



TOWN OF CONWAY POLICE DEPARTMENT
TELEPHONE: (603) 356-5785

Return to:
P.O. Box 538
Center Conway, N.H. 03813

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

GENERAL INSTRUCTIONS:

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

FOR OFFICE USE ONLY

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

POSITION FOR WHICH YOU ARE APPLYING:

PART-TIME _____ FULL-TIME _____

NAME: _____ DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ PHONE NUMBER: _____
(HOME) (BUSINESS)

PRESENT MAILING ADDRESS
STREET OR PO BOX: _____

CITY: _____ STATE: _____ ZIP: _____

PHYSICAL DESCRIPTION:

HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____

MARRIED: _____ SINGLE: _____ DIVORCED: _____ WIDOWED: _____ NO. OF CHILDREN: _____

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

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

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

Have you ever been convicted for violations of any laws, other than minor traffic violations, that have not been annulled by a court? _____. If "YES", state details below.

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

Have you ever had a Restraining or Stalking Order served against you? _____ If "YES", state the Date of the Order and the Court the Order was issued from below.

EDUCATION AND TRAINING

CIRCLE HIGHEST OBTAINED

HIGH SCHOOL

UNIVERSITY

BUSINESS, TRADE OR SERVICE SCHOOL

8 9 10 11 12 GED

13 14 15 16 17 18 19 19+

1 2 2+ Specify type of trade school and occupation for which you received training:

Degree received

___ Associates ___ Masters
___ Bachelors ___ Doctorate

Major: _____ Minor: _____

NOTE: Transcripts must be submitted.

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

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

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

EXPERIENCE

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

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

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

PERSONAL REFERENCES (at least five)

NAME	ADDRESS	OCCUPATION	PHONE #

INFORMATION RELEASE AUTHORIZATION

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

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

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

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

Thank you for your prompt attention to this request.

Signature

THIS AFFIRMATION MUST BE COMPLETED:

I certify that there are no willful misrepresentatives in and falsifications of the above statements and answers to questions.

I understand that should an investigation disclose such misrepresentations and falsifications, my application may be rejected and should I be employed, my services may be terminated.

DATE

SIGNATURE