



RINDGE POLICE DEPARTMENT

158 Main Street
P.O. Box 7
Rindge, NH 03461
(603) 899-5009
FAX: (603) 899-2103

Chief Michael J. Sielicki

APPLICATION

This application must be typewritten or neatly printed.

Applications not properly completed will not be accepted. You will be judged in part on your neatness and completeness of this application.

Any questions, which cannot be answered in the space available, may be answered on the back of the page or a separate piece of paper.

Please include copies of your driver's license, birth certificate, social security card, high school diploma and any other higher education diplomas or certificates.

Forward your completed application to:

Chief Michael J. Sielicki
Rindge Police Department
158 Main Street
Post Office Box 7
Rindge, New Hampshire 03461-0007

ANY FALSE STATEMENTS MADE IN THIS APPLICATION MAY BE CAUSE FOR REJECTION OF THE APPLICANT.

All applications will be kept on file from the date received and will be considered for future positions.

Name of Applicant: _____

Position Applied For: _____

Date of Application: _____

TOWN OF RINDGE, NEW HAMPSHIRE

RINDGE POLICE DEPARTMENT

EMPLOYMENT APPLICATION

1. Name in full: _____
(Last) (First) (Middle)
2. Have you ever used another name: _____ If yes, reason: _____
3. Nickname, if any: _____
4. Current residence: _____
(Street) (City) (State/Zip)
5. Telephone: () _____ DOB: ____ / ____ / ____ Soc. Sec. # ____ - ____ - ____
6. Place of Birth: _____ U.S. Citizen? _____
7. List every place you have resided in the past five years:

8. Height (without shoes): _____ ft. _____ in. Weight: _____ lbs.
9. Have you ever had any injury or deformity that would interfere with the normal duties of a Police Officer: _____ If yes, explain: _____

10. Have you ever been treated for any nervous or mental disorder by a private physician or at a hospital, sanatorium, or other institution? _____ If yes, explain: _____

11. Do you use intoxicating beverages? _____ Amount: _____
12. Do, or have, you ever regularly used any controlled drug, narcotics, amphetamines, barbituates or hallucinogens? _____ If yes, explain: _____

13. Have you ever been refused life insurance? _____ Date: _____
14. Have you ever been a member of any military organization of the United States or any political subdivision thereof, or of any foreign government or volunteer or paramilitary organization? _____

If yes, when: _____

Branch of Service: _____ Co., Ship, Reg., etc: _____

Last rank held: _____ Commanding Officer: _____

15: Duties: _____

16. Were you honorably discharged? _____ When/Where? _____

If no, explain: _____

17. Are you currently a member of any military reserve or auxiliary? _____

If yes, explain: _____

18. List all schools and colleges attended chronologically:

| School/College | Location | Dates | Degree/Diploma |
|----------------|----------|-------|----------------|
| | | | |
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| | | | |
| | | | |
| | | | |
| | | | |

19. Do you currently hold a license to operate motor vehicles? _____

20. List type(s) of license held: (Operator, Motorcycle, CDL – Class A or Class B)

21. In what States have you held motor vehicle licenses? Give dates licenses held:

22. Have you ever had any motor vehicle operator license revoked or suspended for any reason? _____

If yes, explain: _____

23. Are you now currently under suspension or revocation in any state? _____ If yes explain: _____

24. Have you ever had motor vehicle insurance cancelled or been an assigned risk? _____ If yes, explain: _____

25. Have you ever been convicted of a moving traffic violation? _____ If yes, explain: _____

26. What is your current occupation? _____

27. Current employer: _____
Name/Company Address

28. Supervisor's Name: _____

29. Reason for leaving: _____

30. May we contact former employers? _____ If no, state reason: _____

31. List all places of employment during the past ten years:

| EMPLOYER | ADDRESS | FROM-TO | REASON FOR LEAVING |
|----------|---------|---------|--------------------|
| | | | |
| | | | |
| | | | |
| | | | |
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32. If currently a police officer, are you certified in New Hampshire? _____ If yes, are you employed full or part-time? _____ If full time, Academy Class number: _____

33. Are you certified in any other state? _____ If yes, what state(s): _____ Full or part-time? _____

34. Have you ever been discharged or forced to resign from any position? _____ If yes, explain: _____

35. Have you ever been fingerprinted? _____ By what agency? _____

36. Have you ever been arrested or convicted of a crime? _____ If yes, explain: _____

37. Have you ever been involved in a motor vehicle accident? _____ If yes, were you judged at fault? _____ Any personal injury? _____

38. Have you ever or are you now being sued, or had your wages attached? _____ If yes, explain: _____

39. Will you authorize a personal credit rating check by this department? _____ If no, explain: _____

40. Do you know of any person(s) who may have reason to discredit or otherwise cause you harm? _____
If yes, explain: _____

