



# **South Hampton Police Department**

**Chief Jonathon L. Dennis**

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## CANDIDATE SCREENING SURVEY (PART ONE )

The following Candidate Screening Survey must be completed in full. Please answer each question. Use additional sheets where necessary to complete every section. The New Hampshire Police Standards and Training Rules, under authority of RSA 188-F: 26-28 requires all applicants for the position of Police Officer in the State of New Hampshire to submit to a comprehensive background investigation. This application will answer some of the required information.

### **PERSONAL IDENTIFICATION**

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

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

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Nickname(s), maiden or other names by which you may have been known \_\_\_\_\_

Social Security No. \_\_\_\_\_ Place of Birth \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

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

Scars, tattoos, or other distinguishing marks \_\_\_\_\_

## **RESIDENCE**

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

Date(s) \_\_\_\_\_

Address \_\_\_\_\_

Date(s) \_\_\_\_\_

Address \_\_\_\_\_

Date(s) \_\_\_\_\_

Address \_\_\_\_\_

## **EMPLOYMENT HISTORY**

Begin with your current or most recent employment. 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 have concerns that your present job would be in jeopardy if inquiries are made to that employer.

Employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Your Position \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Name of a co-worker \_\_\_\_\_

Date Started \_\_\_\_\_ Date Left \_\_\_\_\_

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

Employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Your Position \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Name of a co-worker \_\_\_\_\_

Date Started \_\_\_\_\_ Date Left \_\_\_\_\_

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

Employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Your Position \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Name of a co-worker \_\_\_\_\_

Date Started \_\_\_\_\_ Date Left \_\_\_\_\_

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

Employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Your Position \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Name of a co-worker \_\_\_\_\_

Date Started \_\_\_\_\_ Date Left \_\_\_\_\_

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

**MILITARY RECORD**

Have you served in the U.S. Armed Forces?  Yes  No Date of Service;

From \_\_\_\_\_ To \_\_\_\_\_ Branch \_\_\_\_\_ Unit Designation \_\_\_\_\_

Military Service Number \_\_\_\_\_ Highest Rank Held \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Describe any **disciplinary measures taken against you** while in the United States Armed Services. Include court-martial, captains masts, company punishment, etc.;

Charge \_\_\_\_\_ Date \_\_\_\_\_ Agency \_\_\_\_\_

Your age at the time \_\_\_\_\_ Disposition \_\_\_\_\_

Charge \_\_\_\_\_ Date \_\_\_\_\_ Agency \_\_\_\_\_

Your age at the time \_\_\_\_\_ Disposition \_\_\_\_\_

Charge \_\_\_\_\_ Date \_\_\_\_\_ Agency \_\_\_\_\_

Your age at the time \_\_\_\_\_ Disposition \_\_\_\_\_

Charge \_\_\_\_\_ Date \_\_\_\_\_ Agency \_\_\_\_\_

Your age at the time \_\_\_\_\_ Disposition \_\_\_\_\_

If you received a discharge other than dishonorable, provide complete details;

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

## **EDUCATIONAL HISTORY**

High School \_\_\_\_\_

Address \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Graduated?  Yes  No

Colleges & Universities \_\_\_\_\_

Address \_\_\_\_\_

Units Completed \_\_\_\_\_ Major/Minor \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Graduated?  Yes  No Degree: \_\_\_\_\_

Colleges & Universities \_\_\_\_\_

Address \_\_\_\_\_

Units Completed \_\_\_\_\_ Major/Minor \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Graduated?  Yes  No Degree: \_\_\_\_\_

Colleges & Universities \_\_\_\_\_

Address \_\_\_\_\_

Units Completed \_\_\_\_\_ Major/Minor \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Graduated?  Yes  No Degree: \_\_\_\_\_

Colleges & Universities \_\_\_\_\_

Address \_\_\_\_\_

Units Completed \_\_\_\_\_ Major/Minor \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Graduated?  Yes  No Degree: \_\_\_\_\_

Other Schooling Attended (trade, vocational, business, etc.)

School \_\_\_\_\_

Course of Study \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Graduated?  Yes  No Diploma/Certificate \_\_\_\_\_

School \_\_\_\_\_

Course of Study \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Graduated?  Yes  No Diploma/Certificate \_\_\_\_\_

School \_\_\_\_\_

Course of Study \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Graduated?  Yes  No Diploma/Certificate \_\_\_\_\_

School \_\_\_\_\_

Course of Study \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Graduated?  Yes  No Diploma/Certificate \_\_\_\_\_

School \_\_\_\_\_

Course of Study \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Graduated?  Yes  No Diploma/Certificate \_\_\_\_\_

School \_\_\_\_\_

Course of Study \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Graduated?  Yes  No Diploma/Certificate \_\_\_\_\_

Special Qualifications or Skills (List special licenses earned such as pilot, radio, scuba, etc.)

