

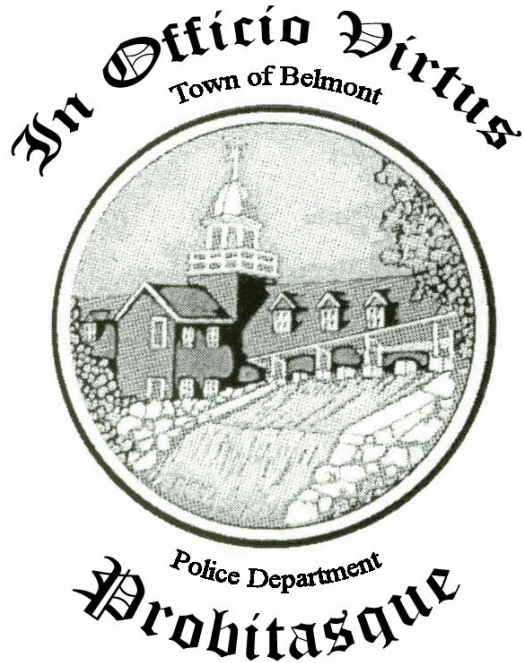
INSTRUCTIONS FOR COMPLETION OF STATEMENT OF PERSONAL HISTORY

The following must be completed before the testing:

- Statement of Personal History will be turned in at the time of testing.
- Statement of Personal History must be filled out completely according to the instructions.
- Statement of Personal History must be notarized or sworn to by a Justice of the Peace.
- Statement of Personal History must be signed in 3 places.

Belmont Police Department

Vincent A. Baiocchetti
Chief of Police



STATEMENT OF PERSONAL HISTORY

NAME:

LAST

FIRST

MIDDLE

POSITION APPLIED FOR:

COMPLETE AND RETURN BY:

RETURN TO: BELMONT POLICE DEPARTMENT
P.O. BOX 320
16 FULLER STREET
BELMONT, NEW HAMPSHIRE 03220

REV. JANUARY 30, 2009
CIVILIAN EMPLOYEE, OFFICER TRAINEE, LATERAL OFFICER, PART-TIME OFFICER, VOLUNTEER

Belmont Police Department

“Honesty and Virtue in Duty”



Chief Vincent Baiocchetti

Lt. Mark Lewandoski

Dear Applicant ~

Please allow me to thank you for your interest in a position with this office. It is a great honor to serve the citizens of the Town of Belmont and I have committed to maintaining their trust by hiring only those demonstrating the highest degree of integrity and professionalism. It is my hope that we find that you are just such a person.

In order to accomplish this goal, I ask you to provide us with the information requested in the attached *Statement of Personal History*. As you look through the packet, I realize it may appear a daunting task. However, I trust you understand our need for conducting extensive background checks. With that in mind, please ensure that the information you provide is both thorough and completely honest.

If you have questions, or need clarification regarding any portion of this packet, please do not hesitate to call Corporal Adam Hawkins at 603-267-8351. We are ready and willing to help you through this process.

I commend you on your decision to pursue a career in public service and wish you success in this endeavor.

Sincerely,

A handwritten signature in black ink, appearing to read "Vincent A. Baiocchetti, III". The signature is stylized and includes a long horizontal stroke extending to the right.

Vincent A. Baiocchetti, III
Chief of Police

BELMONT POLICE DEPARTMENT

Applicant Letter of Understanding

The information furnished in your Statement of Personal History Packet and all the information supplied by you for the application process will be treated as confidential to the extent permitted by New Hampshire law and is to be utilized for the purpose of enabling the Belmont Police Department to determine your qualifications and to assist in the hiring decision. The Statement of Personal History is the property of the Belmont Police Department and will not be returned to you.

Belmont Police Department obliges itself not to disclose background information submitted in confidence if the provider requests confidentiality, as there is a strong public interest in obtaining complete and accurate background information. Disclosure of confidential background information harms the public interest in making providers of background information reluctant to share this information, and thus encourages the hiring of employees who may have significant background issues that would have precluded employment had the information been known to the Belmont Police Department.

All questions must be answered completely and accurately. All statements in your Statement of Personal History Packet and statements made during interviews are subject to verification. When in doubt as to the necessity of listing information, it is recommended that the information be listed to preclude future questions regarding omissions from this form. The fact that you have been fired, have a criminal record, or have other negative background information may not automatically result in you being denied employment, if you truthfully disclose the information. Be aware that if any such information is discovered during the course of your background investigation that appears to have been withheld, and it should have been divulged up front, the background investigator will consider that this information was concealed by you with the expectation that the investigator would not find it. Any such omissions or any willful misrepresentations or falsifications of information will result in your application being rejected and disqualification from this process; or if after your acceptance for employment, subsequent investigation should disclose misrepresentation, omission or falsification, it will be just cause for immediate dismissal.

