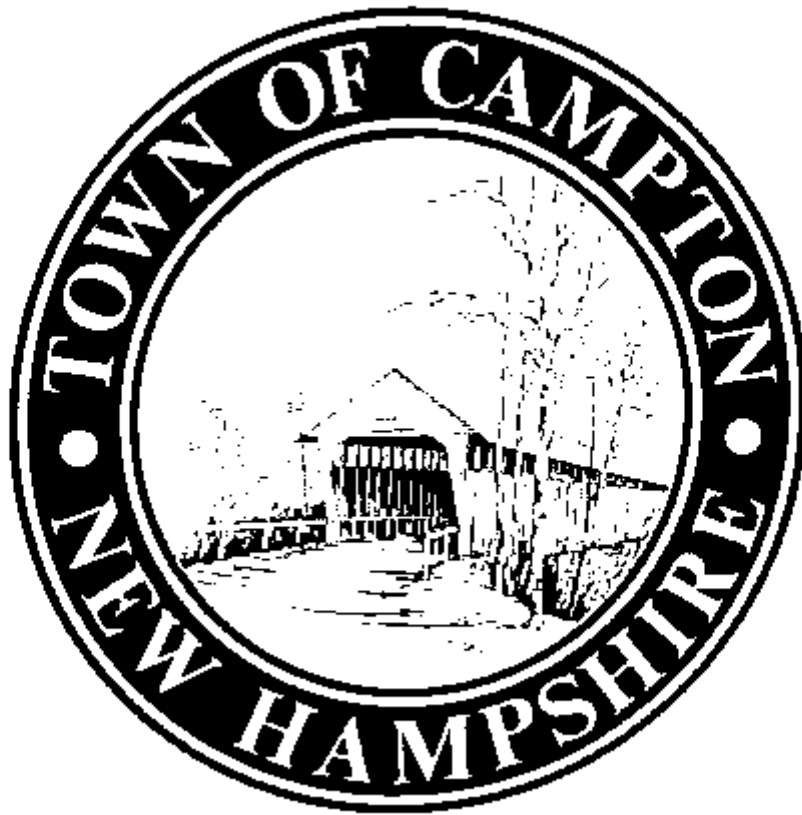


PERSONAL HISTORY STATEMENT



Campton Police Department

P.O. Box 127, 12 Gearth Way • Campton, NH 03223-0127
603.726.8874 • fax 603.726.7376

INSTRUCTIONS

NOTE: Read these instructions carefully before proceeding.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

- Your Personal History Statement should be printed legibly in ink. Answer all questions to the best of your ability.
- If a question is not applicable to you, enter N/A in the space provided.
- Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
- You are responsible for obtaining correct addresses. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories.
- If there is insufficient space on the form for you to include all information required, use the addendum sheet to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
- An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.

A. APPLICANT IDENTIFICATION:

Information provided in this section is used for identification purposes only.

- Name: _____
(last) (first) (middle)

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

- Address: _____

- Telephone: (Home) _____ (Work) _____

- Date of Birth: ____/____/____

- Social Security Number: _____

- Place of Birth: _____
(city) (county) (state) (country)

- Are you an U.S. Citizen? Yes () No ()

- Driver's License Number: _____ Expiration Date: _____

- Driver's License Held in Any Other State _____

- Height: _____ Weight _____ Eye Color _____ Hair Color _____

- Scars, tattoos, or other distinguishing marks: _____

B. Residences:

List all addresses where you have lived during the past 10 years, beginning with present address. Attach extra sheet if necessary.

From _____	To _____	_____	_____	_____
		(no)	(street)	(town) (state)
From _____	To _____	_____	_____	_____
		(no)	(street)	(town) (state)
From _____	To _____	_____	_____	_____
		(no)	(street)	(town) (state)
From _____	To _____	_____	_____	_____
		(no)	(street)	(town) (state)

C. **Work History:**

Beginning with your present or most recent job, list all employment held for the past 10 years. Include part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra sheet if necessary. Please indicate if you are fearful that your present job would be in jeopardy if inquiries are made.

1. Employer: _____
Address: _____
 (no) (street) (city) (state) (zip)
Telephone: _____ Job Title: _____
Supervisor: _____ Title: _____
Name of Co-Worker: _____
Date Started: _____ Date Left: _____
Reason for Leaving: _____

2. Employer: _____
Address: _____
 (no) (street) (city) (state) (zip)
Telephone: _____ Job Title: _____
Supervisor: _____ Title: _____
Name of Co-Worker: _____
Date Started: _____ Date Left: _____
Reason for Leaving: _____

3. Employer: _____
Address: _____
 (no) (street) (city) (state) (zip)
Telephone: _____ Job Title: _____
Supervisor: _____ Title: _____
Name of Co-Worker: _____
Date Started: _____ Date Left: _____
Reason for Leaving: _____

D. Military Record:

1. Have you ever served in the US Armed Forces? Yes () No ()

2. Date of Service: From _____ To _____

Branch _____ Unit Designation _____

Highest Rank Held _____

Type of Discharge _____

3. Were you ever disciplined while in the military service (include court-martial, captain's masts, company punishment, etc.) ?

Charge #1 _____ Agency _____

Date _____ Age at Time _____

Disposition _____

Charge #2 _____ Agency _____

Date _____ Age at Time _____

Disposition _____

Charge #3 _____ Agency _____

Date _____ Age at Time _____

Disposition _____

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

E. **Educational History:**

High School _____

_____ (address)

From 19____ to _____ Graduated Yes () No ()

College/University _____

Credits _____ Major/Minor _____

From _____ to _____ Degree Received Yes () No ()

College/University _____

Credits _____ Major/Minor _____

From _____ to _____ Degree Received Yes () No ()

List other schools attended (trade, vocational, business, etc.)

