

THE HUDSON POLICE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER

POLICE EMERGENCY DISPATCHER HUDSON POLICE DEPARTMENT



<http://www.HudsonPD.com>

THE HUDSON POLICE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER. We will not discriminate because of the age, sex, race, color, marital status, physical or mental disability, religious creed, or national origin of any individual, to refuse to hire or employ or to bar or to discharge from employment such individual or to discriminate against such individual in compensation or in terms, conditions or privileges of employment, unless based upon a bona fide occupational qualification. In addition, no person shall be denied the benefit of the rights afforded by this paragraph on account of that person's sexual orientation.



The Hudson Police Department is a Nationally Accredited Agency

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Hudson Police Department

Instruction Sheet

1. Complete the application form by typing or printing (**LEGIBLY** in black ink only).
2. Complete the application **ACCURATELY** and **TRUTHFULLY**.
3. Submit the application **MUST BE POSTMARKED** by **Tuesday February 6, 2018**. You can either mail this application or submit this in hand. Applications that are submitted or received after this date and time **WILL NOT** be accepted.
4. Your completed application for the position of Police Emergency Dispatcher with the Hudson Police Department must be mailed or submitted to:

**Hudson Police Department
Attn: Support Services/Training Division
1 Constitution Drive
Hudson, New Hampshire 03051**

In addition to completing this application, you will be required to submit the following information. If any of the following items cannot be produced when the application deadline arrives, please contact Master Patrol Officer Rachelle Megowen of the Support Services/Training Division with the reason for the delay and the expected date that the documents will be obtained.

- A raised seal or certified copy of your birth certificate (please do not send your original birth certificate).
- A photocopy of your driver's license.
- A photocopy of your social security card.
- A copy of your High School diploma or G.E.D.
- If applicable, a certified copy of any college transcripts and a photocopy of the diploma issued to you by a college or university.
- If applicable, a copy of your military separation papers as well as a copy of your DD-214 form.
- Any letters of recognition, commendations or awards, performance evaluations, or miscellaneous documents that will be of assistance in judging professional experience.

SECTION I – BIOGRAPHICAL DATA

USE CONTINUATION SPACE OR ADDITIONAL PAGES IF NECESSARY

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IDENTIFICATION INFORMATION

The following information is requested of you for verification and contact purposes:

NAME _____
Last First Middle

ALIASES _____

AGE _____ DATE OF BIRTH _____ PLACE OF BIRTH _____

SSN _____ ARE YOU A UNITED STATES CITIZEN Yes No

LIST BIRTHMARKS, SCARS, TATTOOS BY DESCRIPTION AND LOCATION

PRESENT ADDRESS (INCLUDE ZIP CODE) _____

HOME PHONE _____ BUSINESS PHONE _____

EMAIL ADDRESS _____

LIST ALL PREVIOUS ADDRESSES FOR THE PAST TEN YEARS (MOST RECENT FIRST)

(Use additional sheets if necessary)

FROM MONTH/YEAR	TO MONTH/YEAR	ADDRESS	TELEPHONE #	CITY AND STATE

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MARITAL AND FAMILY STATUS

PRESENT STATUS (CHECK ONE) Single Married Separated Divorced

The following information **must be** completed where applicable.

Fathers Name _____ Address _____ DOB _____

Mothers Maiden Name _____ Address _____ DOB _____

Brothers and/or Sisters: (Use additional sheets if necessary)

Name _____ Tel # _____ Age _____
Address _____

Name _____ Tel # _____ Age _____
Address _____

Name _____ Tel # _____ Age _____
Address _____

Name _____ Tel # _____ Age _____
Address _____

Number of Children _____ Where Residing _____

Names and Ages _____

Spouses Pre-Marriage Name(s) _____ DOB _____ Date of Marriage _____

If Married but Separated (List Details) _____

If Divorced (Complete the following information)

Name of Former Spouse _____ DOB _____ Present Name _____

Present Address _____ Tel # _____

Date of Divorce _____ Place _____ Court _____

Details Regarding Divorce _____

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SECTION II – EMPLOYMENT

List **ALL** of the work experiences (both full and part time), that you have held within the past 10 years, beginning with the most recent. Account for **ALL PERIODS** of employment and unemployment. Please duplicate this page if necessary. **Also, list separately all jobs from which you were fired or asked to resign from at any time during the past 20 years.**

Name of Employer _____ Telephone _____
 Address _____
 Immediate Supervisor _____ Title _____
 Position Held _____ Salary \$ _____
 Period of Employment From _____ To _____
 Reason for Leaving _____

Σ Σ Σ Σ Σ

Name of Employer _____ Telephone _____
 Address _____
 Immediate Supervisor _____ Title _____
 Position Held _____ Salary \$ _____
 Period of Employment From _____ To _____
 Reason for Leaving _____

Σ Σ Σ Σ Σ

Name of Employer _____ Telephone _____
 Address _____
 Immediate Supervisor _____ Title _____
 Position Held _____ Salary \$ _____
 Period of Employment From _____ To _____
 Reason for Leaving _____

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 Immediate Supervisor _____ Title _____
 Position Held _____ Salary \$ _____
 Period of Employment From _____ To _____
 Reason for Leaving _____

Σ Σ Σ Σ Σ

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DUPLICATE THIS PAGE OR USE ADDITIONAL PAPER IF NECESSARY

Have you ever been terminated from any job? Yes No

If yes, explain in detail.

