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**NEW HAMPSHIRE STATE POLICE TROOPER I**

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**PRE-EMPLOYMENT  
QUESTIONNAIRE**

NAME:

\_\_\_\_\_

Last                                      First                                      Middle

LEGAL ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

MAILING ADDRESS (if different):

\_\_\_\_\_

\_\_\_\_\_

HOME TELEPHONE:

( \_\_\_\_\_ ) \_\_\_\_\_

WORK TELEPHONE

( \_\_\_\_\_ ) \_\_\_\_\_

CELLULAR TELEPHONE:

( \_\_\_\_\_ ) \_\_\_\_\_

This application **MUST** be typed.

Revised 10/23

# *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.*

# **ESSENTIAL FUNCTIONS OF A STATE POLICE TROOPER I**

## **BASIC PURPOSE**

To enforce motor vehicle and criminal laws in order to protect the lives and property of the public, maintain law and order, detect and prevent crimes, apprehend suspects and prosecute violators.

## **CHARACTERISTIC DUTIES AND RESPONSIBILITIES**

- Arrests suspects, forcibly if necessary, using handcuff and other restraints; subdues resisting suspects using maneuvers, approved weapons, and hands and feet in self- defense.
- Writes investigative and other reports, including sketches, citations, affidavits, complaints, and warrants using appropriate grammar, symbols and mathematical computations.
- Assesses situations to determine when there is reasonable suspicion to detain, when probable cause exists to search and arrest, and when and to what degree force may be used, including the application of deadly force.
- Operates a law enforcement vehicle during both day and night, in emergency situations involving speeds in excess of posted limits, in congested traffic and in unsafe road conditions caused by factors such as fog, smoke, rain, ice and snow.
- Gathers information in criminal investigations by interviewing and obtaining the statements of victims, witnesses, suspects, and confidential informers.
- Pursues fleeing suspects which may involve quickly entering and exiting patrol vehicles; lifting, carrying, and dragging heavy objects; climbing over obstacles; jumping from elevated surfaces; climbing through openings; jumping over obstacles, ditches, and streams; crawling in confined areas; balancing on uneven or narrow surfaces and using body force to gain entrance through barriers.
- Unloads, loads, aims, and fires handguns, shotguns and other firearms from a variety of body positions under stressful conditions that justify the use of deadly force and at levels of proficiency prescribed in certification standards.
- Intervenes in disputes to restore peace and ensure safety of the public and parties involved, including confronting hostile persons, mediating disputes, and advising of rights and processes.
- Reads and comprehends legal and non-legal documents and demonstrates communication skills to prosecute cases in court and other formal settings.
- Searches people, vehicles, buildings, and outdoor areas to detect and collect evidence and substances that provide the basis of criminal offenses and infractions; detains suspicious persons or vehicles.

- Performs rescue functions at accidents, emergencies and disasters to include directing traffic, administering emergency medical aid, and evacuating people away from dangerous situations.

## DISTINGUISHING FACTORS

**Skill:** Requires skill in recommending routine changes in standardized operating procedures OR in retrieving, compiling, and reporting data according to established procedures OR in operating complex machines.

**Knowledge:** Requires knowledge of business practices and procedures or technical training in a craft or trade, including working from detailed instructions, to apply knowledge in a variety of practical situations.

**Impact:** Requires responsibility for contributing to immediate, ongoing agency objectives by facilitating the direct provision of services to the public or other state agencies. Errors at this level result in inaccurate reports or invalid test results and require a significant investment of time and resources to detect.

**Supervision:** Requires no supervision of employees or functions.

**Working Conditions:** Requires performing regular job assignments in an extremely disagreeable or dangerous working environment with continuous exposure to an uncontrollable number of hazardous elements, including occupational accidents, injuries, or diseases which result in total disability or death.

**Physical Demands:** Requires medium to heavy work, including continuous physical exertion such as frequent bending, lifting, or climbing.

**Communication:** Requires summarizing data, preparing reports, and making recommendations based on findings which contribute to solving problems and achieving work objectives. This level also requires presenting information for use by administrative-level managers in making decisions.

**Complexity:** Requires a combination of job functions to establish facts, to draw daily operational conclusions, or to solve practical problems. This level also requires providing a variety of alternative solutions where only limited standardization exists.

**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.

## MINIMUM QUALIFICATIONS

**Education:** Associates degree or 60 credit hours from a recognized college, university or technical institute with major study preferably in criminal justice or the equivalent.

**Experience:** No experience required.

OR

**Education:** High School Diploma, GED, or its equivalent.

**Experience:** Two years of experience comprised of any one of the following:

- A) One year as a full time certified police officer and one year of honorable military service, either intermittently or full time, OR
- B) Two years as a full time certified police officer, OR
- C) Two years of honorable military service, either intermittently or full time.

## SPECIAL REQUIREMENTS

**1. Age/Citizenship:** Must be at least 21 years of age and a U.S. citizen either prior to or on scheduled date of examination administration.

