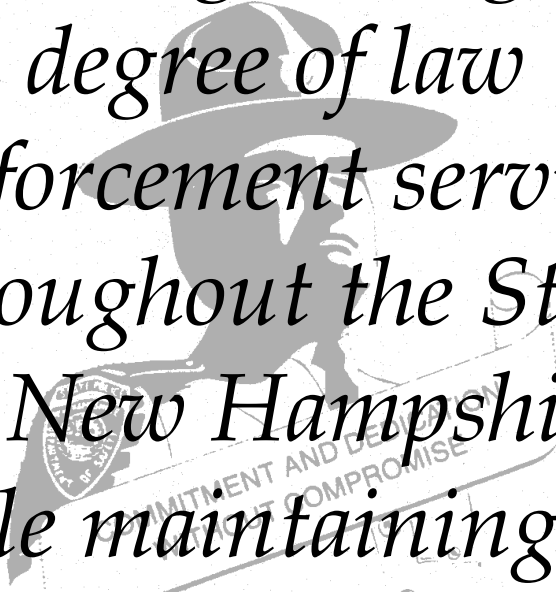


Mission Statement

*Dedicated to
providing the highest
degree of law
enforcement service
throughout the State
of New Hampshire
while maintaining the
traditions of fairness,
professionalism and
integrity.*



CAMPUS PATROL OFFICER

SECTION I

PERSONAL DATA AND BACKGROUND QUESTIONNAIRE

Important instructions:

Read the entire employment packet thoroughly and answer ALL questions FULLY. It is important for you to remember that ALL statements will be thoroughly investigated by the State Police; and **any misrepresentation or omission on your part will cause your application as a Campus Patrol Officer to be immediately rejected**. Further, if you have attained employment as a Campus Patrol Officer, and should an investigation disclose any misrepresentation or omission, your employment may be terminated. If you have previously submitted paperwork, such as transcripts, certificates, or military documents, you do not need to resubmit these documents.

I, (type full name) _____, have read the essential functions of a Campus Patrol Officer, the minimum qualifications, and these instructions. By proceeding with this application I declare that, to the best of my knowledge, I fully meet all of the qualifications.

Signed: _____

Date: _____

ESSENTIAL FUNCTIONS OF A CAMPUS PATROL OFFICER

BASIC PURPOSE

To provide police coverage to New Hampshire Hospital / State Office Park South (NHH/SOPS) through enforcement of federal, state, and local laws, and N.H.H. policies and procedures, as well as providing general and specialized services to patients/residents, employees, and citizens.

CHARACTERISTIC DUTIES and RESPONSIBILITIES

- Appears in court as a witness in traffic violations, criminal cases, or other administrative hearings as required. Prepares cases for prosecution, up to the level of Class-B misdemeanor, for review by NHH/SOPS Campus Police department prosecutor. Serves warrants, Domestic violence orders (DVOs), juvenile petitions.
- Completes abuse and neglect investigations on the off shifts, on weekends, or when the complaint investigator is unavailable.
- Monitors the regulations and policies governing the security and protection of state-owned property including buildings, grounds, and parking lots in the area, applies agency rules and enforces state laws.
- Inspects for pilfering of state property and investigates thefts as required; maintains parking and traffic regulations.
- Inspects grounds and buildings at specified intervals for fire, theft, lighting, and other safety hazards; makes trips to local banks with deposits and withdrawals for the business office; transports state payrolls from the treasury.
- Investigates criminal activities and detects, apprehends and arrests law violators; prepares reports of inspections and investigations for presentation to superior.
- Assists with the admission of clients to a state institution; searches for, locates and returns AWOL patients; may transfer patients to and from other institutions or court, both in and out of state.

DISTINGUISHING FACTORS

Working Conditions: Requires performing regular job functions in an adverse working environment containing a combination of disagreeable elements, which impact significantly upon the employee's capacity for completing work assignments. This level includes work-related accidents or assault.

Communication: Requires explaining facts, interpreting situations, or advising individuals of alternative or appropriate courses of action. This level also requires interviewing or eliciting information from state employees or members of the general public.

Independent Action: Requires a range of choice in applying a number of technical or administrative policies under general direction and making routine decisions or in recommending modifications in work procedures for approval by supervisor.