Have you ever been asked to resign from any job? Yes No

If yes, explain in detail.

Have you ever left a job when you knew or suspected that you were about to be asked to resign, be fired or be investigated? Yes No

If yes, explain in detail.

Have you ever been disciplined or investigated by any employer? Yes No

List each incident, the action taken and outcome.

Will your past employers give you a good recommendation? Yes No

If no, explain in detail.

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Are you, or have you ever been, a member of a union or other employee labor organization?

Yes No

If yes, have you ever held any office or position in the labor organization? (List below)

Are you, or have you ever been, a litigant in a lawsuit related to your employment. This would include any lawsuit filed by you or against you? Describe below.

Have you ever participated in any job action against a prior employer (sick out, strike, work slow down, etc)? Yes No

Have you ever filed a grievance against an employer? Yes No

SECTION III – EDUCATION

(Be sure to list ALL institutions attended)

Elementary School [include telephone number]

Date Completed

Middle School [include telephone number]

Date Completed

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High School [include telephone number, diploma & transcript]

Date Completed

College[s] [include telephone number, diploma & transcript]

Date Completed

Degree: None Associates Bachelors Masters Major _____

Degree: None Associates Bachelors Masters Major _____

Other Training (List Courses, Institutions, and Dates of Completion. Use additional sheets if necessary)

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(ATTACH A CERTIFIED COPY OF DD214)

SECTION IV – MILITARY SERVICE

Were you ever in the Military? Yes No Dates _____

Branch _____ Unit _____ MOS _____

Serial # _____ Type of Discharge _____

If discharge is other than honorable, explain _____

Were you ever disciplined while in the Military? Yes No Explain _____

List Reserve Status (Be specific as to obligation-Active, Inactive, National Guard, None, etc.)

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SECTION V – FINANCIAL STATUS

Complete the following information regarding debts, loans, etc. Include and specifically identify those debts that you have defaulted on. The management of personal finances is relevant to an individual's qualifications for the position of police emergency dispatcher. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations. (Use additional sheets if necessary)

Name of Organization Owed	Address	TOTAL Owed	Payments Per Month
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Do you own your Home? Yes No Rent? Yes No Monthly Payments \$ _____

Have you ever filed for or declared bankruptcy? Yes No

If "yes", please give details (*include when/where/why*)

Have any of your bills ever been turned over to a collection agency? Yes No

If "yes", please give details (*include when/firms involved/circumstances*)

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Have you ever had purchased goods repossessed? Yes No

If "yes", please give details (*include when/firms involved/circumstances*)

Have your wages ever been garnished? Yes No

If "yes", please give details (*include when/where/why*)

Have you ever been delinquent on income or other tax payments? Yes No

If "yes", please give details (*include when/where/why*)

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SECTION VI – PERSONAL INFORMATION

Have you ever belonged to, or affiliated, with **ANY** racist, criminal, hate oriented, anti-social, anti-government or other similar group. Yes No **(If yes, explain in detail.)**

HOBBIES/ATHLETICS

List past and present hobbies. List any athletics participated in individually or as a member of a team.

SPECIAL SKILLS

List any special skills or other qualifications that should be considered as a part of your application package.

VOLUNTEER ACTIVITIES

List any volunteer activities that you have participated in.

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SECTION VII – PAST CRIMINAL/UNLAWFUL ACTIVITY

The fact that your record may have been affected by sealing, an expungement, a release, or a pardon has specific legal implications as to how you should answer these questions.

Have you used illegal drugs or prescription drugs not prescribed for you within the past 3 years?

Yes No If yes, explain (Use additional sheets if necessary)

Have you ever used, possessed or sold any of the following illegal drugs?

Drug	Yes	No	Date first used	Date last used	Number of times used	Average frequency
Marijuana						
Hashish/Hash oil						
Cocaine						
Crack, rock, ice						
Amphetamine (crosstops, Whites, bennies, “uppers”)						
Barbiturates, hypnotics, or other “downers”						
Methamphetamine (speed, crank)						
LSD or other hallucinogens						
PCP (angel dust, sherm)						
Heroin or other opiates						
Steroids						
Pharmaceutical drugs not Prescribed to you						

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Are there any other illegal drugs, narcotics, or controlled substances not listed above that you have used, sold or possessed? Yes No

If yes, explain (Use additional sheets if necessary)

As an adult, have you ever been detained by the police, arrested, charged with or convicted of any offense or crime?