**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:** Candidates must successfully participate in a physical agility test designed to measure ability to perform essential job functions which are physically demanding tasks encountered in job performance. Candidates must also successfully participate in a written examination and structured interviews. Before appointments are made, candidates will undergo comprehensive background investigations, polygraph examinations and psychological examinations. Candidates who do not have a record free of serious offenses will be ineligible for appointment. After conditional offers of appointment have been made, prospective appointees must pass a comprehensive medical examination provided at state expense. The physician administering medical examinations will be selected by the N.H. Division of State Police. No physical conditions can exist prohibiting appointees from performing the duties and responsibilities of the State Police Trooper I position. All candidates will be subject to unannounced drug testing at any point during the selection process. Additional information on required examinations can be obtained from the N.H. Division of Personnel and N.H. Division of State Police Recruitment and Training Unit.

**4. Police Officer Certification:** Candidates must be able to obtain police officer certification within the time frame established by the New Hampshire Police Standards and Training Council. Must maintain police officer certification throughout tenure of service.

**5. Residency:** Candidates must be willing to accept employment **ANYWHERE** in the state. With offers of employment, appointees will be assigned a troop area and patrol. Prior to completion of Phase II (Field Training Officer) Training, appointees must establish residency within their assigned patrol area.

**6. License/Registration:** Appointees must obtain a New Hampshire driver's license and registration within 60 days of establishing residency in New Hampshire.

## RECOMMENDED WORK TRAITS

- Considerable knowledge of agency rules and regulations governing the Division of State Police.
- Knowledge of state provisions for emergency situations.
- Knowledge of the laws of arrest and evidence.
- Knowledge of state laws relating to the enforcement of criminal and traffic laws.
- Knowledge of criminal identification techniques and methods to identify and preserve evidence.
- Knowledge of the principles and methods of crime and traffic accident investigation.
- Knowledge of probation, parole and court procedures, including court decisions pertaining to law enforcement.
- Elementary knowledge of criminal behavior.
- Skill in presenting oral and physical evidence in court.
- Skill in proper interviewing and interrogating techniques.
- Skill in making quick, accurate decisions.
- Skill in the proper use and care of firearms.
- Skill in conducting investigations and in recognizing, identifying and preserving evidence of crime.
- Skill in using police communications equipment.
- Skill in life-saving techniques.
- Ability to perform physically demanding tasks.
- Ability to operate a motor vehicle safely and at high speeds.
- Ability to learn the use of firearms and other law enforcement equipment.
- Ability to exercise tact, diplomacy, and impartiality in relation to others.
- Ability to make decisions based on common sense and good judgment.
- Ability to resolve stressful situations.
- Ability to comprehend and comply with written and oral directions.
- Ability to comply with and enforce federal, state and local laws.
- Ability to increase competency through training and instruction.
- Ability to withstand long periods of uninterrupted work.
- Ability to react quickly and calmly in emergency situations.
- Ability to establish and maintain effective working relationships with federal, state, county and local agencies.
- Must be willing to maintain appearance appropriate to assigned duties and responsibilities as determined by the agency appointing authority.

## PERSONAL CHARACTERISTICS

Since law enforcement officers are required to enforce the law and are exposed to certain temptations to show favoritism, corruption, or unlawful monetary gain, it is a “business necessity” that officers exhibit a history and characteristics of honesty, reliability, ability to manage personal finances, interpersonal skills and integrity.

## PERSONAL BACKGROUND

The New Hampshire State Police is seeking only the most qualified individuals for positions as State Police Trooper I. 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 State Police Trooper I position. Therefore, a candidate **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 partial list of examples on the following pages.**

If, after reviewing the Essential Functions of a State Police Trooper I 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, Room B-4  
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**.

## 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 judgments
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 bad checks	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

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# NEW HAMPSHIRE STATE POLICE TROOPER I

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## SECTION I

### PRE-EMPLOYMENT QUESTIONNAIRE INSTRUCTIONS AND FORMS

#### 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 State Police Trooper I to be immediately rejected**. Further, if you have attained employment as a State Police Trooper I, 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 State Police Trooper I, 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: \_\_\_\_\_

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**NEW HAMPSHIRE STATE POLICE TROOPER I**

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**VOLUNTARY WITHDRAWAL FORM**

I, (type full name) \_\_\_\_\_ ,  
voluntarily withdraw my application from any further consideration for appointment as a  
Trooper I with the Division of State Police. This is done without prejudice.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Time: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am withdrawing because:

- Unable to meet New Hampshire State Police 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

Telephone: 603-223-8813



Colonel Mark B. Hall  
*Director*

## CONSENT

In keeping with my candidacy as a Trooper I for the New Hampshire State Police, 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: \_\_\_\_\_



## MARITAL AND FAMILY STATUS

Present Status (check one)

Single  Married  Separated  Divorced  Other  Please specify: \_\_\_\_\_

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**

(List ALL institutions attended)

Elementary School(s) and Address(es)

Date Completed

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Junior High School(s) and Address(es)

Date Completed

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High School(s) and Address(es) (Include photocopy of diploma.)

Date Completed

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College and Address (Include transcript.)

Dates Attended

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Degree: None  Associates  Bachelors  Masters  Major: \_\_\_\_\_

College and Address (Include transcript.)

Dates Attended

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Degree: Credit Hours  Associates  Bachelors  Masters  Major: \_\_\_\_\_

Additional Academic Experiences

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

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**SECTION IV – MILITARY SERVICE**

*(ATTACH A CERTIFIED COPY OF DD 214.)*

Have you ever served in the military? Yes  No  Dates \_\_\_\_\_

Branch \_\_\_\_\_ Unit \_\_\_\_\_ MOS \_\_\_\_\_

Serial # \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Describe duties of assignment(s). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If discharge was 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.).

\_\_\_\_\_

\_\_\_\_\_

List specialized training/skills (include courses and dates of completion, if applicable).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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.

Name of Employer \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_ Title \_\_\_\_\_  
Position Held \_\_\_\_\_ Salary \$ \_\_\_\_\_  
Period of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Duties \_\_\_\_\_

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

Name of Employer \_\_\_\_\_  
Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_ Title \_\_\_\_\_  
Position Held \_\_\_\_\_ Salary \$ \_\_\_\_\_  
Period of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Duties \_\_\_\_\_

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

Name of Employer \_\_\_\_\_  
Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_ Title \_\_\_\_\_  
Position Held \_\_\_\_\_ Salary \$ \_\_\_\_\_  
Period of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Duties \_\_\_\_\_

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

Name of Employer \_\_\_\_\_  
Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_ Title \_\_\_\_\_  
Position Held \_\_\_\_\_ Salary \$ \_\_\_\_\_  
Period of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Duties \_\_\_\_\_

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

**DUPLICATE THIS PAGE IF NECESSARY**

Have you ever been involuntarily terminated by any employer?

Yes  No

If yes, explain in detail.

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

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

\_\_\_\_\_
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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"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<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"/>

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**SECTION VI – CRIMINAL / MOTOR VEHICLE INQUIRIES**

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?

<b>Drug</b>	<b>Yes</b>	<b>No</b>	<b>Date First Used</b>	<b>Date Last Used</b>	<b>Number of Times Used</b>	<b>Average Frequency</b>
Amphetamine (crosstos, bennies, ecstasy, "uppers")						
Barbiturates, hypnotics, or other "downers"						
Cocaine						
Crack, rock, ice						
Hashish/Hash oil						
Heroin or other opiates						
LSD Psilocybins or other hallucinogens (mushrooms)						
Marijuana						
Methamphetamine (speed, crank)						
PCP (angel dust, ketamine, sherm)						
Steroids						
Pharmaceutical drugs not prescribed to you (Ex: Adderall, Dilaudid, Oxycodone, Percocet, Valium, Vicodin)						
Drug:						
Drug:						
Drug:						
Drug:						

Is there any other illegal drug, narcotic, or controlled substance not listed on the previous page that you have introduced into your body? Yes  No  If yes, explain. (Use additional sheets if necessary.)

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Have you ever sold any illegal or prescription drugs? Yes  No  If yes, explain. (Use additional sheets if necessary.)

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Have you ever purchased any illegal drug or pharmaceutical drug not prescribed to you? Yes  No  If yes, explain. (Use additional sheets if necessary.)

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Have you ever grown or manufactured any illegal drug? Yes  No  If yes, explain. (Use additional sheets if necessary.)

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Have you ever been arrested, detained, charged or convicted with a crime? Yes  No  If yes, list ALL such matters even if found not guilty, not formally charged, no court appearance, matter settled by payment of fine or forfeiture of collateral, or the incident was annulled, expunged, or committed as a juvenile. Include date, place, charge, disposition and police agency. **INCLUDE COPIES OF ALL DOCUMENTS AND REPORTS CORRESPONDING TO EACH INCIDENT.** If unavailable, indicate from which agency documents can be obtained. **INCLUDE ALL MOTOR VEHICLE VIOLATIONS EXCEPT PARKING CITATIONS.**

(Use additional sheets if necessary.)

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**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

List any additional sources of income (alimony, child support, etc.)

Source \_\_\_\_\_ Monthly amount \$ \_\_\_\_\_

**Total Monthly Income \$ \_\_\_\_\_**

Complete the following information regarding bills, loans, etc. that are in your name or which you have primary financial responsibility. (Use additional sheets if necessary.)

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

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

**Total Monthly Expenses \$ \_\_\_\_\_**

Provide institution name and address.

Savings Account(s)

\_\_\_\_\_ Balance \$ \_\_\_\_\_

\_\_\_\_\_ Balance \$ \_\_\_\_\_

Checking Account(s)

\_\_\_\_\_ Balance \$ \_\_\_\_\_

\_\_\_\_\_ Balance \$ \_\_\_\_\_

If you have ever been personally involved in a bankruptcy proceeding, been named in civil suit or had any liens or judgments placed against you supply ALL pertinent information in the section below.

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**SECTION VIII – MISCELLANEOUS**

**VOLUNTEER SERVICE**

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

Organization

Dates

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**HOBBIES/ATHLETICS**

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

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## 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 New Hampshire Department of Safety or New Hampshire State Police 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**

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**NEW HAMPSHIRE STATE POLICE TROOPER I**

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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: \_\_\_\_\_