CAMPUS PATROL OFFICER

MINIMUM QUALIFICATIONS

CAMPUS PATROL OFFICER I POSITION:

Education: Graduation from high school, G.E.D. or its equivalent. Each additional year of approved formal education may be substituted for one year of required work experience.

Experience: One year as a certified police officer, security officer, correctional officer, active military, or in a position or combination of positions that would evidence possession of the requisite skills necessary for satisfactory performance at this level.

CAMPUS PATROL OFFICER II POSITION:

Education: Graduation from high school, G.E.D. or its equivalent. Completion of Police Standards and Training Certification as certified Police Officer. Each additional year of approved formal education may be substituted for one year of required work experience.

Experience: Two years of experience in law enforcement work as a NH certified police officer or accepted certification by Police Standards and Training Council.

SPECIAL REQUIREMENTS

1. Age: Must be at least 21 years of age at appointment.
2. Eyesight and Hearing: Must have at least 20/100 in each eye uncorrected and corrected to 20/40 (near vision) and 20/30 (distant vision) in each eye and have normal uncorrected depth and color perception.; must possess normal hearing sufficient to enable performance of essential job functions.
3. Examinations: Applicants must successfully participate in structured interviews measuring possession of essential knowledge, skills, and abilities. Additionally, they must successfully pass a urine drug screening, physical fitness performance test, psychological screening, and physical exam. The physical fitness performance test consists of a single repetition maximum bench press, push ups, one-minute sit-ups, and 1½ mile indoor run.
4. Police Officer Certification / Mental Health Worker Training Program: Within the first six months of employment, Security Officers must successfully complete the Police Standards and Training Council training course. Within the first four weeks of employment, Security Officers must successfully complete all written and physical components of the Mental Health Worker Training Program.
5. General: The successful applicant must be able to perform all of the essential job functions of a Security Officer, unassisted, and at a pace and level of performance consistent with the actual job performance requirements. This requires a high level of physical ability to include vision, hearing, speaking, flexibility, and strength. If physical problems are discovered during the medical exam and

the examiner feels this would impair the ability of the applicant to perform essential job functions, this will be cause for disqualification. A thorough character investigation and reference check of each candidate will be made before appointment. Applicants who do not have a record free of conviction of serious offenses will be ineligible for appointment. All candidates shall possess a valid driver's license in the state in which they reside. As condition of and prior to hire, the applicant must have verified their current New Hampshire driving record supplied by the Department of Safety, Department of Motor Vehicles, indicating no major traffic violations.

RECOMMENDED WORK TRAITS

- Knowledge of law enforcement work and arrest procedures.
- Skill in dealing with offenders of the rules and regulations established for the control of pilfering and damage to state-owned property.
- Ability to enforce laws in accordance with standard procedure to control pilfering and damage to state property.
- Ability to understand and follow instructions.
- Ability to work with people and secure their cooperation without the use of violence.
- Ability to perform investigations, question witnesses and prepare written reports.
- Ability to use judgment when using force to control individuals or groups.
- Ability to establish and maintain harmonious working relationships with employees, residents, other law enforcement agencies and the general public.
- Must be willing to maintain appearance appropriate to assigned duties and responsibilities as determined by the agency appointing authority.

PERSONAL BACKGROUND

The New Hampshire State Police is seeking only the most qualified individuals for positions as Campus Patrol Officers. The purpose of the personal background qualifications is to obtain specific information regarding the applicant's background, integrity, honesty, ethics, and abilities, so that the standards of law enforcement as a profession may continue to rise. The personal conduct of each person being considered for a conditional offer of employment, especially conduct related to criminal or unethical behavior, is considered critically important in determining acceptability for a Campus Patrol Officer position. Therefore, an applicant **WILL NOT BE ELIGIBLE** if he or she has:

- Used marijuana within 12 months.
- Illegally used a controlled substance, other than marijuana, within 36 months, unless the applicant was under 21 years of age at the time of use, in which case 24 months shall apply.
- Manufactured, transported for sale, or sold a controlled substance.
- Used a controlled substance while employed in a law enforcement capacity.
- Been dishonorably discharged from military service.
- Been convicted of a felony.
- Been convicted of a misdemeanor involving dishonesty, unlawful sexual conduct, physical violence, controlled substances, moral turpitude, or any offense which would cause a reasonable person to doubt the applicant's character, honesty, or ability. **See the list of examples on the next pages.**

