



## TOWN OF ASHLAND, NEW HAMPSHIRE POLICE DEPARTMENT

P.O. Box 885  
20 Highland Street  
Ashland, New Hampshire 03217

Chief William R. Ulwick  
Tel: (603) 968-4000  
Fax: (603) 968-4009



# PRE-EMPLOYMENT PERSONAL HISTORY STATEMENT

Please return your completed Personal History Statement to:

**Chief William R. Ulwick  
Ashland Police Department  
P.O. Box 885, 20 Highland Street  
Ashland, NH 03217**





# TOWN OF ASHLAND, NEW HAMPSHIRE POLICE DEPARTMENT

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20 Highland Street  
Ashland, New Hampshire 03217

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Tel: (603) 968-4000  
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## INSTRUCTIONS – PLEASE READ CAREFULLY

It is **mandatory** that all information requested be supplied in the manner specified. Each question on this application must be answered; leave no blanks. If a question does not apply, enter **N/A**. **An incomplete application will not be accepted.**

1. Read the form carefully.
2. The Personal History Statement should be either typed or written in pen. Submissions written in pencil will not be accepted.
3. List **zip codes** and **area codes** for all requested addresses and telephone numbers.
4. Print full names of all references: first name, middle name, and last name. If the reference has no middle name or initial, indicate by writing "NMI". If you don't know the middle name, call YOUR reference and ask for the information.
5. When listing residence information, begin with your present residence and go back to age fifteen. Include any addresses overseas while a military dependent or in other status, if applicable.
6. When listing employment information, begin with your present employer and list all other employers. List actual work addresses *not corporate office addresses*. Each month and year **for the past ten (10) years** must be accounted for; if you are less than 25 years old, complete this information back to age 15. **Be sure each address is accurate and complete.** List separately all jobs from which you were fired or asked to resign from at any time in the past 20 (twenty) years. List periods of military service, including the name of your station or assignment, and your residence if you lived off base. If you resided at an address other than your permanent home address while attending school, list the specific address as well as link the address to the college or university attended.
7. List relatives in the order requested. For deceased relatives, write "deceased" next to their name.
8. If there is not sufficient space to include all information required, note in the margin that additional information is found on a separate sheet of paper. Please type all additional submissions. All added submissions must be on plain white 8 ½" x 11" paper.
9. **Any false statements or omissions** made on this questionnaire may cause your name to be removed from the eligibility list or be cause for immediate termination, if an appointment is made.
10. You are required to report within five days to the Ashland Police Department any changes to information on this Personal History Form. Failure to do so may cause your name to be removed from the eligibility list or be cause for immediate termination, if an appointment is made.

**Note:** Unless otherwise advised, business attire is recommended for your appointment for a Background Interview.

I have read and understand the instructions provided.

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

CANDIDATE LAST NAME: \_\_\_\_\_

OFFICE USE ONLY

# ASHLAND POLICE DEPARTMENT

## PERSONAL HISTORY STATEMENT REQUIRED DOCUMENTS

In addition to completing the personal history statement, applicants must provide the following information (if applicable) listed below. If more time is required to furnish required documents, please note.

(Understanding the NHPSTC rules, the Ashland Police Department has utilized all the required components of Form 301.105 in this Personal History Statement. It also includes additional items as required and/or desired by this agency. As a matter of efficiency, the forms have been combined to reduce repetition and streamline process. For the purposes of NHPSTC Rule 301.05, their form 301.105 exists within as required and the paper and typeset differences are of no material significance.)

| DOCUMENTS   | Copy attached | N/A | Candidate will provide by (date) |
|---|---------------|-----|----------------------------------|
| Valid motor vehicle operator's license                                |               |     |                                  |
| Social Security card  |               |     |                                  |
| Certified copy of your birth certificate                              |               |     |                                  |
| High school transcripts or diploma                                    |               |     |                                  |
| Certified College transcripts (For all institutions attended)         |               |     |                                  |
| Certified copy of marriage certificate(s)                             |               |     |                                  |
| Military DD214  |               |     |                                  |
| Divorce decree(s)   |               |     |                                  |
| GED test score  |               |     |                                  |
| Bankruptcy records  |               |     |                                  |
| Civil suit records  |               |     |                                  |
| Name change records   |               |     |                                  |
| Copy of all police report(s) including traffic accident(s)            |               |     |                                  |
| Copy of children's birth certificates                                 |               |     |                                  |
| SUBMIT COPIES OF ALL LAW ENFORCEMENT TRAINING RECORDS (if applicable) |               |     |                                  |

Prior to writing upon this application, the Ashland Police Department recommends that you make a photocopy to use for note taking and draft work. Do not mail this application or the above requested documents unless specifically directed to do so by the Ashland Police Department. Applicants must complete all sections of this form; failure to do so may delay your background investigation and/or delay your background interview.

