



Daniel J. Anair  
Chief of Police

# Rindge Police Department

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158 Main Street  
Rindge, N.H. 03461

## 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 Daniel Anair  
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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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: \_\_\_\_\_  
\_\_\_\_\_



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)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_





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 \_\_\_\_\_  
\_\_\_\_\_





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 [ ]  
(year) (year)

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 \_\_\_\_\_

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 \_\_\_\_\_