If, after reviewing the Essential Functions of a Campus Patrol Officer and the Minimum Qualifications, you are **NO LONGER** interested in employment with the New Hampshire State Police, fill out the Voluntary Withdrawal Form and return this packet immediately to:

New Hampshire State Police
Recruitment and Training Unit
33 Hazen Drive, B4
Concord, NH 03305

If you **ARE STILL INTERESTED** in employment with the New Hampshire State Police, sign the consent form, complete the employment packet without omission, errors, or unclear answers, and have it **NOTARIZED**. Submit the original and a copy of this Pre-Employment Questionnaire, as directed.

Examples of Felony and/or Misdemeanor Offenses

Abuse of a corpse	Deceptive business practices
Advertising drug paraphernalia	Desecration of U.S. flag
Aggravated driving while intoxicated	Disobeying an officer
Aggravated felonious sexual assault	Disorderly conduct
Aiding criminal activity	Distribution of drug paraphernalia
Arson, or attempt	Domestic violence act
Attempt to commit abduction	Driving after revocation or suspension
Attempt to commit extortion/blackmail	Driving while intoxicated
Attempt to commit larceny	Driving without giving proof of financial responsibility
Attempt to commit welfare fraud	DWI of commercial vehicle
Attempt to commit wire fraud	Escape
AWOL/desertion	Exposing a minor to harm
Bail default; drivers license suspension resulting	Fail to answer a court issued summons
Bail jumping	Fail to appear; default to recognizance
Bail jumping, interstate	Fail to report injuries
Bigamy	Failure to pay court ordered judgements
Boating while intoxicated	False fire alarm; aiding and abetting
Bribery; official/political matters	False fire alarm; injury/death resulting
Burglary; or attempt	False imprisonment
Capitol murder	False report of accident
Carrying a loaded handgun without a license	False report of a stolen vehicle
Changed or removed VIN	False report of law enforcement
Changing marks on a firearm	False reports – explosives; bomb threat
Child abuse	False statements on vital records
Child neglect	False swearing/statements
Commercial bribery	Falsifying physical evidence
Compensation for past action	Felon in possession of a dangerous weapon
Computer related crime: ATM/credit fraud	Felonious sexual assault, or attempt
Computer related crime: damage resulting	Felonious use of body armor
Computer related crime: fraud	First degree assault, or attempt
Computer related crime: theft of data	First-degree murder
Computer related crime: wire fraud	Forgery
Concealing death of a newborn	Fraud on creditors
Concealing identity of a vehicle	Fraud on depositors
Consolidation; general theft or larceny	Fraudulent communications paraphernalia
Contributing to the delinquency of a minor	Fraudulent execution of documents
Criminal defamation of character	Fraudulent handling of legal documents
Criminal liability for conduct of another	Fraudulent issue of non-negotiable bill
Criminal mischief, or attempt	Fraudulent sales/purchases of securities
Criminal restraint	Fraudulent use of credit card, or attempt
Criminal threatening	Fugitive from justice
Cruelty to animals	