**SECTION 1****APPLICANT IDENTIFICATION**

|   |        |   |  |   |                                    |                  |          |
|---|--------|---|--|---|------------------------------------|------------------|----------|
| Full Legal Name   | Last   |   |  | First   |                                    | Middle           |          |
| Gender  | Height | Weight  | Hair                                     | Eyes  | Social Security Number             |                  |          |
| Driver's License No.  | State  | Expiration Date   | U.S. Citizen<br><input type="checkbox"/> | Naturalized citizen<br><input type="checkbox"/> | Birthmarks                         | Scars or Tattoos |          |
| Date of Birth   |        | Place of Birth (city, county, state, and country)   |  |   |                                    |                  |          |
| List all names (aliases and nicknames) you have used or have been known by (include maiden name). |        |   |  |   |                                    |                  |          |
| Last  |        | First   |  | Middle  |                                    | Year(s) Used     |          |
|   |        |   |  |   |                                    |                  |          |
|   |        |   |  |   |                                    |                  |          |
|   |        |   |  |   |                                    |                  |          |
| List the current address where you physically reside (not a mailing address).                     |        |   |  |   |                                    |                  |          |
| Number, Street, and Apt. no.  |        |   |  | City  |                                    | State            | Zip Code |
| Name of the County where you reside   |        | <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Parent <input type="checkbox"/> Other |  |   | How long have you resided there?   |                  |          |
|   |        |   |  |   | Years:                      Month: |                  |          |
| List your residence and work phone numbers (include area codes and extension if applicable)       |        | Personal Phone  |  |   | Work Phone                         |                  |          |
|   |        | E-Mail Address  |  |   |                                    |                  |          |
| List a mailing address if unable to obtain mail at your residence                                 |        |   |  |   |                                    |                  |          |
| Mailing Address   |        |   |  | City  |                                    | State            | Zip      |

## SECTION 2 RESIDENCES

List all of your residences during the last 10 years. Begin with your most current residence. When listing military bases, include nearest city, state, and zip code. When listing addresses, include Street, Avenue, Drive, Court, North, South, East, West. Include **unit number** or **apartment number**, where applicable.

|                 |                           |                    |
|-----------------|---------------------------|--------------------|
| Current address | City, state, and zip code | Since (month/year) |
|-----------------|---------------------------|--------------------|

With whom do you live

If renting, give name, complete address, and phone number of person who collects the rent

|         |                           |                   |                 |
|---------|---------------------------|-------------------|-----------------|
| Address | City, state, and zip code | From (month/year) | To (month/year) |
|---------|---------------------------|-------------------|-----------------|

With whom do you live

If renting, give name, complete address, and phone number of person who collects the rent

Reason for moving

|         |                           |                   |                 |
|---------|---------------------------|-------------------|-----------------|
| Address | City, state, and zip code | From (month/year) | To (month/year) |
|---------|---------------------------|-------------------|-----------------|

With whom did you live

If renting, give name, complete address, and phone number of person who collects the rent

Reason for moving

|         |                           |                   |                 |
|---------|---------------------------|-------------------|-----------------|
| Address | City, state, and zip code | From (month/year) | To (month/year) |
|---------|---------------------------|-------------------|-----------------|

With whom did you live

If renting, give name, complete address, and phone number of person who collects the rent

Reason for moving

|         |                           |                   |                 |
|---------|---------------------------|-------------------|-----------------|
| Address | City, state, and zip code | From (month/year) | To (month/year) |
|---------|---------------------------|-------------------|-----------------|

With whom did you live

If renting, give name, complete address, and phone number of person who collects the rent

Reason for moving

|         |                           |                   |                 |
|---------|---------------------------|-------------------|-----------------|
| Address | City, state, and zip code | From (month/year) | To (month/year) |
|---------|---------------------------|-------------------|-----------------|

With whom did you live

If renting, give name, complete address, and phone number of person who collects the rent

Reason for moving

**SECTION 2****RESIDENCES (continued)**

List all of your residences during the last 10 years. Begin with your most current residence. When listing military bases, include nearest city, state, and zip code. When listing addresses, include Street, Avenue, Drive, Court, North, South, East, West. Include **unit number** or **apartment number**, where applicable.

|   |                           |                           |                    |
|---|---------------------------|---------------------------|--------------------|
| Current address   |                           | City, state, and zip code | Since (month/year) |
| With whom do you live   |                           |                           |                    |
| If renting, give name, complete address, and phone number of person who collects the rent |                           |                           |                    |
| Address   | City, state, and zip code | From (month/year)         | To (month/year)    |
| With whom do you live   |                           |                           |                    |
| If renting, give name, complete address, and phone number of person who collects the rent |                           |                           |                    |
| Reason for moving   |                           |                           |                    |
| Address   | City, state, and zip code | From (month/year)         | To (month/year)    |
| With whom did you live  |                           |                           |                    |
| If renting, give name, complete address, and phone number of person who collects the rent |                           |                           |                    |
| Reason for moving   |                           |                           |                    |
| Address   | City, state, and zip code | From (month/year)         | To (month/year)    |
| With whom did you live  |                           |                           |                    |
| If renting, give name, complete address, and phone number of person who collects the rent |                           |                           |                    |
| Reason for moving   |                           |                           |                    |
| Address   | City, state, and zip code | From (month/year)         | To (month/year)    |
| With whom did you live  |                           |                           |                    |
| If renting, give name, complete address, and phone number of person who collects the rent |                           |                           |                    |
| Reason for moving   |                           |                           |                    |
| Address   | City, state, and zip code | From (month/year)         | To (month/year)    |
| With whom did you live  |                           |                           |                    |
| If renting, give name, complete address, and phone number of person who collects the rent |                           |                           |                    |
| Reason for moving   |                           |                           |                    |
| Address   | City, state, and zip code | From (month/year)         | To (month/year)    |
| With whom did you live  |                           |                           |                    |
| If renting, give name, complete address, and phone number of person who collects the rent |                           |                           |                    |
| Reason for moving   |                           |                           |                    |

### SECTION 3

### EMPLOYMENT AND EXPERIENCE HISTORY

Beginning with your most current employment, list **every** job, including military service within the past 10 (ten) years. Account for all time periods. Jobs include self-employment, part-time jobs, full-time jobs, temporary work, volunteer work, and internships. You must list all employment regardless of the length of employment. Addresses must be complete and accurate. Zip codes are required. If you have periods of unemployment, list those periods in sequence in the spaces specifically provided. Start with your most recent or current employment. List separately all jobs from which you were fired or asked to resign from at any time during the past 20 years.

