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.
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. OCTOBER 8, 2010
CIVILIAN EMPLOYEE, OFFICER TRAINEE, LATERAL OFFICER, PART-TIME OFFICER, VOLUNTEER
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.

______________________________  ______________________________
                   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 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: ____________________________

Home Address: ____________________________

Mailing Address: ____________________________

Home Phone: ____________________________ Work Phone: ____________________________ Ext. ______

E-mail address: ____________________________ Cell Phone: ____________________________

Date of Birth: ____________ Social security number: ____________________________

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

Place of birth: ____________________________

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.

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.

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<th>NAME</th>
<th>TIME PERIOD</th>
<th>DATE OF BIRTH</th>
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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
E. EDUCATIONAL HISTORY

High School

<table>
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<th>Attended</th>
<th>City/State</th>
<th>Dates Attended</th>
<th>Graduated</th>
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</table>

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):

<table>
<thead>
<tr>
<th>LANGUAGE</th>
<th>READING</th>
<th>SPEAKING</th>
<th>UNDERSTANDING</th>
<th>WRITING</th>
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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)
If yes, complete the following (list juvenile as well as adult occurrences):

<table>
<thead>
<tr>
<th>POLICE AGENCY</th>
<th>CRIME CHARGED</th>
<th>CITY &amp; STATE</th>
<th>DATE</th>
<th>DISPOSITION OF CASE</th>
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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:

<table>
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<tr>
<th>MONTH &amp; YEAR</th>
<th>CHARGE</th>
<th>CITY &amp; STATE</th>
<th>DISPOSITION</th>
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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).

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<tr>
<th>NAME</th>
<th>RELATION OF BIRTH</th>
<th>ADDRESS</th>
<th>SUPPORTED BY WHOM</th>
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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: ______________________________________________________
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<thead>
<tr>
<th>Name</th>
<th>Years known</th>
<th>Address</th>
<th>Email</th>
<th>Residence phone</th>
<th>Business phone</th>
<th>Business address</th>
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**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.

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<th>TYPE</th>
<th>NAME, ADDRESS, &amp; PHONE NUMBER OF CREDITORS</th>
<th>REASON FOR DEBT</th>
<th>TOTAL BALANCE</th>
<th>MONTHLY PAYMENTS</th>
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<th>TYPE</th>
<th>NAME, ADDRESS, &amp; PHONE NUMBER OF CREDITORS</th>
<th>REASON FOR DEBT</th>
<th>TOTAL BALANCE</th>
<th>MONTHLY PAYMENTS</th>
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**Writing – Please use additional paper if needed**

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

Subscribed and sworn to before me this _____ day of __________________, 20____.

________________________

Notary Public / Justice of the Peace

My commission expires the _____ day of ______________, 20____.
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, it’s 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____.