudice.

Date: _____ Signature: _____
Time: _____ Address: _____

I am withdrawing because:

- Unable to meet NH State Police Marine Patrol Qualifications.
- Hired by another agency.
- No longer interested.
- No reason specified.



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 a Marine Patrol Officer for 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: (____) _____

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

Address: _____ Home Telephone: (____) _____

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

Name: _____ Date of Birth: _____

Address: _____ Home Telephone: (____) _____

Name: _____ Date of Birth: _____

Address: _____ Home Telephone: (____) _____

Name: _____ Date of Birth: _____

Address: _____ Home Telephone: (____) _____

Name: _____ Date of Birth: _____

Address: _____ Home Telephone: (____) _____

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 and Address (Include transcript.) Dates Attended

Degree: None Associates Bachelors Masters Major: _____

College and Address (Include transcript.) Dates Attended

Degree: Credit Hours 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.)

Have you ever served in the military? Yes No Dates _____

Branch _____ Unit _____ MOS _____

Serial # _____ Type of Discharge _____

Describe duties of assignment(s). _____

If discharge was 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.

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

Have you ever been involuntarily terminated by any employer?

Yes No

If yes, explain in detail.

Have you ever been disciplined by your current employer or by any of your past employers? Yes No

If yes, attach copies of any and all disciplinary actions from past employers and explain in detail. (Use additional sheets if necessary).

Are you a **New Hampshire** certified full time Police Officer? Yes No

If yes, include complete copies of your past personnel files, Police Academy certification(s) and Academy transcripts.

Are you an **out of state** certified full time Police Officer? Yes No

If yes, which state? _____ Include complete copies of your past personnel files, Police Academy certification(s) and Academy transcripts.

If you are currently employed as a certified Police Officer, do you have a contractual obligation to fulfill a term of employment? Yes No If yes, when does the contract expire? _____

Attach of copy of the contract if applicable.

Have you ever applied for any other Law Enforcement position? Yes No

If yes, list **ALL** of the departments you have applied to and the **YEAR** you applied.

Also, check how much of the hiring process you have completed.

Department/Year	Written Exam	Physical Exam	Oral Board Review	Background Investigation	Polygraph Exam	Hired
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 (crosstaps, 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.)

Have you ever committed a crime which has gone undetected? (For example: theft, domestic violence, child abuse, embezzlement, shoplifting, robbery, burglary, possession of a controlled substance, driving while intoxicated, etc.) Yes No If yes, explain. (Use additional sheets if necessary.)

Has any member of your family been arrested for any offense other than minor motor vehicle offenses?

Yes No If yes, supply all information regarding the arrest (who, charges, dates, jurisdictions, and dispositions).

Describe your gambling experiences/habits.

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.

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: _____

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

Name: _____ Relationship: _____

Address: _____

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

Teachers:

Name: _____ Relationship: _____

Address: _____

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

Name: _____ Relationship: _____

Address: _____

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

Name: _____ Relationship: _____

Address: _____

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

Co-Workers:

Name: _____ Relationship: _____

Address: _____

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

Name: _____ Relationship: _____

Address: _____

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

Name: _____ Relationship: _____

Address: _____

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

Friends/Associates:

Name: _____ Relationship: _____

Address: _____

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

Name: _____ Relationship: _____

Address: _____

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

Name: _____ Relationship: _____

Address: _____

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

Roommates (past and present):

Name: _____ Relationship: _____

Address: _____

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

Name: _____ Relationship: _____

Address: _____

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

Name: _____ Relationship: _____

Address: _____

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

Clergy Members:

Name: _____ Relationship: _____

Address: _____

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

Name: _____ Relationship: _____

Address: _____

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

Name: _____ Relationship: _____

Address: _____

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

Community Leaders:

Name: _____ Relationship: _____

Address: _____

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

Name: _____ Relationship: _____

Address: _____

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

Name: _____ Relationship: _____

Address: _____

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

Police/Government:

Name: _____ Relationship: _____

Address: _____

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

Name: _____ Relationship: _____

Address: _____

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

Name: _____ Relationship: _____

Address: _____

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

List **all** current and former New Hampshire Department of Safety , Marine Patrol Officers, New Hampshire State Police employees you are familiar with:

Name: _____ Relationship: _____

Address: _____

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

Name: _____ Relationship: _____

Address: _____

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

Name: _____ Relationship: _____

Address: _____

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

Name: _____ Relationship: _____

Address: _____

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

Name: _____ Relationship: _____

Address: _____

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

Name: _____ Relationship: _____

Address: _____

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

Name: _____ Relationship: _____

Address: _____

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

Name: _____ Relationship: _____

Address: _____

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

Name: _____ Relationship: _____

Address: _____

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

DUPLICATE THIS PAGE IF NECESSARY

NEW HAMPSHIRE STATE POLICE MARINE PATROL OFFICER



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: _____