Do you object to our contacting your present employer(s) prior to your being accepted?

Yes  No

If yes, please explain

|  |  |   |                        |
|--|--|---|------------------------|
| Date of employment<br>From _____ To _____<br>Month/year      Month/year<br><br>_____/____      ____/____ | Name of employer   |   | Work phone (area code) |
|  | Complete address   |   |                        |
| How long employed there?<br><br><input type="checkbox"/> Present employment                              | Work schedule (for example: Monday through Friday, 9 to 5, etc.) |   |                        |
|  | Job title or position  | <input type="checkbox"/> Full time <input type="checkbox"/> Part-time<br><input type="checkbox"/> Volunteer <input type="checkbox"/> Internship<br><input type="checkbox"/> Temporary | Salary                 |
| Describe your duties   |  |   |                        |
| Reason for leaving (be specific)   |  |   |                        |
| Supervisor's name  |  |   |                        |
| List another supervisor  |  |   |                        |
| List a co-worker   |  |   |                        |
| <input type="checkbox"/> Unemployed    From: _____ To: _____   |  |   |                        |

**SECTION 3****EMPLOYMENT AND EXPERIENCE HISTORY (continued)**

|  |            |  |  |   |        |
|--|------------|--|--|---|--------|
| Date of employment   |            | Name of employer   |  | Work phone (area code)  |        |
| From   | To         | Complete address   |  |   |        |
| Month/year   | Month/year | Work schedule (for example: Monday through Friday, 9 to 5, etc.) |  |   |        |
| ____/____  | ____/____  | Job title or position  |  | <input type="checkbox"/> Full time <input type="checkbox"/> Part-time<br><input type="checkbox"/> Volunteer <input type="checkbox"/> Internship<br><input type="checkbox"/> Temporary | Salary |
| How long employed there?                                     |            |  |  |   |        |
| <input type="checkbox"/> Present employment                  |            |  |  |   |        |
| Describe your duties   |            |  |  |   |        |
| Reason for leaving (be specific)                             |            |  |  |   |        |
| Supervisor's name  |            |  |  |   |        |
| List another supervisor                                      |            |  |  |   |        |
| List a co-worker   |            |  |  |   |        |
| <input type="checkbox"/> Unemployed    From: _____ To: _____ |            |  |  |   |        |

|  |            |  |  |   |        |
|--|------------|--|--|---|--------|
| Date of employment   |            | Name of employer   |  | Work phone (area code)  |        |
| From   | To         | Complete address   |  |   |        |
| Month/year   | Month/year | Work schedule (for example: Monday through Friday, 9 to 5, etc.) |  |   |        |
| ____/____  | ____/____  | Job title or position  |  | <input type="checkbox"/> Full time <input type="checkbox"/> Part-time<br><input type="checkbox"/> Volunteer <input type="checkbox"/> Internship<br><input type="checkbox"/> Temporary | Salary |
| How long employed there?                                     |            |  |  |   |        |
| <input type="checkbox"/> Present employment                  |            |  |  |   |        |
| Describe your duties   |            |  |  |   |        |
| Reason for leaving (be specific)                             |            |  |  |   |        |
| Supervisor's name  |            |  |  |   |        |
| List another supervisor                                      |            |  |  |   |        |
| List a co-worker   |            |  |  |   |        |
| <input type="checkbox"/> Unemployed    From: _____ To: _____ |            |  |  |   |        |

**SECTION 3****EMPLOYMENT AND EXPERIENCE HISTORY (continued)**

|  |            |  |  |   |        |
|--|------------|--|--|---|--------|
| Date of employment   |            | Name of employer   |  | Work phone (area code)  |        |
| From   | To         | Complete address   |  |   |        |
| Month/year   | Month/year | Work schedule (for example: Monday through Friday, 9 to 5, etc.) |  |   |        |
| ____/____  | ____/____  | Job title or position  |  | <input type="checkbox"/> Full time <input type="checkbox"/> Part-time<br><input type="checkbox"/> Volunteer <input type="checkbox"/> Internship<br><input type="checkbox"/> Temporary | Salary |
| How long employed there?                                     |            |  |  |   |        |
| <input type="checkbox"/> Present employment                  |            |  |  |   |        |
| Describe your duties   |            |  |  |   |        |
| Reason for leaving (be specific)                             |            |  |  |   |        |
| Supervisor's name  |            |  |  |   |        |
| List another supervisor                                      |            |  |  |   |        |
| List a co-worker   |            |  |  |   |        |
| <input type="checkbox"/> Unemployed    From: _____ To: _____ |            |  |  |   |        |

