

*"Serving the people with pride and integrity"*

## NEWMARKET POLICE DEPARTMENT

GREGORY JORDAN

Chief of Police

Administration • (603) 659-8505

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John Andrew Gordon  
Memorial Building

70 Exeter Street  
Newmarket, NH 03857

Police Services • (603) 659-6636

### APPLICATION FOR EMPLOYMENT

#### PERSONAL HISTORY STATEMENT

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State Zip Code

Telephone Number: \_\_\_\_\_  
Area Code Number

Date of Birth: \_\_\_\_\_  
Month Day Year

Nicknames, Maiden Name, or other Names by which you have been Known: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
City County State

Are you a U.S. Citizen: Yes No

Driver License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_ Color of Hair: \_\_\_\_\_

### Scars, Marks, Tattoos or Other Distinguishing Marks

List **ALL** addresses where you have lived during the past ten year beginning with the present address.  
List dates by months then year, attach extra pages if necessary

[illegible]

# NPD APPLICATION FOR EMPLOYMENT CONTINUED

## WORK HISTORY

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Name of Co-Worker: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Name of Co-Worker: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

## NPD APPLICATION FOR EMPLOYMENT CONTINUED

Supervisor: \_\_\_\_\_ Name of Co-Worker: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Name of Co-Worker: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Name of Co-Worker: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Name of Co-Worker: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

# NPD APPLICATION FOR EMPLOYMENT CONTINUED

## MILITARY RECORD

Have you served in the US Armed Forces? Yes No

If yes, date of service From: \_\_\_\_\_ To: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Unit Designation: \_\_\_\_\_

Military Service Number: \_\_\_\_\_

Highest rank held: \_\_\_\_\_

Type of discharge: \_\_\_\_\_

Were you ever discipline while in military service? Yes No

(Including Court Martial, Capt.'s Mast, Company Punishment, etc.)? Yes No

Charge	Agency	Date	Age at time	Disposition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you received a discharge other than honorable please give the complete details.

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## EDUCATIONAL HISTORY

High School Attended	City & State	Dates Attended From/To	Graduated Yes/No
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## NPD APPLICATION FOR EMPLOYMENT CONTINUED

College or University Attended: \_\_\_\_\_

City and State: \_\_\_\_\_

Units completed: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

Degree received if any & date: \_\_\_\_\_

College or University Attended: \_\_\_\_\_

City and State: \_\_\_\_\_

Units completed: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

Degree received if any & date: \_\_\_\_\_

College or University Attended: \_\_\_\_\_

City and State: \_\_\_\_\_

Units completed: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

Degree received if any & date: \_\_\_\_\_

List other schools attended (trade, vocational, business etc.) Give name and address of school, date attended course of study, certificate and any other pertinent information.

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### SPECIAL QUALIFICATIONS AND SKILLS

List any special licenses you hold (such as Pilot, radio, operator, scuba etc.).  
Showing licensing authority, original date of issue, and date of expiration.

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## NPD APPLICATION FOR EMPLOYMENT CONTINUED

List any specialized machinery or equipment that you can operate:

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If you are fluent in a foreign language, indicate in each area your degree of fluency

Language	Reading	Speaking	Understanding	Writing
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

List any other special skills or qualifications you may possess:

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### CONVICTIONS, ARRESTS, DETENTIONS AND LITIGATION

Have you ever been convicted, arrested, detained by police or summonsed into court?    Yes        No

If yes complete the following (list juvenile as well as adult occurrences.)

Crime Charged	Police Agency City & State	Dates	Disposition of Case
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

## NPD APPLICATION FOR EMPLOYMENT CONTINUED

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

If yes, give details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### TRAFFIC RECORD

Has your driver's license ever been suspended or revoked?    Yes        No

If yes, please give dates, location and reasons. \_\_\_\_\_  
\_\_\_\_\_

With what company do you carry auto insurance? \_\_\_\_\_

List to the best of your memory all driving citations you have received as an adult or juvenile, excluding parking tickets.