Gambling equipment violations	Possession of controlled drug in boats
Habitual offender	Possession of controlled narcotic / drugs
Harassment	Possession of explosives
Hindering apprehension or prosecution	Possession of forgery tools or writing
Illegal night hunting	Possession of more than one driver's license
Illegal possession of hypodermic needle	Possession of property without a serial number
Illegal sales of securities	Prohibited vehicles on highway
Impersonating a police officer	Prostitution and related offenses
Implied consent	Prowling
Improper influence	Purchase of public office
Incest	Receiving stolen property
Indecent exposure and lewdness	Receiving unsolicited merchandise
Inhaling toxic vapors for effect	Robbery, armed
Insurance fraud	Robbery, unarmed
Issuing	Reckless conduct; placing another in danger
Kidnapping	Reckless operation
Manslaughter, or attempt	Robbery, or attempt
Negligent discharge of firearm/crossbow	Sabotage against the state or U.S.A.
Negligent homicide	Sale of controlled/narcotic drug
Non-support	Sale of handguns to minors
Obscene matter/materials	Sale of hypodermic needles
Obstructing government administration	Second degree assault, or attempt
Obtaining non-controlled drugs by fraud or deceit	Second degree murder
Obtaining controlled drug by forgery of prescription	Sexual assault, or attempt
Obtaining controlled drug by misrepresentation	Shoplifting
Obtaining controlled drug from 2 or more doctors	Simple assault, or attempt
Odometer tampering	Stalking
Operating after suspension	Taking without owner's consent
Operating boat after suspension/revocation	Tampering with public or private records
Operating OHRV while intoxicated	Tampering with witnesses and informants
Perjury	Theft by deception
Possession controlled drug/marc drug with intention to distribute	Theft by extortion
Possession of false forged controlled drug prescription	Theft by misapplication of property
Possession/use/display of false ID card	Theft by unauthorized taking or transfer
Possession, sale, etc., of wire tap device	Theft by lost or mislaid property
Possessing bomb	Theft of service
Possessing infernal machine	Theft of utility services
Possession of burglary tools	Theft; from a building, or attempt
Possession of child pornography	Theft; from a motor vehicle, or attempt
	Theft; motor vehicle, or attempt
	Theft; of motor vehicle parts/accessory or attempt
	Theft; pocket-picking, or attempt
	Theft; purse-snatching, or attempt

Unauthorized use of propelled vehicle/rented property
Unlawful dealing in prescriptive drugs
Unlawful gambling
Unlawful manufacture of a controlled drug
Unlawful possession of alcohol
Unlawful wire tapping – felony
Unlawful wire tapping – misdemeanor
Unlawfully conducting a lottery
Unsworn falsification
Use and possession of slugs; fraud
Use and possession of slugs; theft

Use of Molotov cocktail
Uttering false/forged prescription
Violation and contempt of protective order
Violation of privacy
Violation of probation or parole
Weapons possession (during other crime)
Willful concealment

CAMPUS PATROL OFFICER

VOLUNTARY WITHDRAWAL FORM

I, (type full name) _____ ,

voluntarily withdraw my application from any further consideration for appointment as a Campus Patrol Officer with the Division of State Police. This is done without prejudice.

Date: _____ Signature: _____
Time: _____ Address: _____

I am withdrawing because:

- Unable to meet the qualifications.
- Hired by another agency.
- No longer interested.
- No reason specified.



State of New Hampshire

DEPARTMENT OF SAFETY
Robert L. Quinn, Commissioner of Safety
Division of State Police

James H. Hayes Safety Building, 33 Hazen Drive, Concord, NH 03305



Colonel Mark B. Hall
Director

CONSENT

In keeping with my candidacy as a Campus Police Officer, I hereby consent that any bona fide law enforcement agency be permitted to examine and obtain copies of all pertinent documents relating to my prior positions of employment, medical history, education, credit ratings, criminal history, including expunged and juvenile records, and in addition any and all other forms of documentation that may address my background.

I am willing that a photostat of this authorization be accepted with the same authority as the original.

Date: _____ Signed: _____

Name: _____

(type full name)

Address: _____

Subscribed and Sworn before me this _____ day of _____ 20 ____ .

Notary Public: _____

SECTION II – BIOGRAPHICAL DATA

IDENTIFICATION INFORMATION

NAME _____
 LAST FIRST MIDDLE

ANY ALIASES _____ MAIDEN NAME(S) _____

AGE _____ DATE OF BIRTH _____ PLACE OF BIRTH _____

SSN _____ HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____

BLOOD TYPE _____ BIRTHMARKS, SCARS, TATTOOS (TYPE AND LOCATION) _____

PRESENT ADDRESS (INCLUDE ZIP CODE): _____

HOME TELEPHONE: (_____) _____ WORK TELEPHONE: (_____) _____

CELLULAR TELEPHONE (OPTIONAL): (_____) _____

FAX TELEPHONE (OPTIONAL): (_____) _____

EMAIL ADDRESS (OPTIONAL): _____

LIST ALL PREVIOUS ADDRESSES FOR THE PAST TEN YEARS (MOST RECENT FIRST).

(Use additional sheets if necessary.)

FROM MONTH/YEAR	TO MONTH/YEAR	ADDRESS	CITY AND STATE

MARITAL AND FAMILY STATUS

PRESENT STATUS (CHECK ONE) Single Married Separated Divorced

The following information **must be** completed where applicable.