|  |            |  |  |   |        |
|--|------------|--|--|---|--------|
| Date of employment   |            | Name of employer   |  | Work phone (area code)  |        |
| From   | To         | Complete address   |  |   |        |
| Month/year   | Month/year | Work schedule (for example: Monday through Friday, 9 to 5, etc.) |  |   |        |
| ____/____  | ____/____  | Job title or position  |  | <input type="checkbox"/> Full time <input type="checkbox"/> Part-time<br><input type="checkbox"/> Volunteer <input type="checkbox"/> Internship<br><input type="checkbox"/> Temporary | Salary |
| How long employed there?                                     |            |  |  |   |        |
| <input type="checkbox"/> Present employment                  |            |  |  |   |        |
| Describe your duties   |            |  |  |   |        |
| Reason for leaving (be specific)                             |            |  |  |   |        |
| Supervisor's name  |            |  |  |   |        |
| List another supervisor                                      |            |  |  |   |        |
| List a co-worker   |            |  |  |   |        |
| <input type="checkbox"/> Unemployed    From: _____ To: _____ |            |  |  |   |        |

**SECTION 3****EMPLOYMENT AND EXPERIENCE HISTORY (continued)**

|  |            |  |  |   |        |
|--|------------|--|--|---|--------|
| Date of employment   |            | Name of employer   |  | Work phone (area code)  |        |
| From   | To         | Complete address   |  |   |        |
| Month/year   | Month/year | Work schedule (for example: Monday through Friday, 9 to 5, etc.) |  |   |        |
| ____/____  | ____/____  | Job title or position  |  | <input type="checkbox"/> Full time <input type="checkbox"/> Part-time<br><input type="checkbox"/> Volunteer <input type="checkbox"/> Internship<br><input type="checkbox"/> Temporary | Salary |
| How long employed there?                                     |            |  |  |   |        |
| <input type="checkbox"/> Present employment                  |            |  |  |   |        |
| Describe your duties   |            |  |  |   |        |
| Reason for leaving (be specific)                             |            |  |  |   |        |
| Supervisor's name  |            |  |  |   |        |
| List another supervisor                                      |            |  |  |   |        |
| List a co-worker   |            |  |  |   |        |
| <input type="checkbox"/> Unemployed    From: _____ To: _____ |            |  |  |   |        |

|  |            |  |  |   |        |
|--|------------|--|--|---|--------|
| Date of employment   |            | Name of employer   |  | Work phone (area code)  |        |
| From   | To         | Complete address   |  |   |        |
| Month/year   | Month/year | Work schedule (for example: Monday through Friday, 9 to 5, etc.) |  |   |        |
| ____/____  | ____/____  | Job title or position  |  | <input type="checkbox"/> Full time <input type="checkbox"/> Part-time<br><input type="checkbox"/> Volunteer <input type="checkbox"/> Internship<br><input type="checkbox"/> Temporary | Salary |
| How long employed there?                                     |            |  |  |   |        |
| <input type="checkbox"/> Present employment                  |            |  |  |   |        |
| Describe your duties   |            |  |  |   |        |
| Reason for leaving (be specific)                             |            |  |  |   |        |
| Supervisor's name  |            |  |  |   |        |
| List another supervisor                                      |            |  |  |   |        |
| List a co-worker   |            |  |  |   |        |
| <input type="checkbox"/> Unemployed    From: _____ To: _____ |            |  |  |   |        |

**SECTION 3**  
**EMPLOYMENT AND EXPERIENCE HISTORY (continued)**

Have you ever attended a police academy or a law enforcement training center?  Yes  No

Have you ever been a police (or fire) cadet, explorer, or reserve officer?  Yes  No

If yes, please provide the following information.

|        |              |            |
|--------|--------------|------------|
| Agency | Date started | Date ended |
| Agency | Date started | Date ended |
| Agency | Date started | Date ended |

Have you ever been terminated from any job?  Yes  No

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

If yes, please explain in detail.

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

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

If yes, please explain in detail.

Will your present employer give you a good recommendation?  Yes  No

If no, please explain.

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 organization? (List below)

Are you, or have you ever been, a litigant in a lawsuit related to your employment?  Yes  No

This would include any lawsuit filed by you or against you.

If yes, describe below.

### SECTION 3

#### EMPLOYMENT AND EXPERIENCE HISTORY (continued)

Are you a New Hampshire certified Police Officer?  Yes  No

Are you a certified Police Officer in another state?  Yes  No

If yes, please indicate where and when you were certified. Attach all supporting documentation.

Have you ever applied to the Ashland Police Department, or another law enforcement agency and were not selected for employment?  Yes  No

If yes, give details

| Agency Name / Position | Date applied | Address of Agency | Highest Hiring Process Step / Reason (ex. Oral Board, voluntary withdraw) |
|------------------------|--------------|-------------------|---|
|                        |              |                   |   |
|                        |              |                   |   |
|                        |              |                   |   |
|                        |              |                   |   |
|                        |              |                   |   |

### SECTION 4

#### MILITARY RECORD

Have you ever served in any of the Armed Forces, National Guard, or military reserves?  Yes  No

|                   |                       |   |                   |
|-------------------|-----------------------|---|-------------------|
| Branch of service | Unit/Occupation       | Enlistment date   | Discharge date    |
| Service number    | Highest rank attained | Rank at discharge   | Type of discharge |
| Separation code   | Reenlistment Code     | If active or current reserve, list your commanding officer's name |                   |

Starting with most recent, list all duty stations (include basic training, tours overseas, fleet assignments, etc.) while in the military.

| From (Month/Year) | From (Month/Year) | Location | Duties/Purpose |
|-------------------|-------------------|----------|----------------|
|                   |                   |          |                |
|                   |                   |          |                |
|                   |                   |          |                |
|                   |                   |          |                |
|                   |                   |          |                |
|                   |                   |          |                |

**SECTION 4  
MILITARY RECORD (continued)**

Have you ever been subject to any disciplinary action while in the military service? Include court martial, captain's mast, company punishment, etc)

Yes    No

If yes, explain in detail

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If your military discharge was anything other than an **honorable discharge**, please give complete details below

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**SECTION 5  
EDUCATIONAL HISTORY**

The NH Police Standards and Training Council requires a peace officer to possess a US high school diploma or its equivalent. Please indicate your current status with this requirement. Check **all** boxes that apply.

