

Tilton Police Department
P.O. Box 292
Tilton, New Hampshire 03276
603-286-8207

Position applying for: _____ **Full time:** ___ **Part time:** _____

A. Applicant Identification: Information provided in this section is used for identification purposes only.

1. Name: _____
(last) (first) (middle)

2. Address: _____
(number) (street)

(city) (state) (zip code)

3. Telephone: _____ 4. Date of Birth: ____/____/____

5. Nickname(s) maiden name, or other names by which you have been known.

6. Social Security Number ____/____/____

7. Place of Birth: _____
(city) (county) (state)

8. Are you a United States Citizen (yes) (no)

9. Driver's License Number: _____ State: _____
Expiration date: ____/____/____

10. Height: ____ 11. Weight: ____ 12. Eye color: ____ 13. Hair color: _____

14. Scars, Tattoos, Piercings, or other distinguishing marks: _____

15. Are they visible when wearing a short sleeve shirt (yes) (no)

B. Residences: List all addresses where you have lived during the past (10) years, beginning with your present address. List dates by month and year. Attach extra pages if necessary.

From _____ to _____

(no.) (street) (city) (state)

From _____ to _____

(no.) (street) (city) (state)

C. Work History: Beginning with your present or most recent job, list all employment held for the past ten (10) 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 if inquiries are made. (yes) (no)

1. Employer: _____

Address: _____

Telephone number: _____

Title: _____

Supervisor: _____ Title: _____

Name of Co-worker: _____

Date started: _____ Date left: _____

Reason for leaving: _____

2. Employer: _____

Address: _____

Telephone number: _____

Title: _____

Supervisor: _____ Title: _____

Name of Co-worker: _____

Date started: _____ Date left: _____

Reason for leaving: _____

3. Employer: _____

Address: _____

Telephone number: _____

Title: _____

Supervisor: _____ Title: _____

Name of Co-worker: _____

Date started: _____ Date left: _____

Reason for leaving: _____

D. Military Record:

Have you served in the United States Armed Forces? (yes) (no)

Date of service: from _____ to _____

Branch: _____ Unit designation: _____

Military service number: _____

Highest rank held: _____

Type of discharge: _____

Were you ever disciplined while in the military service? Include court martial, Captain's mast, company punishment, etc. (yes) (no)

Charge#1 _____ Agency _____

Date: _____ Age at time: _____

Charge#2 _____ Agency _____

Date: _____ Age at time: _____

Charge#3 _____ Agency _____

Date: _____ Age at time: _____

If you received a discharge other than honorable, give complete details:

E. Educational history:

1. High School: _____
(name) (no.) (street) (city) (state)

2. College/University

(name) (no.) (street) (city) (state)

Units completed _____

Major/Minor _____

From _____ to _____ Degree Received _____

3. List other schools attended (Trade, vocational, Business, etc.)

(name) (no.) (street) (city) (state)

From _____ to _____ Course of Study _____

Diploma/Certificate received: _____

F. Special Qualifications and Skills

List any special licenses you hold (ie: pilot lic., radio op, scuba cert, etc.)

Licensing authority: _____

Date of issue: _____ Expiration date: _____

Licensing authority: _____

Date of issue: _____ Expiration date: _____

Licensing authority: _____

Date of issue: _____ Expiration date: _____

List any specialized machinery or equipment you can operate:

Are fluent in a foreign language: _____

Indicate in each area of fluency your level of proficiency: (good, fair, excellent)

Language: _____

Reading: _____

Speaking: _____

Understanding: _____

Writing: _____

List any other special skills or qualifications you may possess:

G. Convictions, Arrests, Detention's and Litigation:

Note: Any illegal use of drugs within the last calendar year makes applicants ineligible to apply for any position with this agency until one year has passed.

Have you ever been convicted, arrested, detained by the police, or summonsed to court? Yes () No ()

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

Police agency: _____

(city)

(state)

Crime charged: _____ Date: _____

Disposition: _____ Date: _____

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

If yes give details: _____

H. Traffic Record

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

If yes give details: _____

Name of your auto insurance carrier: _____

Branch: _____ Telephone number: _____

List, to the best of your recollection, all driving citations you have received as a juvenile and adult, including parking tickets.

Month and year	Charge	City and State	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe in a brief narrative any traffic accidents in which you have been involved, giving approximate dates and locations.

I. Marital and family history

Are you? Single () Married () Separated () Divorced () Widowed ()

If Married, spouse's name (wife's maiden name) _____

Date Married _____ City and State _____

Present address _____

(no.) (street) (city) (state)

Telephone number: _____

If divorced, date of order _____ Court and date _____

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

Name _____ Relationship _____

(no.) (street) (city) (state)

Date of birth _____ Supported by _____

Name _____ Relationship _____

(no.) (street) (city) (state)

Date of birth _____ Supported by _____

List other dependents:

Name _____ Relationship _____

(no.) (street) (city) (state)

Name _____ Relationship _____

(no.) (street) (city) (state)

Name _____ Relationship _____

(no.) (street) (city) (state)

List other relatives:

Father _____

(no.) (street) (city) (state)

Telephone number _____

Mother (include maiden name) _____

(no.) (street) (city) (state)

Telephone number _____

Brother/Sister _____

(no.) (street) (city) (state)
Telephone number _____

Brother/Sister _____

(no.) (street) (city) (state)
Telephone number _____

J. References or acquaintances: List four persons who know you well enough to provide current information about you. Do not list relatives or former employers:

Name _____ Telephone number _____

(no.) (street) (city) (state)
Years known _____

Name _____ Telephone number _____

(no.) (street) (city) (state)
Years known _____

Name _____ Telephone number _____

(no.) (street) (city) (state)
Years known _____

Name _____ Telephone number _____

(no.) (street) (city) (state)
Years known _____

K. Financial History: Sources of income:

What is your present salary or wage?