Name: _____

From _____ to _____ Course of Study _____

Diploma/Certificate Received: Yes () No ()

F. **Special Qualifications and Skills**

1. List any special licenses you hold (such as pilot, radio operator, scuba ect..)

Licensing Authority _____

Date of Issue _____ Expires _____

Licensing Authority _____

Date of Issue _____ Expires _____

Licensing Authority _____

Date of Issue _____ Expires _____

2. List any specialized machinery or equipment that you can operate.

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

	Good	Fair	Excellent
Language	()	()	()
Reading	()	()	()
Speaking	()	()	()
Understanding	()	()	()
Writing	()	()	()

4. List any other special skills or qualification you possess. _____

G. Convictions, Arrests, Detentions and Litigation:

1. 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):

Police Agency _____

(city)

(state)

Crime Charged _____ Date _____

Disposition _____ Date _____

Police Agency _____

(city)

(state)

Crime Charged _____ Date _____

Disposition _____ Date _____

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

If yes, give details. _____

H. **Traffic Record**

1. Has your driver's license ever been suspended? Yes () No ()

If yes, give date, location and reason. _____

2. Name of your Auto Insurance Carrier _____

Branch _____ Tel.: _____

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

Month & Year	Charge	City & State	Disposition

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

I. **Marital and Family History**

1. Are you, () Single () Married () Separated
() Divorced () Widowed

2. If married:
Spouse's Name (wife's maiden name) _____

Date Married _____ City and State _____

3. Ex-spouse's Name (wife's maiden name) _____

Date Married _____ City and State _____

Present Address _____

No. Street. Town State ZIP

Tel. _____

State which : Separation () Divorce () Annulment ()

Date of Order _____ Court and State _____

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

Name _____ Relation _____

Address _____

DOB _____ Supported By _____

Name _____ Relation _____

Address _____

DOB _____ Supported By _____

Name _____ Relation _____

Address _____

DOB _____ Supported By _____

Name _____ Relation _____

Address _____

DOB _____ Supported By _____

5 List all other dependents:

Name _____ Relation _____

Address _____

Name _____ Relation _____

Address _____

Name _____ Relation _____

Address _____

Name _____ Relation _____

Address _____

6. List other relatives:

Father _____

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

Tel.: _____

Mother (include maiden name) _____

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

Tel.: _____

Brother/Sister _____

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

Tel.: _____

Brother/Sister _____

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

Tel.: _____

J. **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 _____

Business Name _____ Telephone _____

Address _____

Years Known _____

Name _____ Telephone _____

Address _____

Business Name _____ Telephone _____

Address _____

Years Known _____

Name _____ Telephone _____

Address _____

Business Name _____ Telephone _____

Address _____

Years Known _____

Name _____ Telephone _____

Address _____

Business Name _____ Telephone _____

Address _____

Years Known _____

Name _____ Telephone _____

Address _____

Business Name _____ Telephone _____

Address _____

Years Known _____

J. **Financial History:** Sources of Income

1. What is your present salary or wages? _____

2. Do you have income from any source other than your principal occupation? () Y () N

If yes, how much? _____ How often _____

The source _____

3. Do you own any real estate ? () Yes () No

Location _____ Value _____

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

Value _____

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

Value _____

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

Checking:

Name: _____ Average Balance _____

Address _____

Savings:

Name: _____ Average Balance _____

Address _____

7. Financial Obligations

Give names and addresses of the individuals, companies or others to whom you are indebted and 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 account numbers where applicable. Attach separate sheet if necessary.

Name _____ **Type Acct.** _____

Address _____

Acct. # _____ Balance Due _____

Monthly Payment _____ Reason for purchase _____

Name _____ **Type Acct.** _____

Address _____

Acct. # _____ Balance Due _____

Monthly Payment _____ Reason for purchase _____

Name _____ **Type Acct.** _____

Address _____

Acct. # _____ Balance Due _____

Monthly Payment _____ Reason for purchase _____

Name _____ **Type Acct.** _____

Address _____

Acct. # _____ Balance Due _____

Monthly Payment _____ Reason for purchase _____

Name _____ **Type Acct.** _____

Address _____

Acct. # _____ Balance Due _____

Monthly Payment _____ Reason for purchase _____

Name _____ Type Acct. _____

Address _____

Acct. # _____ Balance Due _____

Monthly Payment _____ Reason for purchase _____

Name _____ Type Acct. _____

Address _____

Acct. # _____ Balance Due _____

Monthly Payment _____ Reason for purchase _____

Name _____ Type Acct. _____

Address _____

Acct. # _____ Balance Due _____

Monthly Payment _____ Reason for purchase _____

Name _____ Type Acct. _____

Address _____

Acct. # _____ Balance Due _____

Monthly Payment _____ Reason for purchase _____

Name _____ Type Acct. _____

Address _____

Acct. # _____ Balance Due _____

Monthly Payment _____ Reason for purchase _____

Total debt at this time: _____

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, omissions, or falsifications will be grounds for immediate rejection or termination of employment.

Date _____ Signature of Applicant _____

AUTHORIZATION TO RELEASE INFORMATION

TO: _____

I hereby request and authorize you to furnish:

CAMPTON POLICE DEPARTMENT

With any and all information they may request concerning my work record, educational history, military record, financial status, criminal record, general reputation, and past or present medical condition.

This authorization is specifically intended to include any and all information of a confidential or privilege nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment as a law enforcement officer.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as a law enforcement officer.

This release will expire 90 days after the date signed.

Date _____

Signature _____

ADDENDUM

Be sure to reference the relevant section and question number before continuing your answer.