

THE HUDSON POLICE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER

# POLICE OFFICER HUDSON POLICE DEPARTMENT



<http://www.hudsonpd.com>

*The Hudson Police Department is an Equal Opportunity Employer. Discrimination based on race, color, religion, ancestry, national origin, sex, sexual orientation, and place of birth, or against a qualified person with disabilities, or any other non-merit factor is prohibited.*



*The Hudson Police Department is a Nationally Accredited Agency*

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## Hudson Police Department

### Instructions Sheet

1. Complete the application form by typing or printing (**LEGIBLY** in black ink only).
2. Complete the application **ACCURATELY** and **TRUTHFULLY**.
3. Submit the application and return it by **Monday, 20 April 2009, at 1700 hours**. You can either mail this application or submit this in hand; however, it must be received by Monday, **20 April 2009 at 1700 hours**. Applications that are submitted or received after this date and time WILL NOT be accepted.
4. Your completed application for the position of Police Officer with the Hudson Police Department must be mailed or submitted to:

**Attn: Support Services/Training Division  
Hudson Police Department  
1 Constitution Drive  
Hudson, New Hampshire 03051**

**In addition to completing this application, you will be required to submit the following information. If any of the following items cannot be produced when the application deadline arrives, please contact Master Patrol Officer Joseph Hoebeke of the Support Services/Training Division with the reason for the delay and the expected date that the documents will be obtained.**

- A raised seal or certified copy of your birth certificate (please do not send your original birth certificate).
- A photocopy of your driver's license.
- A photocopy of your social security card.
- A copy of your High School diploma or G.E.D.
- If applicable, a certified copy of any college transcripts and a photocopy of the diploma issued to you by a college or university.
- If applicable, a copy of your military separation papers as well as a copy of your DD-214 form.
- Any letters of recognition, commendations or awards, performance evaluations, or miscellaneous documents that will be of assistance in judging professional experience.

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**SECTION I – BIOGRAPHICAL DATA**

**IDENTIFICATION INFORMATION**

*The following information is requested of you for verification and contact purposes:*

NAME \_\_\_\_\_  
*Last First Middle*

ALIASES \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

SSN \_\_\_\_\_ ARE YOU A UNITED STATES CITIZEN Yes No

LIST BIRTHMARKS, SCARS, TATTOOS BY DESCRIPTION AND LOCATION

\_\_\_\_\_

PRESENT ADDRESS (INCLUDE ZIP CODE) \_\_\_\_\_

\_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

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

(Use additional sheets if necessary)

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

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**MARITAL AND FAMILY STATUS**

PRESENT STATUS (CHECK ONE)      Single      Married      Separated      Divorced

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

Fathers Name \_\_\_\_\_ Address \_\_\_\_\_ DOB \_\_\_\_\_

Mothers Maiden Name \_\_\_\_\_ Address \_\_\_\_\_ DOB \_\_\_\_\_

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

Name \_\_\_\_\_ Tel # \_\_\_\_\_ Age \_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Tel # \_\_\_\_\_ Age \_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Tel # \_\_\_\_\_ Age \_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Tel # \_\_\_\_\_ Age \_\_\_\_  
Address \_\_\_\_\_

Number of Children \_\_\_\_\_ Where Residing \_\_\_\_\_

Names and Ages \_\_\_\_\_  
\_\_\_\_\_

Spouses Pre-Marriage Name(s) \_\_\_\_\_ DOB \_\_\_\_\_ Date of Marriage \_\_\_\_\_

If Married but Separated (List Details) \_\_\_\_\_  
\_\_\_\_\_

If Divorced (Complete the following information)

Name of Former Spouse \_\_\_\_\_ DOB \_\_\_\_\_ Present Name \_\_\_\_\_

Present Address \_\_\_\_\_ Tel # \_\_\_\_\_

Date of Divorce \_\_\_\_\_ Place \_\_\_\_\_ Court \_\_\_\_\_

Details Regarding Divorce \_\_\_\_\_

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**SECTION II – EMPLOYMENT**

List **ALL** of the work experiences (both full and part time), that you have held within the past 10 years, beginning with the most recent. Account for **ALL PERIODS** of employment and unemployment. Please duplicate this page if necessary. **Also, list separately all jobs from which you were fired or asked to resign from at any time during the past 20 years.**

Name of Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Immediate Supervisor \_\_\_\_\_ Title \_\_\_\_\_  
 Position Held \_\_\_\_\_ Salary \$ \_\_\_\_\_  
 Period of Employment From \_\_\_\_\_ To \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
 \_\_\_\_\_  
 S S S S S