Father's Name: _____ Date of Birth: _____

Address: _____ Home Telephone: (____) _____

Mother's Maiden Name: _____ Date of Birth: _____

Address: _____ Home Telephone: (____) _____

Brothers and/or Sisters: (Use additional sheets if necessary.)

Name: _____ Date of Birth: _____

Address: _____ Home Telephone: (____) _____

Name: _____ Date of Birth: _____

Address: _____ Home Telephone: (____) _____

Name: _____ Date of Birth: _____

Address: _____ Home Telephone: (____) _____

Name: _____ Date of Birth: _____

Address: _____ Home Telephone: (____) _____

Spouse's Pre-Marriage Name(s): _____ Date of Birth: _____

Date of Marriage: _____ If Married and Separated, note details: _____

Number of Children: _____ Where Residing: _____

Names and Ages: _____

If Divorced, complete the following: _____

Name of Former Spouse: _____ Date of Birth: _____

Present Name: _____ Home Telephone: (____) _____

Present Address: _____

Date of Divorce: _____ Place: _____ Court: _____

Details Regarding Divorce: _____

SECTION III - EDUCATION

(Be sure to list **ALL** institutions attended)

Elementary Schools and Addresses

Date Completed

Junior High Schools and Addresses

Date Completed

High Schools and Addresses (Include photocopy of diploma.)

Date Completed

Colleges and Addresses (Include transcripts.)

Dates Attended

Degree: None Associates Bachelors Masters

Major: _____

Degree: None Associates Bachelors Masters

Major: _____

Degree: None Associates Bachelors Masters Major: _____

Other training (List courses, institutions, and dates of completion. Use additional sheets if necessary.)

SECTION IV – MILITARY SERVICE

(ATTACH A CERTIFIED COPY OF DD 214.)

Were you ever in the military? Yes No Dates _____

Branch _____ Unit _____ MOS _____

Serial # _____ Type of Discharge _____

If discharge is other than honorable, explain. _____

Were you ever disciplined while in the Military? Yes No Explain. _____

List Reserve Status (Be specific as to obligation – Active, Inactive, National Guard, none, etc.)

SECTION V - EMPLOYMENT

List **ALL** your work experiences (full and part time), no matter how brief, beginning with the most recent. Account for **ALL PERIODS** of employment and unemployment. Please duplicate this page if necessary.

Name of Employer _____
Address: _____ Telephone (____) _____
Immediate Supervisor _____ Title _____
Position Held _____ Salary \$ _____
Period of Employment: From _____ To _____
Reason for Leaving _____

* * * * *

Name of Employer _____
Address _____ Telephone (____) _____
Immediate Supervisor _____ Title _____
Position Held _____ Salary \$ _____
Period of Employment: From _____ To _____
Reason for Leaving _____

* * * * *

Name of Employer _____
Address _____ Telephone (____) _____
Immediate Supervisor _____ Title _____
Position Held _____ Salary \$ _____
Period of Employment: From _____ To _____
Reason for Leaving _____

* * * * *

Name of Employer _____
Address _____ Telephone (____) _____
Immediate Supervisor _____ Title _____
Position Held _____ Salary \$ _____
Period of Employment: From _____ To _____
Reason for Leaving _____

* * * * *

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Have you ever been involuntarily terminated from any employment you have held? Yes No

If yes, explain in detail. _____

Have you ever been disciplined by your employer or by any of your past employers? Yes No

If yes, attach copies of any and all disciplining actions from past employers and explain in detail. (Use additional sheets if necessary). _____

Are you a New Hampshire certified full time Police Officer? Yes No

If yes, include complete copies of your past personnel files, Police Academy certification(s) and Academy transcripts.

Are you an out of state certified full time Police Officer? Yes No

If yes, which state? _____ Include complete copies of your past personnel files, Police Academy certification(s) and Academy transcripts.

If you are currently employed as a certified Police Officer, do you have a contractual obligation to fulfill a term of employment? Yes No If yes, when does the contract expire? _____

Attach of copy of the contract if applicable.

Have you ever applied for any other Law Enforcement position? Yes No

If yes, list **ALL** of the departments you have applied to and the **YEAR** you applied.

Also, check how much of the hiring process you have completed.