- I possess a high school diploma from a US institution.
- I possess a two-year college degree from an accredited college.
- I possess a four-year degree from an accredited college or university.
- I possess a Master's degree, doctorate degree or other higher learning certificate from an accredited college or university.
- I passed the GED test meeting the required scores.

| Name/Address of High School(s) you attended | From (month/year) | To (month/year) | Did you graduate?  |
|---|-------------------|-----------------|--|
|   |                   |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   |                   |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**SECTION 5  
EDUCATIONAL HISTORY (continued)**

Have you ever attended college?  Yes  No

*If yes, list all colleges and universities attended including post graduate and provide sealed copies of transcripts from all colleges attended.*

| Name of college or university | Address (include City, State and Zip Code) | Major | From (month/year) | To (month/year) | Total Units Earned | Type Degree Earned |
|-------------------------------|--|-------|-------------------|-----------------|--------------------|--------------------|
|                               |  |       |                   |                 |                    |                    |
|                               |  |       |                   |                 |                    |                    |
|                               |  |       |                   |                 |                    |                    |
|                               |  |       |                   |                 |                    |                    |
|                               |  |       |                   |                 |                    |                    |

Have you ever attended a trade, vocational, or business school?  Yes  No

*If yes, please provide the following information.*

| Name of school | Address (include City and State) | Type of school or training | Dates attended | Did you complete the course?                             |
|----------------|----------------------------------|----------------------------|----------------|--|
|                |                                  |                            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                |                                  |                            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                |                                  |                            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Have you ever been placed on academic probation, suspended, or expelled from any high school, university, or trade school?

Yes  No

*If yes, please explain in detail on a separate sheet of paper.*

Please list all athletic coaches, extracurricular activity and academic advisors during High School and College.

| NAME | INSTITUTION/ACTIVITY | ADDRESS | PHONE |
|------|----------------------|---------|-------|
|      |                      |         |       |
|      |                      |         |       |
|      |                      |         |       |
|      |                      |         |       |
|      |                      |         |       |

**SECTION 6  
SPECIAL QUALIFICATIONS AND SKILLS**

List any special licenses held or qualifications, such as CPR/First Aid, Justice of the Peace, Forklift Operator, Scuba, Radio, Pilot, etc.

| Licensing Authority / Type of License | Date of Issuance | Expiration Date |
|---------------------------------------|------------------|-----------------|
|                                       |                  |                 |
|                                       |                  |                 |
|                                       |                  |                 |
|                                       |                  |                 |

List any specialized machinery or equipment you can operate

Are you fluent in any foreign languages?

Yes  No

If yes, indicate the language and your degree of fluency

List language(s)

Level of proficiency

|               | FAIR                     | GOOD                     | EXCELLENT                |
|---------------|--------------------------|--------------------------|--------------------------|
| Reading       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Speaking      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Understanding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Writing       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

List any other special skills or qualifications you may possess

**SECTION 7  
LEGAL HISTORY**

Have you ever been indicted, arrested or convicted of a felony?  Yes  No

Have you ever been arrested or convicted of a misdemeanor?  Yes  No

Have you ever been arrested or convicted of a violation?  Yes  No

Have you ever been charged with a felony in which you were acquitted of the felony charges?  Yes  No

If yes to any of the above, provide the following information. Start with the most recent. USE A SEPARATE SHEET IF NECESSARY.

| Date | Charge | Police agency | Penalty |
|------|--------|---------------|---------|
|      |        |               |         |

Explain circumstances

|  |
|--|
|  |
|  |
|  |

| Date | Charge | Police agency | Penalty |
|------|--------|---------------|---------|
|      |        |               |         |

Explain circumstances

|  |
|--|
|  |
|  |
|  |

| Date | Charge | Police agency | Penalty |
|------|--------|---------------|---------|
|      |        |               |         |

Explain circumstances

|  |
|--|
|  |
|  |
|  |

Have you ever applied for a permit to carry a concealed weapon?  Yes  No

If yes, please explain below and provide a copy of the permit.

|              |  |         |
|--------------|--|---------|
| Date applied | Was permit granted? <input type="checkbox"/> Yes <input type="checkbox"/> No | Weapon? |
|--------------|--|---------|

Name of agency where applied (city, county, and state).