Yes No

If yes, list EACH incident, even if you were found not guilty, were not formally charged, made no court appearance, settled the charge by payment of a fine, or if the incident was otherwise disposed of. Include date, place, charge, disposition, and police agency. Include copies of all documents and reports corresponding to each incident. If unavailable, indicate what agency documents can be obtained from. (Use additional sheets if necessary)

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Have you ever committed a crime which has gone undetected? (For example: theft, domestic violence, child abuse, embezzlement, shoplifting, robbery, burglary, possession of a controlled substance, driving while intoxicated, etc...) Yes No

If yes, explain (Use additional sheets if necessary)

Do you presently, or have you ever, gambled illegally **or** do you owe any gambling debts from legal gambling? Yes No

(If yes, please explain)

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AUTOMOBILES AND DRIVER'S LICENSE

(If you own an automobile or motorcycle)

Operation of a motor vehicle is an integral part of the position of patrol officer. An investigation of your driving history will be made through a record check. To expedite this procedure, please supply the following information.

MAKE _____ MODEL _____ YEAR _____

COLOR _____ REG# _____ STATE _____

MAKE _____ MODEL _____ YEAR _____

COLOR _____ REG# _____ STATE _____

Do you possess a valid driver's license? Yes No Type _____ State _____

License Number _____ Expiring _____

Have you ever been refused a driver's license by any state? Yes No

If yes, give the state, date and circumstances: _____

Have you ever obtained a driver's license under an assumed name? Yes No

If yes, list the name(s): _____

Has your driver's license ever been suspended, revoked, placed on probation, or have you ever received a warning notice from the state who issued your license? Yes No

If yes, give the name of state, date, and circumstances: _____

Have you ever been involved in a traffic accident as a driver? Yes No

If yes, list the dates, location, who was at fault, and the name of the agency who investigated the accident: _____

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Have you ever been involved in a traffic accident that was not reported which really should have been reported? Yes No

If yes, list details:



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SECTION VIII – REFERENCES

Provide **ten** references from at least four of the different categories listed below. People who are included in previous sections should not be used as references.

Relatives:

Name: _____ Relationship: _____

Address: _____ Phone: _____

How long have you known this person: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

How long have you known this person: _____

Teachers:

Name: _____ Relationship: _____

Address: _____ Phone: _____

How long have you known this person: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

How long have you known this person: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

How long have you known this person: _____

Co-Workers:

Name: _____ Relationship: _____

Address: _____ Phone: _____

How long have you known this person: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

How long have you known this person: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

How long have you known this person: _____

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Friends/Associates/Girlfriend/Boyfriend:

Name: _____ Relationship: _____
Address: _____ Phone: _____
How long have you known this person: _____

Name: _____ Relationship: _____
Address: _____ Phone: _____
How long have you known this person: _____

Name: _____ Relationship: _____
Address: _____ Phone: _____
How long have you known this person: _____

Roommates (past and present):

Name: _____ Relationship: _____
Address: _____ Phone: _____
How long have you known this person: _____

Name: _____ Relationship: _____
Address: _____ Phone: _____
How long have you known this person: _____

Name: _____ Relationship: _____
Address: _____ Phone: _____
How long have you known this person: _____

Clergy Members:

Name: _____ Relationship: _____
Address: _____ Phone: _____
How long have you known this person: _____

Name: _____ Relationship: _____
Address: _____ Phone: _____
How long have you known this person: _____

Name: _____ Relationship: _____
Address: _____ Phone: _____
How long have you known this person: _____

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Community Leaders:

Name: _____ Relationship: _____

Address: _____ Phone: _____

How long have you known this person: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

How long have you known this person: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

How long have you known this person: _____

Police/Government:

Name: _____ Relationship: _____

Address: _____ Phone: _____

How long have you known this person: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

How long have you known this person: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

How long have you known this person: _____

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**HUDSON POLICE DEPARTMENT
APPLICANT AFFIRMATION**

Please Read, Sign and Date this page

Employment as a police emergency dispatcher for the Town of Hudson will require that you meet certain residency requirements upon being hired by the city. Presently, the residency range for employees is 30 minutes travel time from Police Headquarters.

Should you be selected for employment, you will be hired as a probationary dispatcher. The probationary period shall be one (1) year in length from the date of hire. This means that you can be discharged at any time and for any reason, without due process, during this six-month period.

I certify that the information contained within this application package contains no misrepresentations or falsifications of any type, and that the information provided herein is true and complete to the best of my knowledge.

I am aware that my application will receive no further consideration, or that I will be terminated from employment with the Town of Hudson Police Department should investigation disclose any such misrepresentation or falsification.

Signature

Date