41. Marital status: _____ Number and ages of children, if any: _____

42. If hired by this department, are you prepared to relocate to the required area within a reasonable (to be
specified) period of time? _____
43. Do you currently own or rent? _____
44. List personal skills and level (firearms; typing; radios; etc.): _____

45. List your preferred areas of responsibility by assigning a number (1, 2, 3, 4):
Traffic/Motor Vehicle: _____ Criminal: _____ Administrative: _____ Other: _____
(explain) _____
46. Are you willing to submit to a polygraph test on answers given? (Refusal may result in disqualification)
_____ If no, explain: _____

47. Have you ever been injured while working for which you received compensation? _____ If yes,
explain: (if necessary, use separate sheet of paper)

48. Person to be notified in case of accident or emergency:

Name: _____ Phone: _____

Address: _____
Street City/Town State Zip Code

Relationship: _____

NOTE: PLEASE BRING A COPY OF YOUR BIRTH CERTIFICATE, MILITARY DISCHARGE, MOTOR VEHICLE LICENSE(S), POLICE CERTIFICATION(S), ETC. TO THE INTERVIEW. ANY PERSON HIRED FOR THE POSITION OF POLICE OFFICER OR ANY SWORN POSITION IS HIRED SUBJECT TO CERTIFICATION BY THE NEW HAMPSHIRE POLICE STANDARDS AND TRAINING COUNCIL PURSUANT TO RSA 105.

THIS AGENCY IS AN EQUAL OPPORTUNITY EMPLOYER

Signature of Applicant



Rindge Police Department
158 Main Street, PO Box 7, Rindge, NH 03461

PERSONAL HISTORY STATEMENT

Name _____
(last) (first) (middle)

Address _____
(number) (street) (city/town) (state) (zip)

Telephone _____
(home) (work)

Date of Birth _____ Social Security # _____

Drivers License Number _____ State _____ Expiration _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Scars, tattoos, or other distinguishing marks _____

Place of Birth _____
(city) (state) (country)

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

Are you a United States Citizen? Yes [] No []

Residences: 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.

1. _____
(number) (street) (city/town) (state) (zip code)
From _____ To _____
(date) (date)

2. _____
(number) (street) (city/town) (state) (zip code)
From _____ To _____
(date) (date)

3. _____
(number) (street) (city/town) (state) (zip code)
From _____ To _____
(date) (date)

4. _____
(number) (street) (city/town) (state) (zip code)
From _____ To _____
(date) (date)

Experience & Employment: 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.

1. Employer _____
Employer address _____
(number) (street) (city/town) (state) (zip code)
Employer telephone # _____ Job Title _____
Supervisor _____ Title _____
Name of Co-worker _____
Date Started _____ Date Left _____
Reason for leaving this position _____

2. Employer _____
Employer address _____
(number) (street) (city/town) (state) (zip code)
Employer telephone # _____ Job Title _____
Supervisor _____ Title _____
Name of Co-worker _____
Date Started _____ Date Left _____
Reason for leaving this position _____

3. Employer _____

Employer address _____
(number) (street) (city/town) (state) (zip code)

Employer telephone # _____ Job Title _____

Supervisor _____ Title _____

Name of Co-worker _____

Date Started _____ Date Left _____

Reason for leaving this position _____

4. Employer _____

Employer address _____
(number) (street) (city/town) (state) (zip code)

Employer telephone # _____ Job Title _____

Supervisor _____ Title _____

Name of Co-worker _____

Date Started _____ Date Left _____

Reason for leaving this position _____

5. Employer _____

Employer address _____
(number) (street) (city/town) (state) (zip code)

Employer telephone # _____ Job Title _____

Supervisor _____ Title _____

Name of Co-worker _____

Date Started _____ Date Left _____

Reason for leaving this position _____

6. Employer _____

Employer address _____
(number) (street) (city/town) (state) (zip code)

Employer telephone # _____ Job Title _____

Supervisor _____ Title _____

Name of Co-worker _____

Date Started _____ Date Left _____

Reason for leaving this position _____

Military Service:

Have you served in the United States Armed Forces? Yes [] No []

Date of Service: From _____ To _____

Branch of Service _____ 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 masts, company punishment, etc.). Yes [] No []

1. Charge #1 _____ Agency _____

Date _____ Age at Time of Offense _____

Disposition _____

2. Charge #2 _____ Agency _____

Date _____ Age at Time of Offense _____

Disposition _____

Education:

High School _____

Address _____
(number) (street) (city/town) (state) (zip)

From _____ To _____ Graduated Yes [] No []

College/University _____ From _____ To _____
(year) (year) (year) (year)

Town & State _____ Degree Received – Yes [] No []

Units Completed _____ Major/Minor _____

College/University _____ From _____ To _____
(year) (year)

Town & State _____ Degree Received – Yes [] No []

Units Completed _____ Major/Minor _____

College/University _____ From _____ To _____
(year) (year)

Town & State _____ Degree Received – Yes [] No []

Units Completed _____ Major/Minor _____

List all other schools attended with dates of attendance (trade, vocational, business, etc.)