Name of Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Immediate Supervisor \_\_\_\_\_ Title \_\_\_\_\_  
 Position Held \_\_\_\_\_ Salary \$ \_\_\_\_\_  
 Period of Employment From \_\_\_\_\_ To \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
 \_\_\_\_\_  
 S S S S S

Name of Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Immediate Supervisor \_\_\_\_\_ Title \_\_\_\_\_  
 Position Held \_\_\_\_\_ Salary \$ \_\_\_\_\_  
 Period of Employment From \_\_\_\_\_ To \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
 \_\_\_\_\_  
 S S S S S

Name of Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Immediate Supervisor \_\_\_\_\_ Title \_\_\_\_\_  
 Position Held \_\_\_\_\_ Salary \$ \_\_\_\_\_  
 Period of Employment From \_\_\_\_\_ To \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
 \_\_\_\_\_  
 S S S S S

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**DUPLICATE THIS PAGE OR USE ADDITIONAL PAPER IF NECESSARY**

Have you ever been terminated from any job?    Yes        No

**If yes, explain in detail.**

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Have you ever been asked to resign from any job?    Yes        No

**If yes, explain in detail.**

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Have you ever left a job when you knew or suspected that you were about to be asked to resign, be fired or be investigated?    Yes        No

**If yes, explain in detail.**

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Have you ever been disciplined or investigated by any employer?    Yes        No

**List each incident, the action taken and outcome.**

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Will your past employers give you a good recommendation?    Yes        No

**If no, explain in detail.**

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Are you, or have you ever been, a member of a union or other employee labor organization?

Yes      No

If yes, have you ever held any office or position in the labor organization? (List below)

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Are you, or have you ever been, a litigant in a lawsuit related to your employment. This would include any lawsuit filed by you or against you? Describe below.

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Have you ever participated in any job action against a prior employer (sick out, strike, work slow down, etc)? Yes      No

Have you ever filed a grievance against an employer? Yes      No

Are you a New Hampshire certified Police Officer? Yes      No

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

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

If yes, which state? \_\_\_\_\_

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

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

If yes, list **ALL** of the departments you have applied to and check how much of the hiring process you have completed. (Use additional sheets if necessary)

<b>Department Name</b>	<b>Written Exam (DATE)</b>	<b>Physical Exam (DATE)</b>	<b>Oral Board Review (DATE)</b>	<b>Background Investigation (DATE)</b>	<b>Polygraph Exam (DATE)</b>	<b>Hired (DATE)</b>

**(Continue on additional sheets if necessary)**

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**SECTION III – EDUCATION**

(Be sure to list ALL institutions attended) The New Hampshire Police Standards and Training Council requires a police officer to possess a United States high school diploma or its equivalent.

**Elementary School** [include telephone number]

**Date Completed**

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**Middle School** [include telephone number]

**Date Completed**

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**High School** [include telephone number, diploma & transcript]

**Date Completed**

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**College[s]** [include telephone number, diploma & transcript]

**Date Completed**

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

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

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Other Training (List Courses, Institutions, and Dates of Completion. Use additional sheets if necessary)

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(ATTACH A CERTIFIED COPY OF DD214)

**SECTION IV – MILITARY SERVICE**

Were you ever in the Military? Yes No Dates \_\_\_\_\_

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

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

If discharge is other than honorable, explain \_\_\_\_\_

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Were you ever disciplined while in the Military? Yes No Explain \_\_\_\_\_

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

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**SECTION V – FINANCIAL STATUS**

Complete the following information regarding debts, loans, etc. Include and specifically identify those debts that you have defaulted on. The management of personal finances is relevant to an individual’s qualifications for the position of police officer. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations. (Use additional sheets if necessary)

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

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

Have you ever filed for or declared bankruptcy? Yes No

If “yes”, please give details (*include when/where/why*)

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Have any of your bills ever been turned over to a collection agency? Yes No

If “yes”, please give details (*include when/firms involved/circumstances*)

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Have you ever had purchased goods repossessed? Yes      No

If "yes", please give details (*include when/firms involved/circumstances*)

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Have your wages ever been garnished? Yes      No

If "yes", please give details (*include when/where/why*)

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Have you ever been delinquent on income or other tax payments? Yes      No

If "yes", please give details (*include when/where/why*)

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**SECTION VI – PERSONAL INFORMATION**

Have you ever belonged to, or affiliated, with **ANY** racist, criminal, hate oriented, anti-social, anti-government or other similar group.    Yes        No        **(If yes, explain in detail.)**

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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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**SPECIAL SKILLS**

List any special skills or other qualifications that should be considered as a part of your application package.