For what purpose?

|  |
|--|
|  |
|--|

## SECTION 7

### LEGAL HISTORY (continued)

Are you now or have you ever been involved as a plaintiff or defendant in any civil court action?  Yes  No

Have you ever had a judgment rendered against you?  Yes  No

If yes to either question, provide the following information and a copy of the civil action.

|      |                   |   |
|------|-------------------|---|
| Date | Location of court | <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant |
|------|-------------------|---|

Details

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

|      |                   |   |
|------|-------------------|---|
| Date | Location of court | <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant |
|------|-------------------|---|

Details

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

## SECTION 8

### MOTOR VEHICLE HISTORY

Do you possess a valid driver's license?  Yes  No

| Type | State | License Number | Expiration Date |
|------|-------|----------------|-----------------|
|      |       |                |                 |
|      |       |                |                 |

Under certain circumstances New Hampshire law requires that drivers and owners of vehicles be covered by automobile liability insurance. Please list your insurance company or companies.

| Company | Telephone Number (include area code) | Policy Number | Expiration Date |
|---------|--------------------------------------|---------------|-----------------|
|         |                                      |               |                 |
|         |                                      |               |                 |
|         |                                      |               |                 |

Have you ever received a traffic citation (sometimes known as a "summons" or "ticket", but does not include parking tickets)?  Yes  No

If yes, list all traffic citations. Start with the most recent.

| Month/year | Traffic violation | City and State | What action resulted? (Fined, traffic school attended, dismissed) |
|------------|-------------------|----------------|---|
|            |                   |                |   |
|            |                   |                |   |
|            |                   |                |   |
|            |                   |                |   |
|            |                   |                |   |
|            |                   |                |   |
|            |                   |                |   |
|            |                   |                |   |

**SECTION 8  
MOTOR VEHICLE HISTORY (continued)**

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 the state, date, and circumstances.*

Have you ever been involved in a motor vehicle accident as a driver?  
If yes please provide the following information.

Yes  No

|                                    |                |  |  |
|------------------------------------|----------------|--|--|
| Date                               | City and state | Were you at fault?                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                    |                | Was a police report taken?                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Police agency that took the report |                | Did the accident cause injury to another person? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                    |                | Were you cited or arrested?                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                    |                | Was the accident a hit and run?                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date                               | City and state | Were you at fault?                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                    |                | Was a police report taken?                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Police agency that took the report |                | Did the accident cause injury to another person? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                    |                | Were you cited or arrested?                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                    |                | Was the accident a hit and run?                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date                               | City and state | Were you at fault?                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                    |                | Was a police report taken?                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Police agency that took the report |                | Did the accident cause injury to another person? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                    |                | Were you cited or arrested?                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                    |                | Was the accident a hit and run?                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Have you ever been involved in a traffic accident that was not reported but should have been reported?

Yes  No

*If yes, list details*

**SECTION 9****MARITAL AND FAMILY HISTORY**

During the background investigation, your family and other relatives will be asked to comment upon your suitability for the position of police officer. Supply the appropriate information in the space provided. If a category is not applicable, print N/A in the box provided for the name. If deceased, so indicate.

Are you:

Single  Married  Separated  Divorced  Widowed

|   |  |                             |                        |     |
|---|--|-----------------------------|------------------------|-----|
| Full name of spouse                               | Maiden name                                  | Other names spouse has used | Date of birth          | Age |
| Date of marriage                                  | Place of marriage (city, state, and country) |                             |                        |     |
| Spouse's employer                                 |  | Occupation or position      | How long employed      |     |
| Current address of spouse, if not living with you |  | Home phone (area code)      | Work phone (area code) |     |

If divorced, widowed, or had an annulment, provide the following information.

|  |   |   |                        |     |
|--|---|---|------------------------|-----|
| Full name of former spouse                             | Maiden name                                       | Other names spouse has used   | Date of birth          | Age |
| Date of marriage                                       | Place marriage (city, county, state, and country) |   |                        |     |
| Former spouse's employer                               |   |   |                        |     |
| Current address of former spouse or last known address |   | Home phone (area code)  | Work phone (area code) |     |
| Date filed for divorce                                 | City, county, and state of divorce                | Is divorce final <input type="checkbox"/> Yes <input type="checkbox"/> No |                        |     |

**FAMILY MEMBERS**

During the background investigation, your family and other relatives will be asked to comment upon your suitability for the position of police officer. Supply the appropriate information in the space provided. If a category is not applicable, print N/A in the box provided for the name. If deceased, so indicate.

| Name                 | Residence Address (include zip codes). If same as yours write "same". | Telephone (Include area code) |  |
|----------------------|---|-------------------------------|--|
| Father               |   | Home                          |  |
| DOB                  |   | Work                          |  |
| Occupation           |   |                               |  |
| Mother               |   | Home                          |  |
| DOB                  |   | Work                          |  |
| Mother's maiden name |   |                               |  |
| Occupation           |   |                               |  |
| Stepfather           |   | Home                          |  |
| Occupation           |   | Work                          |  |
| Stepmother           |   | Home                          |  |
| Occupation           |   | Work                          |  |

**SECTION 9**  
**MARITAL AND FAMILY HISTORY (continued)**

|                      |  |      |     |
|----------------------|--|------|-----|
| Father-in-law        |  | Home |     |
| Occupation           |  | Work |     |
| Mother-in-law        |  | Home |     |
| Occupation           |  | Work |     |
| Brother/Step brother |  | Home | Age |
| Occupation           |  | Work |     |
| Brother/Step brother |  | Home | Age |
| Occupation           |  | Work |     |
| Brother/Step brother |  | Home | Age |
| Occupation           |  | Work |     |
| Brother/Step brother |  | Home | Age |
| Occupation           |  | Work |     |
| Brother/Step brother |  | Home | Age |
| Occupation           |  | Work |     |
| Brother/Step brother |  | Home | Age |
| Occupation           |  | Work |     |
| Sister/Step sister   |  | Home | Age |
| Occupation           |  | Work |     |
| Sister/Step sister   |  | Home | Age |
| Occupation           |  | Work |     |
| Sister/Step sister   |  | Home | Age |
| Occupation           |  | Work |     |
| Sister/Step sister   |  | Home | Age |
| Occupation           |  | Work |     |
| Sister/Step sister   |  | Home | Age |
| Occupation           |  | Work |     |
| Sister/Step sister   |  | Home | Age |
| Occupation           |  | Work |     |