ACKNOWLEDGEMENT:

I have read and understand the above information.

Print Name

Date

Signature

INSTRUCTIONS

READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

- Your Personal History Statement should be printed legibly in **black** ink. Answer all questions to the best of your ability. Sign and date the “Affirmation”, “Authorization for Release of Information Agreement”, and “Permission to Obtain Consumer Report” forms. Your signature on the “Authorization for Release of Information Agreement” must be notarized.
- If a question is not applicable to you, enter N/A in the space provided.
- Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
- You are responsible for obtaining correct addresses including zip codes. If you are not sure of an address, check it by personal verification. Your local library or the internet may have a directory service or copies of local phone directories.
- If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
- An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification. No matter how qualified you are in other respects, you cannot become a Belmont Police Department employee if your truthfulness is in doubt.
- The Americans with Disabilities Act prohibits employers from making medically related inquiries **prior** to a Conditional Offer of Employment. Therefore, if you are completing this personal history statement before you have received a Conditional Offer of Employment, **do not** divulge information concerning physical or medical conditions, either past or current.
- You **must** include the following with your application:
 - ✓ A copy of your high school diploma or transcripts, or GED, even if you are a college graduate.
 - ✓ A copy of your birth certificate
 - ✓ A copy of your driver’s license
 - ✓ An uncensored copy of your DD214 military release form, if you served in the military.
- Submit sealed certified college transcripts of any college level work you have completed. Mail your transcripts to the Officer assigned to do your background or request that they be mailed directly to the Officer assigned to do your background. Indicate “*transcripts requested*” if they are not available to submit with the completed document.
- Questions may be directed to the Officer assigned to do your background at 603 267-8351.

POSITION APPLIED FOR:

Patrol Officer

PERSONAL HISTORY STATEMENT

A. *APPLICANT IDENTIFICATION* – Information provided in this section is used for identification purposes only.

Name: _____
LASTFIRSTMIDDLE

Home Address: _____
STREETCITYSTATEZIP CODE

Mailing Address: _____
STREETCITYSTATEZIP CODE

Home Phone: _____ Work Phone: _____ Ext. _____

E-mail address: _____ Cell or Pager #: _____

Date of Birth: _____ Social security number: _____
MONTH/DAY/YEAR

Nickname(s), maiden name, or other names by which you have been known:

Place of birth: _____
CITYCOUNTYSTATE

Are you a U.S. citizen? Yes No Naturalized? Yes No

If no, please provide documents as proof of immigration.

Driver's license #: _____ Expiration date: _____ State: _____

List other States in which you've had a driver's license: _____

Height: _____ Weight: _____ Color of eyes: _____ Color of hair: _____

Scars, tattoos, or other distinguishing marks: _____

B. *RESIDENCES* – List all addresses where you have lived during the past 10 years, beginning with present address. List date by month and year, attach extra page if necessary.

| DATES | ADDRESS |
|--------------|----------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

ROOMMATES – List all roommates with whom you have resided for the past 10 years. Attach extra page if necessary. Do not include roommates that were assigned to your living space such as, college and military housing.

| NAME | TIME PERIOD | DATE OF BIRTH |
|-------------|--------------------|----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

C. EXPERIENCE AND EMPLOYMENT – Beginning with your present or most recent job, list all employment held for the past 10 years, including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra pages if necessary. Please indicate if you are fearful that your present job would be in jeopardy if inquiries were made. Please indicate month and year.

Current Employer: _____ From _____

Address: _____
STREET CITY STATE ZIP CODE

EMAIL: _____ Name of coworker: _____

Duties: _____

Supervisor: _____ Phone Number: _____

Reason for leaving: _____

May we contact your current employer? Yes No

Employer: _____ From _____ To _____

Address: _____
STREET CITY STATE ZIP CODE

EMAIL: _____ Name of coworker: _____

Duties: _____

Supervisor: _____ Phone Number: _____

Reason for leaving: _____

Employer: _____ From _____ To _____

Address: _____
STREET CITY STATE ZIP CODE

EMAIL: _____ Name of coworker: _____

Duties: _____

Supervisor: _____ Phone Number: _____

Reason for leaving: _____

Employer: _____ From _____ To _____

Address: _____
STREET CITY STATE ZIP CODE

EMAIL: _____ Name of coworker: _____

Duties: _____

Supervisor: _____ Phone Number: _____

Reason for leaving: _____

Employer: _____ From _____ To _____

Address: _____
STREET CITY STATE ZIP CODE

EMAIL: _____ Name of coworker: _____

Duties: _____

Supervisor: _____ Phone Number: _____

Reason for leaving: _____

Have you ever been discharged for failing to pass a probationary period? No Yes

Have you ever been discharged from any position? No Yes

Have you ever resigned to avoid discharge or resigned while under suspension or while dismissal proceedings were pending? No Yes

