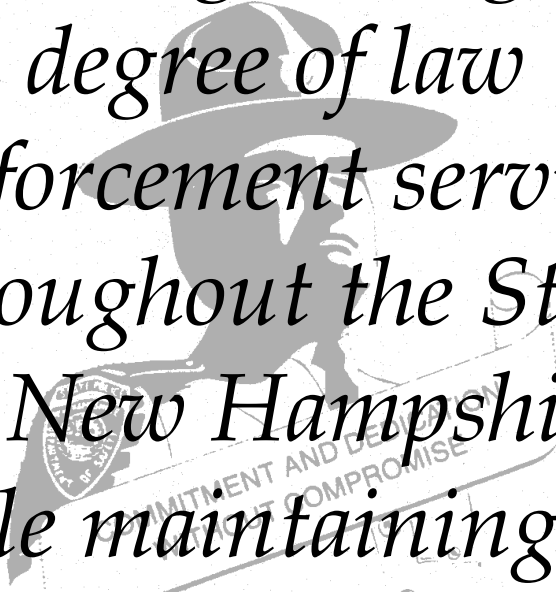




# *Mission Statement*

*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.*



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**CAMPUS PATROL OFFICER**

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

# ESSENTIAL FUNCTIONS OF A CAMPUS PATROL OFFICER

## BASIC PURPOSE

To provide police coverage to New Hampshire Hospital / State Office Park South (NHH/SOPS) through enforcement of federal, state, and local laws, and N.H.H. policies and procedures, as well as providing general and specialized services to patients/residents, employees, and citizens.

## CHARACTERISTIC DUTIES and RESPONSIBILITIES

- Appears in court as a witness in traffic violations, criminal cases, or other administrative hearings as required. Prepares cases for prosecution, up to the level of Class-B misdemeanor, for review by NHH/SOPS Campus Police department prosecutor. Serves warrants, Domestic violence orders (DVOs), juvenile petitions.
- Completes abuse and neglect investigations on the off shifts, on weekends, or when the complaint investigator is unavailable.
- Monitors the regulations and policies governing the security and protection of state-owned property including buildings, grounds, and parking lots in the area, applies agency rules and enforces state laws.
- Inspects for pilfering of state property and investigates thefts as required; maintains parking and traffic regulations.
- Inspects grounds and buildings at specified intervals for fire, theft, lighting, and other safety hazards; makes trips to local banks with deposits and withdrawals for the business office; transports state payrolls from the treasury.
- Investigates criminal activities and detects, apprehends and arrests law violators; prepares reports of inspections and investigations for presentation to superior.
- Assists with the admission of clients to a state institution; searches for, locates and returns AWOL patients; may transfer patients to and from other institutions or court, both in and out of state.

## DISTINGUISHING FACTORS

**Working Conditions:** Requires performing regular job functions in an adverse working environment containing a combination of disagreeable elements, which impact significantly upon the employee's capacity for completing work assignments. This level includes work-related accidents or assault.

**Communication:** Requires explaining facts, interpreting situations, or advising individuals of alternative or appropriate courses of action. This level also requires interviewing or eliciting information from state employees or members of the general public.

**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.

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## CAMPUS PATROL OFFICER

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### MINIMUM QUALIFICATIONS

#### *CAMPUS PATROL OFFICER I POSITION:*

**Education:** Graduation from high school, G.E.D. or its equivalent. Each additional year of approved formal education may be substituted for one year of required work experience.

**Experience:** One year as a certified police officer, security officer, correctional officer, active military, or in a position or combination of positions that would evidence possession of the requisite skills necessary for satisfactory performance at this level.

#### *CAMPUS PATROL OFFICER II POSITION:*

**Education:** Graduation from high school, G.E.D. or its equivalent. Completion of Police Standards and Training Certification as certified Police Officer. Each additional year of approved formal education may be substituted for one year of required work experience.

**Experience:** Two years of experience in law enforcement work as a NH certified police officer or accepted certification by Police Standards and Training Council.

### SPECIAL REQUIREMENTS

1. Age: Must be at least 21 years of age at appointment.
2. Eyesight and Hearing: All candidates shall have binocular vision. Corrected distance vision shall be at least 20/30. Corrected near vision shall be at least 20/40 binocular. Candidates who wear glasses must meet an uncorrected far acuity standard of not worse than 20/200 binocular. Candidates who use contact lenses may have the uncorrected standard waived if certain parameters are met. Must have normal color perception. Must possess normal hearing without a hearing aid.
3. Examinations: Applicants must successfully participate in structured interviews measuring possession of essential knowledge, skills, and abilities. Additionally, they must successfully pass a urine drug screening, physical fitness performance test, psychological screening, and physical exam. The physical fitness performance test consists of a single repetition maximum bench press, push ups, one-minute sit-ups, and 1½ mile indoor run.
4. Police Officer Certification / Mental Health Worker Training Program: Within the first six months of employment, Security Officers must successfully complete the Police Standards and Training Council training course. Within the first four weeks of employment, Security Officers must successfully complete all written and physical components of the Mental Health Worker Training Program.
5. General: The successful applicant must be able to perform all of the essential job functions of a Security Officer, unassisted, and at a pace and level of performance consistent with the actual job performance requirements. This requires a high level of physical ability to include vision, hearing, speaking, flexibility, and strength. If physical problems are discovered during the medical exam and

the examiner feels this would impair the ability of the applicant to perform essential job functions, this will be cause for disqualification. A thorough character investigation and reference check of each candidate will be made before appointment. Applicants who do not have a record free of conviction of serious offenses will be ineligible for appointment. All candidates shall possess a valid driver's license in the state in which they reside. As condition of and prior to hire, the applicant must have verified their current New Hampshire driving record supplied by the Department of Safety, Department of Motor Vehicles, indicating no major traffic violations.