Month	Year	Charge	City & State	Disposition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Describe in a brief narrative any traffic accidents in which you have been involved. Give approximate dates and Locations.

\_\_\_\_\_  
\_\_\_\_\_



# NPD APPLICATION FOR EMPLOYMENT CONTINUED

## MARITAL AND FAMILY HISTORY

Are you: Single Married Divorced Separated Widowed

If Married Date: \_\_\_\_\_ City & State: \_\_\_\_\_

Spouse's name (Wife's Maiden Name): \_\_\_\_\_

If you have been divorced, separated or widowed: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ City & State: \_\_\_\_\_

Spouse's Name (Wife's Maiden Name): \_\_\_\_\_

Present address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Which state were you separated, divorced or annulled? \_\_\_\_\_

Date of order or decree: \_\_\_\_\_ Court & State where issued: \_\_\_\_\_

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

Name	Relation	Date of birth	Address	Supported by whom
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NPD APPLICATION FOR EMPLOYMENT CONTINUED

List all other dependents

Name	Address	Relation

List all other relatives in the follow order. Father, Mother (including maiden name), brothers and sisters.  
If deceased so indicate.

Name	Address	Phone #	Relation	Age

## NPD APPLICATION FOR EMPLOYMENT CONTINUED

**REFERENCES OR ACQUAINTANCES:** List five persons who know you well enough to provide current information about you. Do not list relatives or former employers.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Residence phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Years known: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Residence phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Years known: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Residence phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Years known: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Residence phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Years known: \_\_\_\_\_

## NPD APPLICATION FOR EMPLOYMENT CONTINUED

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Residence phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Years known: \_\_\_\_\_

### FINANCIAL HISTORY

#### Source of income

What is your present salary or wage? \_\_\_\_\_

Do you have income from any source other than you primary occupation? Yes No

If yes, how much? \_\_\_\_\_

Frequency of income? \_\_\_\_\_

What is the source of income? \_\_\_\_\_

Do you own any real estate? Yes No

Location of real estate? \_\_\_\_\_

Do you own corporate stock? Yes No Value? \_\_\_\_\_

Do you have a bank account? Yes No

#### Savings Account

Average Balance? \$ \_\_\_\_\_

Name and address of Bank: \_\_\_\_\_

#### Checking Account

Average Balance? \$ \_\_\_\_\_

Name and address of Bank: \_\_\_\_\_

# NPD APPLICATION FOR EMPLOYMENT CONTINUED

## FINANCIAL OBLIGATIONS

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

Type	Name & Address for Creditors	Reason for Debtor (item purchased)	Account Number	Total Balance	Monthly payment

Totals: \_\_\_\_\_

## NPD APPLICATION FOR EMPLOYMENT CONTINUED

### MEMBERSHIP IN ORGANIZATIONS (PAST AND/OR PRESENT)

Names & Address	Type (Social, Fraternal, Professional Etc.)	Dates: From	To

### PERSONAL DECLARATIONS

Describe in your own words the frequency and extent of use of alcoholic beverages: \_\_\_\_\_

Have you ever used marijuana or any other drug not prescribed by your physician? Yes      No

If yes, what were the circumstances? \_\_\_\_\_

Have you ever sold or furnished drugs or narcotics to anyone? Yes      No

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

If it became necessary to take a human life in the course of your duties as a law enforcement officer, would any religious or other beliefs prevent you from doing so?      Yes      No

If yes, please explain. \_\_\_\_\_

## NPD APPLICATION FOR EMPLOYMENT CONTINUED

Do you have any other beliefs or prejudices that would prevent you from fully performing the duties of a law enforcement officer? Yes No

Are there any incidents in your or details not mentioned herein which may influence this department's evaluation of you suitability for employment as a law enforcement officer? Yes No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions asked of me. I am fully aware that any such misrepresentations, omissions or falsifications will be grounds for immediate removal from the hiring process or termination of employment.

\_\_\_\_\_  
Electronic Signature

\_\_\_\_\_  
Date