Week \$ _____ Month \$ _____ Year \$ _____

Do you have income from any other source other than your principle occupation?
Yes () No ()

If yes, how much? _____ How often? _____
Source _____

Do you own real estate? Yes () No ()

Location: _____

Do you own any bonds, government or other? Yes () No ()

Do you own any corporate stock? Yes () No ()

Do you have a bank account? Yes () No ()

Checking

Name of Bank _____ Average balance \$ _____

Address _____
(no.) (street) (city) (state)

Savings

Name of bank _____ Average Balance \$ _____

Address _____
(no.) (street) (city) (state)

L. Financial Obligations

Give name and address of the individuals, companies, or others to whom you are indebted and the extent of your debt. Include rent, mortgage, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts and payments. Include account numbers where applicable:

Name _____ Type of account _____

Address _____
(no.) (street) (city) (state)

Account number _____ Balance due \$ _____

Monthly payments \$ _____ Reason for purchase _____

Name _____ Type of account _____

Address _____
(no.) (street) (city) (state)
Account number _____ Balance due \$ _____

Monthly payments \$ _____ Reason for purchase _____

Name _____ Type of account _____

Address _____
(no.) (street) (city) (state)
Account number _____ Balance due \$ _____

Monthly payments \$ _____ Reason for purchase _____

Name _____ Type of account _____

Address _____
(no.) (street) (city) (state)
Account number _____ Balance due \$ _____

Monthly payments \$ _____ Reason for purchase _____

M. Questionnaire

The following questions are a part of your application for employment with this department. The questions will form the basis for a pre-employment polygraph examination. Answer all questions truthfully.

Answer questions by printing “yes” or “no” in the space provided at the end of each question. If a detailed response is needed answer the question and put an asterisk next to your answer and write your response on an additional piece of paper.

1. Have you ever used another name? _____
2. Has your driver’s license ever been refused, revoked, or suspended? _____
3. Have you ever been involved in an automobile collision or crash? _____
4. Have you ever been involved in a hit and run collision or crash? _____
5. Have you ever solicited a bribe, kickback, or payoff? _____
6. Have you ever stolen any money? _____

7. Have you ever used Marijuana? _____
8. Have you used Marijuana with in the last twelve months? _____
9. Have you ever used narcotics or any other controlled substance not prescribed for you by a doctor? _____
10. Have you used narcotics or any other controlled substance with in the last three years? _____
11. Have you ever sold, given, or shared any quantity of drugs? _____
12. Have you ever thought of committing suicide? _____
13. Have you ever attempted to commit suicide? _____
14. Have you ever done anything for which you could be blackmailed? _____
15. Have you ever shoplifted? _____
16. Have you ever been involved in a lawsuit? _____
17. Have you ever missed time from work because of excessive drinking/partying? _____
18. Have you ever bought or sold any stolen goods? _____
19. Have you ever received professional treatment for mental, emotional, or nervous conditions? _____
20. Are you presently being treated for any kind of emotional or nervous problems? _____
21. Have you ever been in a building at night without permission? _____
22. Have you ever falsified or destroyed any company records? _____
23. Have you ever been fired, suspended, or asked to resign from a job? _____
24. Have you ever been disciplined for dishonesty? _____
25. Do you have any over due debts or payments? _____
26. Have you ever stolen merchandise or equipment from a place where you worked? _____

27. Are you seeking long term employment? _____
28. Have you ever written a bad check? _____
29. Have you ever cashed a bad check? _____
30. Do you know of any reason why you should not have this job? _____
31. Have you ever done anything in your personal life or have anything in your background that might embarrass this department? _____
32. Have you or a member of your family ever been in a club, organized group, gang, or participated in any gathering of people, who were engaged in illegal behavior or attempts to over through the government? _____
33. Do you associate with any known convicted felons? _____
34. Have you ever intentionally wasted company time? _____
35. Have you ever had any abnormal or unusual sex problem? _____
36. Have you ever committed an unsolved crime? _____
37. Do you have any reason to hold a grudge against a previous supervisor or employer? _____
38. Did you ever have a serious disagreement with a supervisor or employer? _____
39. Have you ever done something to get even with a supervisor or employer? _____
40. Do you know of any reason why you could not work overtime on this job? _____
41. Do you know of any family problems that might result from your being required to work overtime? _____
42. Have you ever had any fights or other trouble with a fellow employee? _____
43. Have you ever helped cover up for another employee who was doing something wrong? _____
44. Have you ever lied to help another employee who was in trouble? _____

45. Have you ever lied under oath to help another employee who was in trouble? _____
46. Does your (husband/wife/significant other) approve of your taking this job? _____
47. Do you ever remember being treated unfairly by a law enforcement officer(s)? _____
48. Would you lie to the police to keep from becoming involved in a criminal case? _____
49. Would you lie to the police to protect a good friend or relative who committed a crime? _____
50. Would you lie in court to protect a good friend or relative who committed a crime? _____
51. Have you ever deliberately allowed someone to steal at a place where you worked? _____
52. Is there something about your past that you feel may prevent you from being hired? _____
53. Have you ever committed or helped commit any crimes you could have been arrested for? _____
54. Did you purposely falsify something in your application or interview for this job? _____
55. Did you tell the complete truth in your application and/or interview for this job? _____

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

(Signature of applicant)

(date)