Department/Year	Written Exam	Physical Exam	Oral Board Review	Background Investigation	Polygraph Exam	Hired
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Continue on additional sheets if necessary.)

SECTION VI – CRIMINAL INQUIRIES/PERSONAL PRACTICES

Please comment on your personal habits. _____

Have you used illegal drugs within the past twelve months? Yes No If yes, explain. (Use additional sheets if necessary). _____

Have you ever used, tried, experimented, or in any way introduced to your body by any means, one or more of the following illegal drugs?

Drug	Yes	No	Date First Used	Date Last Used	Number of Times used	Average Frequency
Marijuana						
Hashish/Hash oil						
Cocaine						
Crack, rock, ice						
Amphetamine (crosstaps, whites, Bennies, “uppers”)						
Barbiturates, hypnotics, or other “downers”						
Methamphetamine (Speed, crank)						
LSD or other hallucinogens						
PCP (angel dust, sherm)						
Heroin or other opiates						
Steroids						
Pharmaceutical drugs not prescribed to you						

VEHICLE REGISTRATION AND DRIVER'S LICENSE

Provide the requested information for any motor vehicles you own.

Make _____	Model _____	Year _____	Color _____	State _____	Reg# _____
Make _____	Model _____	Year _____	Color _____	State _____	Reg# _____
Make _____	Model _____	Year _____	Color _____	State _____	Reg# _____
Make _____	Model _____	Year _____	Color _____	State _____	Reg# _____

Do you possess a valid driver's license by any state? Yes No Type _____ State _____

License Number _____ Expiration Date _____

Have you ever been refused a driver's license by any state? Yes No If yes, give the state, date, and the circumstances. _____

Have you ever obtained a driver's license under an assumed name? Yes No If yes, list the name(s). _____

Has your driver's license ever been suspended, revoked, placed on probation, or have you ever received a warning notice from the state which issued your license? Yes No If yes, give the name of the state, date, and circumstances. _____

Have you ever been involved in a traffic accident as a driver? Yes No If yes, list the dates, locations, who was at fault, and the name of the agency which investigated. _____

Have you ever been involved in a traffic accident that was not reported, which really should have been reported? Yes No If yes, list details. _____

SECTION VII – FINANCIAL STATUS

Complete the following information regarding bills, loans, etc. (Use additional sheets if necessary.)

Name of Organization Owed	Address	TOTAL Owed	Payments Per Month
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Savings Account(s)

_____	Balance \$ _____
_____	Balance \$ _____
_____	Balance \$ _____

Checking Account(s)

_____	Balance \$ _____
_____	Balance \$ _____
_____	Balance \$ _____

Do you own your own home? Yes No Rent? Yes No Monthly Payments \$ _____

Have you been personally involved in any bankruptcy proceedings? Have you been named in any civil proceedings? Have you had any liens or judgements placed against you? If yes to any of these questions, please supply all pertinent information in the section below.

SECTION VIII – MISCELLANEOUS

VOLUNTEER SERVICE

(Examples: Scout Leader, 4-H Leader, Youth League Coach, Senior Citizen Worker, etc.)

Organization

Dates

HOBBIES/ATHLETICS

List past and present hobbies. List any athletics participated in individually or as a member of a team.

SPECIAL SKILLS

(Examples: aircraft pilot, mechanic, medical training, photographer, etc.)

SECTION IX - REFERENCES

Provide **ten** references from at least four of the different categories listed below. People who are included in previous sections should not be used as references.

Relatives:

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Teachers:

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Co-Workers:

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Friends/Associates:

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Roommates (past and present):

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Clergy Members:

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Community Leaders:

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Police/Government:

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

List **ALL** current and former Department of Safety, State Police or New Hampshire Hospital employees you are familiar with:

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

DUPLICATE THIS PAGE IF NECESSARY

CAMPUS PATROL OFFICER



I, (type full name) _____, certify that the statements on all pages of this employment packet are true to the best of my knowledge. I understand that **ALL** statements will be investigated by the State Police. I realize that failure to provide all of the requested information, as well as any misrepresentations or omissions, will be the cause for my immediate rejection. I further understand that if I have attained employment and an investigation discloses misrepresentation, my employment with the State Police may be terminated.

Signature: _____ Date: _____

Subscribed and Sworn before me this _____ day of _____ 20 ____ .

Notary Public: _____