

STRAFFORD COUNTY SHERIFF'S OFFICE

259 County Farm Rd, Suite 105

Dover, NH 03820

Tel: 603-742-4960 Fax: 603-743-4921

APPLICATION FOR APPOINTMENT TO THE POSITION OF:

A. Application Identification: Information provided in this section is used for identification purposes only.

1. Name (Last, First, Middle):

2. Street Address:

City:

State:

Zip:

3. Phone (Home):

Cell:

Email Address:

4. Date of Birth:

5. Nickname(s): Maiden Name or other names by which you have been known:

6. Social Security Number:

7. Place of Birth:

8. Are You a U.S. Citizen:

9. Driver's License No.:

State:

Exp. Date:

10. Height:

Weight:

11. Eye Color:

Hair Color:

12. Scars, Tattoos, or other distinguishing marks:

B. Residences: List all addresses where you have lived during the past ten (10) years beginning with the present address. List dates by month and year. (please include City, State, and Zip)

From: To: Address:
From: To: Address:
From: To: Address:
From: To: Address:
From: To: Address:
From: To: Address:

C. Work History: Beginning with your present or most recent job, list all employment held for the past ten (10) years including part-time, temporary, or seasonal employment. Include all periods of unemployment.

Please indicate if you are fearful that your present job would be in jeopardy if inquiries are made:

1. Employer:

Address:

Tel. No:

Job Title:

Supervisor:

Title:

Name of Co-Worker:

Date Started:

Date Left:

Reason for Leaving:

2. Employer:

Address:

Tel. No:

Job Title:

Supervisor:

Title:

Name of Co-Worker:

Date Started:

Date Left:

Reason for Leaving:

3. Employer:

Address:

Tel. No:

Job Title:

Supervisor:

Title:

Name of Co-Worker:

Date Started:

Date Left:

Reason for Leaving:

4. Employer:

Address:

Tel. No:

Job Title:

Supervisor:

Title:

Name of Co-Worker:

Date Started:

Date Left:

Reason for Leaving:

5. Employer:

Address:

Tel. No:

Job Title:

Supervisor:

Title:

Name of Co-Worker:

Date Started:

Date Left:

Reason for Leaving:

College/ University:

Address:

Units Completed:

Major/Minor:

From:

To:

Degree Received:

College/ University:

Address:

Units Completed:

Major/Minor:

From:

To:

Degree Received:

3. List other schools attended (trade, vocational, business, etc.):

Name:

Address:

From:

To:

Course of Study:

Diploma/Certificate Received:

F. Special Qualifications and Skills

1. List any special licenses you hold (such as pilot, radio operator, scuba, etc.):

Licensing Authority:

Date of Issue:

Expiration Date:

Licensing Authority:

Date of Issue:

Expiration Date:

Licensing Authority:

Date of Issue:

Expiration Date:

2. List any specialized machinery or equipment you can operate:

3. If you are fluent in a foreign language, indicate in each area your degree of fluency:

Language:

Reading:

Speaking:

Understanding:

Writing:

4. List any other special skills or qualification you may possess:

G. Convictions, Arrests, Detentions and Litigations

1. Have you ever been convicted, arrested, detained by police, or summonsed into court?

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

Police Agency:

City:

State:

Crime Charged:

Date:

Disposition:

Date:

Police Agency:

City:

State:

Crime Charged:

Date:

Disposition:

Date:

H. Traffic Record

1. Has your driver's license ever been suspended or revoked?

If yes, give date, location, and reason:

Name of Your Auto Insurance Carrier:

Branch:

Tel. No.:

2. List to the best of your recollection all driving citations you have received as a juvenile and adult, excluding parking tickets:

Month and Year	Charge	City/State	Disposition

3. Describe in a brief narrative any traffic accidents in which you have been involved, given approximate dates and locations:

I. Marital and Family History

1. Marital Status:

2. If married: Spouses Name (wife's maiden name)

Date Married:

City and State:

3. Ex-spouses Name: (wife's maiden name):

Date Married:

City and State:

Present Address:

Telephone No.:

Status:

Date of Order:

Court and State:

4. List all Children related to you or your spouse (natural, stepchildren, adopted and foster children):

Name:	Relation:
Address:	
Date of Birth:	Supported By:
Name:	Relation:
Address:	
Date of Birth:	Supported By:
Name:	Relation:
Address:	
Date of Birth:	Supported By:
Name:	Relation:
Address:	
Date of Birth:	Supported By:
Name:	Relation:
Address:	
Date of Birth:	Supported By:

4. List all other dependents:

Name:	Relation:
Address:	
Name:	Relation:
Address:	
Name:	Relation:
Address:	
Name:	Relation:
Address:	

5. List other relatives:

Father: Telephone No:

Address:

Mother: Telephone No.:

Address:

Brother/Sister: Telephone No.:

Address:

Brother/Sister: Telephone No.:

Address:

Brother/Sister: Telephone No.:

Address:

6. References of Acquaintances: List five (5) persons who you know well enough to provide current information about you. Do not list relatives or former employers.

Name: Telephone Number:

Address:

Business Name: Telephone Number:

Business Address:

Years Known:

Name: Telephone Number:

Address:

Business Name: Telephone Number:

Business Address:

Years Known:

Name:

Telephone Number:

Address:

Business Name:

Telephone Number:

Business Address:

Years Known:

Name:

Telephone Number:

Address:

Business Name:

Telephone Number:

Business Address:

Years Known:

Name:

Telephone Number:

Address:

Business Name:

Telephone Number:

Business Address:

Years Known:

ITEMIZED LIST OF DEBTS

Name of Company And Address	Amount Owed	Monthly Payment	In Arrears	Nature of Debt
Example Maryland Savings and Loan	\$12,345	\$289	\$0	New Car Loan

Total Debt

Any liens, judgements, or attachments:

Favor of:

Amount:

Date:

I certify that the above information is true and correct, to the best of my knowledge and belief, and know that if the information is found to be incorrect, after investigation, it will be grounds for dismissal.

Signature

Date

THIS SECTION CONTINUED ON ATTACHED PAGES:

