

**TOWN OF JACKSON  
POLICE DEPARTMENT  
TELEPHONE: (603) 383-9292**

Return to:  
P.O. Box 187  
Jackson N.H. 03846

The Town of Jackson, New Hampshire is an Equal Opportunity Employer. Discrimination because of age, race, color, marital status, physical or mental handicap, religious creed, national origin or any other non-merit factor is prohibited.

**GENERAL INSTRUCTIONS:**

- A. Please print clearly or typewrite information as required.
- B. Update your application by notifying this department of any change in your name or address.
- C. The information provided will help toward determining your eligibility for any current or future vacancies. **GIVE COMPLETE AND CONCISE ANSWERS.**
- D. **A copy of your highest academic achievement, a copy of your social security card, a copy of your birth certificate and a copy of your valid driver's license must accompany this application.**

**FOR OFFICE USE ONLY**

Date App. Rec.	Notice Sent	Written Test	Oral Board	Physical	Average

**POSITION FOR WHICH YOU ARE APPLYING:**

PART-TIME \_\_\_\_\_ FULL-TIME \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
(HOME) (BUSINESS)

PRESENT MAILING ADDRESS  
STREET OR PO BOX: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**PHYSICAL DESCRIPTION:**

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

Are you willing to have your present employer contacted regarding your qualifications? \_\_\_\_\_

Do you have the legal right to accept employment in the United States ? \_\_\_\_\_

Are you between the ages of 18 and 70? (Required for compliance with child labor and mandatory retirement laws.) \_\_\_\_\_.

Have you ever been convicted for violations of any laws that have not been annulled by a court? \_\_\_\_\_.

Please list any Motor Vehicle or Criminal offenses you have been convicted of in any jurisdiction. Use the back of this page to do so. Be complete, to include jurisdiction, offense, sentence or fine and date of conviction.

Have you ever had a Restraining or Stalking Order served or issued against you? \_\_\_\_\_. If "YES", state the Date of the Order and the Court the Order was issued from below. Attach any orders listed in this section to the application.

Have you ever been prohibited from possessing or purchasing a firearm in this or any other State?

*NOTE: A conviction does not automatically eliminate you from employment since the nature of the crime and type of job for which application is made will be considered.*

**EDUCATION AND TRAINING**

CIRCLE HIGHEST OBTAINED

<p>HIGH SCHOOL</p> <p>8 9 10 11 12 GED</p> <p>Degree received</p>	<p>UNIVERSITY</p> <p>13 14 15 16 17 18 19 19+</p> <p>___ Associates ___ Masters ___ Bachelors ___ Doctorate</p> <p>Major: _____ Minor: _____</p>	<p>BUSINESS, TRADE OR SERVICE SCHOOL</p> <p>1 2 2+</p> <p>Specify type of trade school and occupation for which you received training: .....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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NOTE: Transcripts must be submitted.

Any training or educational courses you have taken may have provided you with specific job-related knowledge, skills, and abilities necessary to perform well on a job. List specific courses or sources of training which you would like the agency to consider in reviewing this application.

School, college or other source of training	Title of course and content of training	Length of time	Year completed

REMARKS – Use this space for any additional information or for continuation of answers to above questions

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**EXPERIENCE**

- A. **PLEASE BE COMPLETE: Your employment experience will be used to determine whether you meet the entrance requirements for this position and to measure your knowledge, skills and abilities in competing for this job.** You must therefore provide a full and accurate description of the responsibilities, accomplishments, achievements and proficiencies in your jobs or other pertinent life experiences. Please include any volunteer experience as it relates to this position. Veterans, include military experience as it relates to this position.
- B. Start with your present employment (or if unemployed, your most recent employment) and list your complete adult employment record. **If you need additional space, please include a supplemental sheet with full employment information.**
- C. If more than one position, classification or set of duties and responsibilities changed while working for the same employer, list each position or classification as a separate period of employment.

**NOTE: Resumes may be attached, however not in lieu of completing this section.**

**PRESENT EMPLOYMENT**

Date Employed _____ (Mo & Yr.)	Employer _____ Street address _____ City & State _____	Position and Department Title _____
Date Separated _____ (Mo & Yr.)	Kind of Business _____ Title of Supervisor _____	Reason for leaving _____
If part-time, specify hours worked per week: _____	No. & titles of employees supervised: _____	_____
Total length of time Employed: _____	_____	_____

Date Employed _____ (Mo & Yr.)	Employer _____ Street address _____ City & State _____	Position and Department Title _____
Date Separated _____ (Mo & Yr.)	Kind of Business _____ Title of Supervisor _____	Reason for leaving _____
If part-time, specify hours worked per week: _____	No. & titles of employees supervised: _____	_____
Total length of time Employed: _____	_____	_____

Date Employed _____ (Mo & Yr.)	Employer _____ Street address _____ City & State _____	Position and Department Title _____
Date Separated _____ (Mo & Yr.)	Kind of Business _____ Title of Supervisor _____	Reason for leaving _____
If part-time, specify hours worked per week: _____	No. & titles of employees supervised: _____	_____
Total length of time Employed: _____	_____	_____

**PERSONAL REFERENCES (at least five)**

NAME	ADDRESS	OCCUPATION	PHONE #

**INFORMATION RELEASE AUTHORIZATION**

I hereby authorize the release to the Jackson Police Department or its representative any and all personnel and/or personal information about me, which is maintained by your institution/agency/company. This release pertains to records with regard to my employment history, educational achievement, criminal conviction, examination and/or treatment for diagnostic, medical, surgical, psychological or psychiatric reasons and any other information, observations or opinions maintained in your files.

I further request that such reports be forwarded to the police department investigator designee who is conducting an investigation into my qualifications and fitness for appointment as a police department member.

I acknowledge by this authorization that I release all parties concerned from any and all obligations or liability in the disclosure of the contents of such files and the observations or opinions contained therein.

I certify that I have read and fully understand the foregoing statements.

Thank you for your prompt attention to this request.

\_\_\_\_\_  
Signature

**THIS AFFIRMATION MUST BE COMPLETED:**

I certify that there are no willful misrepresentatives in and falsifications of the above statements and answers to questions. **I understand that should an investigation disclose such misrepresentations and falsifications, my application may be rejected and should I be employed, my services may be terminated.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE