



DERRY POLICE DEPARTMENT

1 Municipal Drive, Derry, NH 03038

APPLICATION FOR

NEW HAMPSHIRE FULL-TIME CERTIFIED POLICE OFFICER

THIS APPLICATION MUST BE FILLED OUT COMPLETELY, TYPEWRITTEN OR LEGIBLY PRINTED IN INK, AND NOTARIZED.

Upon completion of this application, have it attested to by a Notary Public or Justice of the Peace, in the space provided.

Failure of the applicant to furnish all information requested, or making or causing to be made any false statement on this application form, or in any subsequent communication with this department relating to his/her candidacy, may constitute cause for rejection of the application.

NAME _____
LAST FIRST MIDDLE INITIAL

LIST ANY OTHER NAME(S) USED _____

MAILING ADDRESS _____
STREET
TOWN/CITY STATE ZIP

HOME TELEPHONE _____ WORK TELEPHONE _____

DRIVER'S LICENSE NUMBER AND STATE _____

YES NO

HAVE YOU APPLIED WITH THE DERRY POLICE DEPARTMENT IN THE PAST? LIST ALL DATES: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

HAVE YOU EVER BEEN CONVICTED OF DRIVING WHILE INTOXICATED? DATE OF CONVICTION: _____

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR?

HAVE YOU EVER HAD A RESTRAINING ORDER AGAINST YOU? TOWN/CITY: _____ STATE: _____

WHAT NEW HAMPSHIRE POLICE DEPARTMENT DO YOU WORK FOR?

_____ DATE OF FULL-TIME HIRE: _____

APPLICANTS MUST MEET MINIMUM PHYSICAL REQUIREMENTS SET BY NEW HAMPSHIRE POLICE STANDARDS AND TRAINING COUNCIL.

**AFFIRMATION
(MUST BE READ, SIGNED AND WITNESSED)**

I certify that there are no willful misrepresentations in, or falsification of, any of the above statements and answers to questions. I understand that should any investigation disclose such misrepresentations or falsification my application may be rejected, and should I be employed, my services may be terminated.

I am fully aware that upon receipt of this application the Derry Police Department may begin a pre-employment background investigation which may explore sensitive and confidential aspects of the applicant's life. This investigation may be terminated at any time if the required criteria are not met.

I hereby authorize the Derry Police Department and/or its agents to proceed with the investigation in its entirety as they deem necessary.

Signature

Date

Justice of the Peace/Notary Public

Date

PLEASE SUBMIT A RESUME WITH THIS APPLICATION