## RECOMMENDED WORK TRAITS

- Knowledge of law enforcement work and arrest procedures.
- Skill in dealing with offenders of the rules and regulations established for the control of pilfering and damage to state-owned property.
- Ability to enforce laws in accordance with standard procedure to control pilfering and damage to state property.
- Ability to understand and follow instructions.
- Ability to work with people and secure their cooperation without the use of violence.
- Ability to perform investigations, question witnesses and prepare written reports.
- Ability to use judgment when using force to control individuals or groups.
- Ability to establish and maintain harmonious working relationships with employees, residents, other law enforcement agencies and the general public.
- Must be willing to maintain appearance appropriate to assigned duties and responsibilities as determined by the agency appointing authority.

## PERSONAL BACKGROUND

The New Hampshire State Police is seeking only the most qualified individuals for positions as Campus 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 Campus Patrol Officer position. Therefore, an applicant **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 list of examples on the next pages.**

If, after reviewing the Essential Functions of a Campus 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  
Recruitment and Training Unit  
33 Hazen Drive, B4  
Concord, NH 03305

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**. Submit the original and a copy of this Pre-Employment Questionnaire, as directed.

## 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 judgements                  |
| 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   | 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

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**CAMPUS PATROL OFFICER**

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VOLUNTARY WITHDRAWAL FORM

I, (type full name) \_\_\_\_\_ ,

voluntarily withdraw my application from any further consideration for appointment as a Campus Patrol Officer with the Division of State Police. This is done without prejudice.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Time: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am withdrawing because:

- Unable to meet the qualifications.
- Hired by another agency.
- No longer interested.
- No reason specified.



# 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



Colonel Nathan A. Noyes  
*Director*

## CONSENT

In keeping with my candidacy as a Campus Police Officer, 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

The following information **must be** completed where applicable.

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**

(Be sure to list **ALL** institutions attended)

Elementary Schools and Addresses

Date Completed

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Junior High Schools and Addresses

Date Completed

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High Schools and Addresses (Include photocopy of diploma.)

Date Completed

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Colleges and Addresses (Include transcripts.)

Dates Attended

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Degree: None  Associates  Bachelors  Masters

Major: \_\_\_\_\_

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Degree: None  Associates  Bachelors  Masters

Major: \_\_\_\_\_

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Degree: None  Associates  Bachelors  Masters  Major: \_\_\_\_\_

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

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**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 \_\_\_\_\_

If discharge is other than honorable, explain. \_\_\_\_\_

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

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

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**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 \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

\* \* \* \* \*

Name of Employer \_\_\_\_\_  
Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_ Title \_\_\_\_\_  
Position Held \_\_\_\_\_ Salary \$ \_\_\_\_\_  
Period of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

\* \* \* \* \*

Name of Employer \_\_\_\_\_  
Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_ Title \_\_\_\_\_  
Position Held \_\_\_\_\_ Salary \$ \_\_\_\_\_  
Period of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

\* \* \* \* \*

Name of Employer \_\_\_\_\_  
Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_ Title \_\_\_\_\_  
Position Held \_\_\_\_\_ Salary \$ \_\_\_\_\_  
Period of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

\* \* \* \* \*

DUPLICATE THIS PAGE IF NECESSARY

Have you ever been involuntarily terminated from any employment you have held? Yes  No

If yes, explain in detail. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

If yes, attach copies of any and all disciplining 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"/> |
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|                 | <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"/> |

(Continue on additional sheets if necessary.)

**SECTION VI – CRIMINAL INQUIRIES/PERSONAL PRACTICES**

Please comment on your personal habits. \_\_\_\_\_

\_\_\_\_\_

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 |
|--|-----|----|-----------------|----------------|----------------------|-------------------|
| Marijuana  |     |    |                 |                |                      |                   |
| Hashish/Hash oil                                   |     |    |                 |                |                      |                   |
| Cocaine  |     |    |                 |                |                      |                   |
| Crack, rock, ice                                   |     |    |                 |                |                      |                   |
| Amphetamine (crosstaps, whites, Bennies, “uppers”) |     |    |                 |                |                      |                   |
| Barbiturates, hypnotics, or other “downers”        |     |    |                 |                |                      |                   |
| Methamphetamine (Speed, crank)                     |     |    |                 |                |                      |                   |
| LSD or other hallucinogens                         |     |    |                 |                |                      |                   |
| PCP (angel dust, sherm)                            |     |    |                 |                |                      |                   |
| Heroin or other opiates                            |     |    |                 |                |                      |                   |
| Steroids   |     |    |                 |                |                      |                   |
| Pharmaceutical drugs not prescribed to you         |     |    |                 |                |                      |                   |





**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**

Complete the following information regarding bills, loans, etc. (Use additional sheets if necessary.)

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

Savings Account(s)

|       |                  |
|-------|------------------|
| _____ | Balance \$ _____ |
| _____ | Balance \$ _____ |
| _____ | Balance \$ _____ |

Checking Account(s)

|       |                  |
|-------|------------------|
| _____ | Balance \$ _____ |
| _____ | Balance \$ _____ |
| _____ | Balance \$ _____ |

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

Have you been personally involved in any bankruptcy proceedings? Have you been named in any civil proceedings? Have you had any liens or judgements placed against you? If yes to any of these questions, please supply all pertinent information in the section below.

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**SECTION VIII – MISCELLANEOUS**

**VOLUNTEER SERVICE**

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

Organization

Dates

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**HOBBIES/ATHLETICS**

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

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**SPECIAL SKILLS**

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

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## 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 Department of Safety, State Police or New Hampshire Hospital 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**

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**CAMPUS PATROL OFFICER**

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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: \_\_\_\_\_