**SECTION 9  
MARITAL AND FAMILY HISTORY (continued)**

**CHILDREN**

List all of your children (include natural children, step-children, adopted children, foster children, etc.)

| Name | Gender |        | Date of birth | Other Parent | Living with you |    |
|------|--------|--------|---------------|--------------|-----------------|----|
|      | Male   | Female |               |              | Yes             | No |
|      |        |        |               |              |                 |    |
|      |        |        |               |              |                 |    |
|      |        |        |               |              |                 |    |
|      |        |        |               |              |                 |    |

Have you ever been ordered by court to pay child support?  Yes  No  
 If yes, what is or was the monthly amount \_\_\_\_\_

Have you ever been required to pay alimony?  Yes  No  
 If yes, what is or was the monthly amount \_\_\_\_\_

Have you ever been delinquent in child support payments or alimony payments?  Yes  No

If yes, explain below.

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## SECTION 10 REFERENCES

List five persons who you know well enough to provide current information about you, and have know you for at least two years. Do not list relatives or former employers.

|                                  |  |                              |                          |                                 |  |
|----------------------------------|--|------------------------------|--------------------------|---------------------------------|--|
| Name / occupation / relationship |  | Address (including zip code) |                          | Telephone (including area code) |  |
| Name                             |  |                              |                          | Home                            |  |
| Occupation                       |  |                              |                          | Work                            |  |
| Relationship                     |  | Age                          | How long have you known? |                                 |  |
| Name / occupation / relationship |  | Address (including zip code) |                          | Telephone (including area code) |  |
| Name                             |  |                              |                          | Home                            |  |
| Occupation                       |  |                              |                          | Work                            |  |
| Relationship                     |  | Age                          | How long have you known? |                                 |  |
| Name / occupation / relationship |  | Address (including zip code) |                          | Telephone (including area code) |  |
| Name                             |  |                              |                          | Home                            |  |
| Occupation                       |  |                              |                          | Work                            |  |
| Relationship                     |  | Age                          | How long have you known? |                                 |  |
| Name / occupation / relationship |  | Address (including zip code) |                          | Telephone (including area code) |  |
| Name                             |  |                              |                          | Home                            |  |
| Occupation                       |  |                              |                          | Work                            |  |
| Relationship                     |  | Age                          | How long have you known? |                                 |  |
| Name / occupation / relationship |  | Address (including zip code) |                          | Telephone (including area code) |  |
| Name                             |  |                              |                          | Home                            |  |
| Occupation                       |  |                              |                          | Work                            |  |
| Relationship                     |  | Age                          | How long have you known? |                                 |  |
| Name / occupation / relationship |  | Address (including zip code) |                          | Telephone (including area code) |  |
| Name                             |  |                              |                          | Home                            |  |
| Occupation                       |  |                              |                          | Work                            |  |
| Relationship                     |  | Age                          | How long have you known? |                                 |  |

**SECTION 10  
REFERENCES (continued)**

**Law Enforcement References**

Please list any individuals who are members of law enforcement agencies that you are acquainted with and who have knowledge of you and your qualifications, if applicable. Addresses may include their residence or place of employment. Addresses must be complete with zip codes. Telephone numbers must include area codes.

|                       |                              |                                 |
|-----------------------|------------------------------|---------------------------------|
| Name / title / agency | Address (including zip code) | Telephone (including area code) |
| Name                  |                              | Home                            |
| Agency                |                              | Work                            |
| Name / title / agency | Address (including zip code) | Telephone (including area code) |
| Name                  |                              | Home                            |
| Agency                |                              | Work                            |
| Name / title / agency | Address (including zip code) | Telephone (including area code) |
| Name                  |                              | Home                            |
| Agency                |                              | Work                            |

**SECTION 11  
FINANCES**

The management of personal finances is relevant to an individual's qualifications for the position of police officer. Please provide the following information. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your overall financial obligations.

| Current monthly income         |    |  | Current monthly expenditures                                  |    |  |
|--------------------------------|----|--|---|----|--|
| Monthly salary                 | \$ |  | Home payment (mortgage or rent)                               | \$ |  |
| Spouse's salary                |    |  | Car payment   |    |  |
| Other income (indicate source) |    |  | Auto insurance  |    |  |
|                                |    |  | Credit cards (charge accounts)                                |    |  |
|                                |    |  | Utilities, child support, alimony, and other monthly payments |    |  |
| Total monthly income           | \$ |  | Total monthly expenditures                                    | \$ |  |

Please list all banks or savings institutions where you have current accounts.

|      |         |  |
|------|---------|--|
| Bank | Address | <input type="checkbox"/> Checking <input type="checkbox"/> Savings How long there? _____ |
| Bank | Address | <input type="checkbox"/> Checking <input type="checkbox"/> Savings How long there? _____ |
| Bank | Address | <input type="checkbox"/> Checking <input type="checkbox"/> Savings How long there? _____ |