Special Qualifications and Skills

List any special licenses you hold (pilot, scuba, etc.). List any special skills or qualifications you may have.

Legal:

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(s) Charged _____

Disposition(s) _____

Police Agency _____
(city) (state)

Crime(s) Charged _____

Disposition(s) _____

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

If yes, give details _____

Motor Vehicle Operation:

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

If yes, give date, location and reason _____

Name of Automobile Insurance Carrier _____

Branch _____ Policy # _____ Tel # _____

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

List all driving citations you have received as a juvenile and adult, excluding parking tickets.

| Month & Year | Charge(s) | City & State | Disposition |
|--------------|-----------|--------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Relatives:

Marital Status: Single [] Married [] Separated [] Divorced [] Widowed []

If married, Spouse's name (wife's maiden name) _____

Date of Marriage _____ City & State _____

Ex-Spouse's Name (wife's maiden name) _____

Date of Marriage _____ City & State _____

Current Address _____
(number) (street) (town) (state) (zip)

Separation [] Divorce [] Annulment [] Telephone Number _____

Date of Order _____ Court & State _____

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

Name _____ Relation _____

Address _____
(number) (street) (city/town) (state) (zip)

Date of Birth _____ Supported by _____

Name _____ Relation _____

Address _____
(number) (street) (city/town) (state) (zip)

Date of Birth _____ Supported by _____

Name _____ Relation _____

Address _____
(number) (street) (city/town) (state) (zip)

Date of Birth _____ Supported by _____

Name _____ Relation _____

Address _____
(number) (street) (city/town) (state) (zip)

Date of Birth _____ Supported by _____

List all other dependents:

Name _____ Relation _____

Address _____

(number) (street) (city/town) (state) (zip)

Name _____ Relation _____

Address _____
(number) (street) (city/town) (state) (zip)

Name _____ Relation _____

Address _____
(number) (street) (city/town) (state) (zip)

Name _____ Relation _____

Address _____
(number) (street) (city/town) (state) (zip)

List other relatives:

Mother _____ Telephone # _____

Address _____
(number) (street) (city/town) (state) (zip)

Father _____ Telephone # _____

Address _____
(number) (street) (city/town) (state) (zip)

Brother/Sister _____ Telephone # _____

Address _____
(number) (street) (city/town) (state) (zip)

Brother/Sister _____ Telephone # _____

Address _____
(number) (street) (city/town) (state) (zip)

Brother/Sister _____ Telephone # _____

Address _____
(number) (street) (city/town) (state) (zip)

References & Acquaintances:

Name _____ Telephone # _____

Address _____
(number) (street) (city/town) (state) (zip)

Business Name _____ Telephone # _____

Years known _____

Name _____ Telephone # _____

Address _____
(number) (street) (city/town) (state) (zip)

Business Name _____ Telephone # _____

Years known _____

Name _____ Telephone # _____

Address _____
(number) (street) (city/town) (state) (zip)

Business Name _____ Telephone # _____

Years known _____

Name _____ Telephone # _____

Address _____
(number) (street) (city/town) (state) (zip)

Business Name _____ Telephone # _____

Years known _____

Name _____ Telephone # _____

Address _____
(number) (street) (city/town) (state) (zip)

Business Name _____ Telephone # _____

Years known _____

Financial:

What is your current salary or wage? _____

Income from any sources other than your principal occupation? Yes [] No []

If yes, how much? _____ How often _____

The source of this income. _____

Do you own any real estate? Yes [] No [] Value of this real estate _____

Address _____
(number) (street) (city/town) (state) (zip)

List other assets such as stocks, bonds, etc. Also list the value of these assets.

List all bank accounts

Checking Account _____ Avg. Bal. _____
(name of bank)

Address _____
(number) (street) (city/town) (state) (zip)

Checking Account # _____ Telephone # _____
Savings Account _____ Avg. Bal. _____
(name of bank)

Address _____
(number) (street) (city/town) (state) (zip)

Checking Account # _____ Telephone # _____

Financial Obligations:

Name _____ Type of Account _____
(name of bank)

Address _____
(number) (street) (city/town) (state) (zip)

Account # _____ Monthly Payment _____ Balance Due _____

Name _____ Type of Account _____
(name of bank)

Address _____
(number) (street) (city/town) (state) (zip)

Account # _____ Monthly Payment _____ Balance Due _____

Name _____ Type of Account _____
(name of bank)

Address _____
(number) (street) (city/town) (state) (zip)

Account # _____ Monthly Payment _____ Balance Due _____

Name _____ Type of Account _____
(name of bank)

Address _____
(number) (street) (city/town) (state) (zip)

Account # _____ Monthly Payment _____ Balance Due _____

Name _____ Type of Account _____
(name of bank)

Address _____
(number) (street) (city/town) (state) (zip)

Account # _____ Monthly Payment _____ Balance Due _____

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.

Signature of Applicant _____ Date _____