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**VOLUNTEER ACTIVITIES**

List any volunteer activities that you have participated in.

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**SECTION VII – PAST CRIMINAL/UNLAWFUL ACTIVITY**

*The fact that your record may have been affected by sealing, an expungement, a release, or a pardon has specific legal implications as to how you should answer these questions.*

Have you used illegal drugs or prescription drugs not prescribed for you within the past 3 years?

Yes      No      If yes, explain (Use additional sheets if necessary)

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Have you ever used, possessed or sold any 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>
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						



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Have you ever committed a crime which has gone undetected? (For example: theft, domestic violence, child abuse, embezzlement, shoplifting, robbery, burglary, possession of a controlled substance, driving while intoxicated, etc...) Yes No

**If yes, explain** (Use additional sheets if necessary)

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Has any member of your immediate family [father, mother, brother, spouse etc.] ever been arrested and convicted of a felony crime? Yes No

**(If yes, explain fully and include dates, court location etc.)**

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Do you presently, or have you ever, gambled illegally **or** do you owe any gambling debts from legal gambling? Yes No

**(If yes, please explain)**

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**AUTOMOBILES AND DRIVER'S LICENSE**

(If you own an automobile or motorcycle)

*Operation of a motor vehicle is an integral part of the position of patrol officer. An investigation of your driving history will be made through a record check. To expedite this procedure, please supply the following information.*

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_

COLOR \_\_\_\_\_ REG# \_\_\_\_\_ STATE \_\_\_\_\_

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_

COLOR \_\_\_\_\_ REG# \_\_\_\_\_ STATE \_\_\_\_\_

Do you possess a valid driver's license?    Yes    No    Type \_\_\_\_\_ State \_\_\_\_\_

License Number \_\_\_\_\_ Expiring \_\_\_\_\_

Have you ever been refused a driver's license by any state?    Yes    No

If yes, give the state, date and 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 who issued your license?    Yes    No

If yes, give the name of state, date, and circumstances: \_\_\_\_\_

Have you ever been involved in a traffic accident as a driver?    Yes    No

If yes, list the dates, location, who was at fault, and the name of the agency who investigated the accident: \_\_\_\_\_

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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:

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**SECTION VIII – 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: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you known this person: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you known this person: \_\_\_\_\_

**Teachers:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you known this person: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you known this person: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you known this person: \_\_\_\_\_

**Co-Workers:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you known this person: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you known this person: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you known this person: \_\_\_\_\_

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**Friends/Associates/Girlfriend/Boyfriend:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
How long have you known this person: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
How long have you known this person: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
How long have you known this person: \_\_\_\_\_

**Roommates (past and present):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
How long have you known this person: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
How long have you known this person: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
How long have you known this person: \_\_\_\_\_

**Clergy Members:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
How long have you known this person: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
How long have you known this person: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
How long have you known this person: \_\_\_\_\_

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**Community Leaders:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you known this person: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you known this person: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you known this person: \_\_\_\_\_

**Police/Government:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you known this person: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you known this person: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you known this person: \_\_\_\_\_

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**HUDSON POLICE DEPARTMENT  
APPLICANT AFFIRMATION**

**Please Read, Sign and Date this page**

Employment as a sworn police officer for the Town of Hudson will require that you meet certain residency requirements upon being hired by the city. Presently, the residency range for police officers is 30 minutes travel time from Police Headquarters.

Should you be selected for employment, you will be hired as a probationary police officer. The probationary period shall be six (6) months in length. It shall commence after graduation from the Police Academy, but shall not be extended beyond one (1) year from date of hire. Employees who are not required to attend the Police Academy shall have a six (6) month probationary period beginning on the date of hire. This means that you can be discharged at any time and for any reason, without due process, during this six-month period.

The process required to train a new police officer is time consuming and expensive, and the Hudson Police Department may require that you enter into an employment contract with the Town. Probationary police officers will be required to sign an employment agreement, which obligates them to 36 months of employment. Employees, who choose to leave their position prior to concluding their agreement, will be required to reimburse the Town a pro-rated amount as specified in the agreement.

I certify that the information contained within this application package contains no misrepresentations or falsifications of any type, and that the information provided herein is true and complete to the best of my knowledge.

I am aware that my application will receive no further consideration, or that I will be terminated from employment with the Town of Hudson Police Department should investigation disclose any such misrepresentation or falsification.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*