License \_\_\_\_\_ Issued by \_\_\_\_\_

Date of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

License \_\_\_\_\_ Issued by \_\_\_\_\_

Date of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

License \_\_\_\_\_ Issued by \_\_\_\_\_

Date of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

License \_\_\_\_\_ Issued by \_\_\_\_\_

Date of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

License \_\_\_\_\_ Issued by \_\_\_\_\_

Date of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

License \_\_\_\_\_ Issued by \_\_\_\_\_

Date of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

List any foreign languages in which you are fluent;

\_\_\_\_\_

List any other special skills or qualifications you possess;

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **CONVICTIONS, ARRESTS, DETENTIONS AND LITIGATION**

*Have you ever been convicted, arrested, detained, or summoned into court by a law enforcement agency?*      Yes      No     If so, list **all** such occurrences, including juvenile related;

Police Agency \_\_\_\_\_

Address \_\_\_\_\_

Incident \_\_\_\_\_ Date \_\_\_\_\_

Disposition \_\_\_\_\_ Date \_\_\_\_\_

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

If yes, provide detail \_\_\_\_\_

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

If yes, give date, location and reason \_\_\_\_\_

Name of your Auto Insurance carrier \_\_\_\_\_

Branch \_\_\_\_\_

Tel. No. \_\_\_\_\_

List to the best of your recollection **all driving citations you have received** as a juvenile and adult;

Month & Year \_\_\_\_\_ Charge \_\_\_\_\_ City & State \_\_\_\_\_ Disposition \_\_\_\_\_

Month & Year \_\_\_\_\_ Charge \_\_\_\_\_ City & State \_\_\_\_\_ Disposition \_\_\_\_\_

Month & Year \_\_\_\_\_ Charge \_\_\_\_\_ City & State \_\_\_\_\_ Disposition \_\_\_\_\_

Month & Year \_\_\_\_\_ Charge \_\_\_\_\_ City & State \_\_\_\_\_ Disposition \_\_\_\_\_

Describe in a brief narrative **any traffic accidents** in which you have been involved, providing dates and location.

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

**MARITAL AND FAMILY HISTORY**

Check correct box:  Single  Separated  Divorced  Widowed  Married

If married, spouse's name (including maiden name) \_\_\_\_\_

Date Married \_\_\_\_\_ City & State \_\_\_\_\_

Present Address \_\_\_\_\_

Telephone \_\_\_\_\_ Present Status:  Divorced  Separated  
 Annulment

Date of Order \_\_\_\_\_ Court & State \_\_\_\_\_

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

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

List **other relatives** (parents, brothers, sisters, spouse's parents, other close family members) (use additional sheets as necessary);

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

## **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 \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

## **FINANCIAL HISTORY**

Present Salary \_\_\_\_\_ Other Sources of Income \_\_\_\_\_

Real Estate Owned \_\_\_\_\_

Location \_\_\_\_\_ Value \_\_\_\_\_

Stocks or Bonds Owned \_\_\_\_\_

### **Bank Accounts:**

Name \_\_\_\_\_ Average Balance \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Average Balance \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Average Balance \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Average Balance \_\_\_\_\_

Address \_\_\_\_\_

**Financial Obligations**

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

Name \_\_\_\_\_ Type Acct. \_\_\_\_\_

Address \_\_\_\_\_

Account Number \_\_\_\_\_ Balance Due: \_\_\_\_\_ Monthly Payment \_\_\_\_\_

Name \_\_\_\_\_ Type Acct. \_\_\_\_\_

Address \_\_\_\_\_

Account Number \_\_\_\_\_ Balance Due: \_\_\_\_\_ Monthly Payment \_\_\_\_\_

Name \_\_\_\_\_ Type Acct. \_\_\_\_\_

Address \_\_\_\_\_

Account Number \_\_\_\_\_ Balance Due: \_\_\_\_\_ Monthly Payment \_\_\_\_\_

Name \_\_\_\_\_ Type Acct. \_\_\_\_\_

Address \_\_\_\_\_

Account Number \_\_\_\_\_ Balance Due: \_\_\_\_\_ Monthly Payment \_\_\_\_\_

Name \_\_\_\_\_ Type Acct. \_\_\_\_\_

Address \_\_\_\_\_

Account Number \_\_\_\_\_ Balance Due: \_\_\_\_\_ Monthly Payment \_\_\_\_\_

**MISCELLANEOUS DATA**

Blood Type \_\_\_\_\_

Please list the following persons (where applicable)

Fiancée \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Live-in Partner \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Former Spouse \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Are you a member of the National Guard or Reserve?  Yes  No If so, Unit and Rank?

\_\_\_\_\_

Have you ever been fingerprinted for any reason?  Yes  No If so, for what reason?

\_\_\_\_\_

What sports/hobbies/civil activities do you or have you participated in? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action in any position?  Yes  No If so, briefly explain?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever resigned (quit) after being informed that your employer intended to discharge you?

Yes  No

Have you ever used any illegal drugs or substances?  Yes  No If yes, list:

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When was the very last time you used illegal drugs or substances?

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Candidates must submit a copy of their Birth Certificate and High School Diploma with this Candidate Screening Survey. This application must be signed by the applicant in the presence of a Justice of Peace or a Notary Public.

## AUTHENTICATION

*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 misrepresentation, omissions, or falsifications will be grounds for immediate rejection of this application or subsequent termination of employment.*

Date \_\_\_\_\_ Location \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Justice of the Peace/Notary Public \_\_\_\_\_

My Commission Expires: \_\_\_\_\_