## SECTION 12 FINANCIAL OBLIGATIONS

Please list information on all of your current (open) charge accounts, loans, financial contracts and long-term liabilities.

| Name of creditor, bank, firm or lender | Reason for debt | Monthly Payment | Current Balance | List the number of times you have been late thirty days or more. |
|--|-----------------|-----------------|-----------------|--|
|  |                 | \$              | \$              |  |
|  |                 |                 |                 |  |
|  |                 |                 |                 |  |

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

|  |
|--|
|  |
|  |

## SECTION 13 DRUG HISTORY

Have you used illegal drugs or prescription drugs not prescribed for you within the past three years?  Yes  No  
If yes, explain in detail. Use additional sheets if necessary.

Have you **EVER** used, possessed or sold any of the following illegal drugs.

| Drug   | Yes or No  | Date first used | Date last used | Number of times used | Average frequency |
|--|--|-----------------|----------------|----------------------|-------------------|
| Marijuana  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |                |                      |                   |
| Hashish/Hash oil                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |                |                      |                   |
| Cocaine  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |                |                      |                   |
| Amphetamine  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |                |                      |                   |
| Benzoiazapines (Xanax, Valium, etc.)                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |                |                      |                   |
| Methamphetamine (speed, crank)                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |                |                      |                   |
| LSD, Psilocybin Mushrooms, DMT, or other hallucinogens | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |                |                      |                   |
| Dissociative Analgesics (PCP, Ketamine, etc)           | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |                |                      |                   |
| Opiates (Heroin, Fentanyl, Morphine, Oxycontin, etc.)  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |                |                      |                   |
| Steroids   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |                |                      |                   |
| Crack Cocaine  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |                |                      |                   |
| Pharmaceutical drugs not prescribed to you             | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |                |                      |                   |

**SECTION 13**  
**DRUG HISTORY (continued)**

Are there any other illegal drugs, narcotics, or controlled substances not listed above that you have used, sold, or possessed?

Yes  No

If yes, explain in detail. Use additional sheets if necessary.

Have you ever illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting public safety?

Yes  No

If yes, explain in detail

Have you ever been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?

Yes  No

If yes, explain in detail

**SECTION 14**  
**Supplemental Questionnaire**

Please read each question carefully. If you respond “yes” to any question, please provide a detailed explanation on a separate piece of paper. Also, please list any and all police agencies that were involved in any action that you answer “yes” in response to the question, if applicable

| Question   | Yes | No |
|--|-----|----|
| Have you ever had a stalking order, restraining order, or other protective order issued against you?                                     |     |    |
| Have you ever committed an undetected crime as a juvenile?   |     |    |
| Have you ever committed an undetected crime as an adult?   |     |    |
| Have you ever run away from the police or refused to stop when ordered by a police officer?  |     |    |
| Have you ever engaged in domestic violence with spouse or romantic partner or been accused of committing a domestic assault?             |     |    |
| Have you ever belonged to, or affiliated with ANY racist, criminal, hate oriented, anti-social, anti-government, or other similar group? |     |    |
| Has any member of your immediate family (father, mother, brother, sister, spouse, children, etc.) been convicted of a felony crime?      |     |    |
| Have you ever been jailed for any reason or for any amount of time?  |     |    |
| Have you ever been subject to an internal affairs investigation?   |     |    |
| Have you ever been investigated by the New Hampshire Police Standards and Training Council or other state agency?                        |     |    |
| Have you ever been the subject of an investigation by any employer for complaints of misconduct made against you?                        |     |    |
| Have you ever been accused of committing sexual harassment in the workplace?   |     |    |
| Have you ever operated a motor vehicle, motorboat, or off-highway vehicle while intoxicated by alcohol or drugs?                         |     |    |
| Have you ever been taken into protective custody by the police?  |     |    |
| Do you have any social media accounts? If yes, include the social media network(s) and your username(s) below                            |     |    |
|  |     |    |
|  |     |    |

**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**

Subscribed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Notarial Officer

My Commission Expires \_\_\_\_\_



# TOWN OF ASHLAND, NEW HAMPSHIRE POLICE DEPARTMENT

P.O. Box 885  
20 Highland Street  
Ashland, New Hampshire 03217

Chief William R. Ulwick  
Tel: (603) 968-4000  
Fax: (603) 968-4009



## AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_, born in \_\_\_\_\_, having filed an application for employment with the Ashland Police Department, consent herein to have an investigation made as to my moral character, reputation, and fitness for the position for which I have applied. Furthermore, I agree to give any additional information that may be required during the conduct of that investigation. I also authorize and request every person, firm, company, corporation, partnership, government agency, court, association, medical profession, medical facility or institution, school, college, or branch of the military having control of any documents, cooperate and allow inspection or provide copies of such documents, records, reports, or other written information to the Ashland Police Department or any of its agents or representatives.

I hereby release, exonerate and discharge the Ashland Police Department, its agent and representatives, and any person or entity so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such written documents, records, reports, or other information to the said Ashland Police Department, or its agents or representatives.

It has been explained to me, and I fully understand, that refusal to grant authorization will not necessarily void my application. This authority shall continue for one year from the above date, unless sooner revoked by me in writing.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Notarial Officer

My Commission Expires \_\_\_\_\_