Have you applied for employment with any other criminal justice system agencies?
 No Yes If yes, where and when? _____

D. MILITARY HISTORY

Have you registered with Selective Service? No Yes

Have you served in the U.S. Armed Forces? No Yes

Date of service: From: _____ To: _____ Branch of service: _____

Unit designation: _____ Military service number: _____

Highest rank held: _____ Type of discharge: _____

Were you ever disciplined while in the military service (include court-martial, captain's masts, company punishment, Article 15's, etc.)? No Yes

| CHARGE | AGENCY | DATE | AGE AT | DISPOSITION |
|--------|--------|-------|--------|-------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

E. EDUCATIONAL HISTORY

| HIGH SCHOOL | | DATES ATTENDED | GRADUATED | |
|-------------|------------|----------------|--------------------------|--------------------------|
| ATTENDED | CITY/STATE | FROM/TO | YES | NO |
| _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

College or university attended: _____

City & State: _____ Dates attended: _____

Units completed: _____ Major/Minor: _____

Degree received, if any, & date: _____

College or University attended: _____

City & State: _____ Dates attended: _____

Units completed: _____ Major/Minor: _____

Degree received, if any, & date: _____

College or University attended: _____

City & State: _____ Dates attended: _____

Units completed: _____ Major/Minor: _____

Degree received, if any, & date: _____

List other schools attended (trade, vocational, business, etc.) Give name and address of school, dates attended, course of study, certificate, and any other pertinent information:

SPECIAL QUALIFICATIONS & SKILLS

List any special licenses you hold (such as pilot, radio operator, scuba, etc.). Show licensing authority, original date of issue, and date of expiration: _____

List any specialized machinery or equipment, which you can operate: _____

If you are fluent in a foreign language, indicate in each area your degree of fluency (excellent, good, fair):

LANGUAGE READING SPEAKING UNDERSTANDING WRITING

Have you ever applied for a permit to carry a concealed weapon? No Yes
If yes, please provide the following:

Permit granted: Yes No Date: _____

Name of law enforcement agency: _____

Purpose: _____

List any other special skills or qualifications you may possess: _____

F. LEGAL

Have you ever been convicted of a crime? No Yes

Have you ever been arrested for a crime, even though you were not convicted? No Yes

Have you ever been detained (stopped, contacted, or questioned) by the police?
(Other than for Traffic Infractions) No Yes

If yes, complete the following (list juvenile as well as adult occurrences):

| POLICE AGENCY CRIME CHARGED | CITY & STATE | DATE | DISPOSITION OF CASE |
|--|-------------------------|-------------|--------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Have you ever been involved as a party in civil litigation? No Yes

If yes, give details: _____

Have you ever used an illegal drug, including marijuana? No Yes

If yes, please list the drugs used, when last used, and the frequency of use: _____

H. MOTOR VEHICLE OPERATION

Has your driver's license ever been suspended or revoked? No Yes

If yes, give date, location and reasons: _____

List all driving citations you have received as an adult or juvenile, excluding parking tickets:

| MONTH & YEAR | CHARGE | CITY & STATE | DISPOSITION |
|-------------------------|---------------|-------------------------|--------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Describe in a brief narrative any traffic accidents in which you have been involved, giving approximate dates and locations: _____

I RELATIVES, REFERENCES, ACQUAINTANCES

Are you? Single Married Separated Divorced Widowed Domestic Partner

If married: Date of marriage: _____ City & State: _____

Spouse/Partner's name and Date of Birth (maiden name): _____

IF EVER SEPARATED, DIVORCED OR WIDOWED OR FORMER DOMESTIC PARTNER:

Previous spouse/domestic partner's full name: _____ Date of birth: _____

Current address: _____

Date of marriage: _____ Date of divorce decree: _____

Previous spouse/partner's full name: _____ Date of birth: _____

Current address: _____

Date of marriage: _____ Date of divorce decree: _____

**Attach additional pages if necessary*

List all children related to you or your spouse/partner (natural, stepchildren, adopted & foster children).

| NAME | RELATION | DATE OF BIRTH | ADDRESS | SUPPORTED BY WHOM |
|-------------|-----------------|----------------------|----------------|--------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

List other relatives in the following order: father, mother, stepparents (include maiden names), brothers & sisters, stepsiblings. If deceased, so indicate.

