



South Hampton Police Department

Chief Jonathon L. Dennis

128 Main Avenue
PO Box 220
South Hampton, NH 03827

Bus.: 603-394-0105
Fax: 603-394-7704
www.sohamptonpd.com
info@sohamptonpd.com

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:

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

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: _____