

## **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 or before 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 or Notary Public.
- Statement of Personal History must be signed in 3 places.

# *Belmont Police Department*

*Mark B. Lewandoski*  
*Chief of Police*



## **STATEMENT OF PERSONAL HISTORY**

**NAME:**

**LAST**

**FIRST**

**MIDDLE**

**POSITION APPLIED FOR:**

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**COMPLETE AND RETURN BY:**

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



# Belmont Police Department

16 Fuller Street \* PO Box 320  
Belmont, New Hampshire 03220

Police Services: (603) 267-8350  
Administration: (603) 267-8351  
Fax: (603) 267-8359

Mark B. Lewandoski  
Chief of Police

Lt. Richard W. Mann  
Executive Officer

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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 Sergeant Adam C. 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,

Mark B. Lewandoski  
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 may result in your application being rejected and you may be disqualified from this process; or if after your acceptance for employment, subsequent investigation should disclose misrepresentation, omission or falsification, it may be just cause for immediate dismissal.

### **ACKNOWLEDGEMENT:**

I have read and understand the above information.

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Print Name

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Date

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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 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.
- 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. (*Not required at time of submission*)
- 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: \_\_\_\_\_  
LAST FIRST MIDDLE

Home Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Mailing Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

E-mail address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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: \_\_\_\_\_  
CITY COUNTY STATE

Are you a U.S. citizen?  Yes  No (Must be a US Citizen to be a New Hampshire Police Officer)

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: \_\_\_\_\_

**No visible tattoos, piercings, brandings or self -mutilation can be visible wearing a short sleeve shirt.**

**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.

<b>DATES</b>	<b>ADDRESS</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**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 month and year. **We will contact past employers**

**Current Employer:** \_\_\_\_\_ From \_\_\_\_\_

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: \_\_\_\_\_

**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, etc.)?  No  Yes



CHARGE	AGENCY	DATE	AGE AT	DISPOSITION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**E. EDUCATIONAL HISTORY**

HIGH SCHOOL ATTENDED	CITY/STATE	DATES ATTENDED FROM/TO	GRADUATED	
			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
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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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have your wages ever been garnished?  No  Yes If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the name, address, and phone number of your landlord or mortgage holder?

\_\_\_\_\_

\_\_\_\_\_

**FINANCIAL OBLIGATIONS** - Give names and addresses of the individuals, companies, or others to whom you are indebted, and the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts and payments.

TYPE	NAME, ADDRESS, & PHONE NUMBER OF CREDITORS	REASON FOR DEBT	TOTAL BALANCE	MONTHLY PAYMENTS



***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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public / Justice of the Peace

My commission expires the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.



# 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 the Belmont, New Hampshire Police Department. 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, email from a Town of Belmont email address 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 \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public / Justice of the Peace

My commission expires the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.