Name: _____ DOB: _____

Address: _____

Phone: _____ Relationship: _____

Name: _____ DOB: _____

Address: _____

Phone: _____ Relationship: _____

Name: _____ DOB: _____

Address: _____

Phone: _____ Relationship: _____

Name: _____ DOB: _____

Address: _____

Phone: _____ Relationship: _____

To your knowledge, has any member of your or your spouse/partner's immediate family ever been arrested for anything other than a minor traffic violation? No Yes

If yes, list other person's name, date of birth, relationship, and the charge(s). Please use attachment sheet if space provided is not adequate.

J. REFERENCE OR ACQUAINTANCES – List seven persons who know you well enough to provide current information about you. Do not list relatives or former employers.

Name: _____ Years known: _____

Address: _____

EMAIL: _____

Residence phone: _____ Business phone: _____

Business address: _____

Name: _____ Years known: _____

Address: _____

EMAIL: _____

Residence phone: _____ Business phone: _____

Business address: _____

Name: _____ Years known: _____

Address: _____

EMAIL: _____

Residence phone: _____ Business phone: _____

Business address: _____

Name: _____ Years known: _____

Address: _____

EMAIL: _____

Residence phone: _____ Business phone: _____

Business address: _____

Name: _____ Years known: _____

Address: _____

EMAIL: _____

Residence phone: _____ Business phone: _____

Business address: _____

Name: _____ Years known: _____

Address: _____

EMAIL: _____

Residence phone: _____ Business phone: _____

Business address: _____

Name: _____ Years known: _____

Address: _____

EMAIL: _____

Residence phone: _____ Business phone: _____

Business address: _____

K. FINANCIAL HISTORY – Sources of income

What is your present salary or wage? _____

Do you have income from any source other than your principal occupation? No Yes

If yes, how much? _____ How often? _____

The source? _____

Do you have a bank account? Yes No

Savings account average balance: \$ _____

Name & address of bank _____

Have you ever had any debt turned over to a collection agency? No Yes

If yes, explain: _____

Have you ever had anything repossessed? No Yes If yes, explain: _____

Have you ever filed bankruptcy? No Yes If yes, explain: _____

- 1) Are there any events in your life that may reflect on your suitability to perform duties of the position for which you are applying, or is there anything in your background that requires further explanation? No Yes If you answered “yes”, please explain.

- 2) In your own handwriting, please write in a short paragraph explaining why you want this position.

AFFIRMATION

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to the 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 *IN FULL*

DATE COMPLETED

AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

APPLICANT'S NAME _____

CURRENT ADDRESS _____

TELEPHONE NUMBER _____

DATE _____ SIGNATURE _____

TO WHOM IT MAY CONCERN: I am an applicant for a position with Belmont, New Hampshire. The Belmont Police Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications for this position. It is in the public interest that all relevant information concerning my personal and employment history be disclosed to the Belmont Police Department.

I hereby authorize any representative of the Belmont Police Department bearing this release to obtain any information in your files pertaining to my employment records, or any part thereof, regardless of whether those records are considered public, private or confidential. The intent of this authorization is to provide full and free access to my background and history, for the specific purpose of conducting a background investigation that may provide relevant information for the Belmont Police Department to consider in determining my suitability for employment with the Belmont Police Department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be. This release does not authorize the release of any medical records.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history including any arrest records, any information in investigatory files, efficiency ratings, complaints or grievances against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another in any case in which I was involved, attendance records, polygraph examinations, any internal affairs investigations and discipline, including any files which are deemed to be confidential or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the requested information, regardless of any prior agreement I have made with you or your organization to the contrary.

For and in consideration of the Belmont Police Department's acceptance and processing of my application for employment and background check, I agree to hold harmless and indemnify the Belmont Police Department, its officers, agents, and employees from any claim or liability associated to my background check and any decision to employ, not employ, or cease employing me with the Belmont Police Department. I understand that if information of a serious criminal nature is discovered in this investigation, that information will be turned over to the proper authorities.

I understand that the Privacy Act, 5 USC § 552a, prohibits disclosure of certain federal records without my signed authorization or other statutory exemption. My signature above indicates my express permission to release these records pursuant to 5 USC § 552a (b), to the Belmont Police Department for their use in conducting this background check.

A photocopy or telephonic facsimile (fax) of this release shall be valid as an original, even though such photocopy or fax does not contain my original signature. This release is valid for six months from the date of my signature above.

Subscribed and sworn to before me this _____ day of _____, 200__.

Notary Public / Justice of the Peace

My commission expires the _____ day of _____, 200__.