



HUDSON POLICE DEPARTMENT

CIVILIAN EMPLOYMENT APPLICATION

Submit Application To:
 Hudson Police Department
 1 Constitution Drive
 Hudson, NH 03051
 Tel: (603) 886-6011
 Fax: (603) 591-1162

All information provided by applicants for employment on this application form may be verified for accuracy. Inaccurate information may be grounds for disqualification for, or dismissal from, employment. We offer equal employment opportunity to all persons without regard to race, color, religion, age, gender, national origin, disability, sexual orientation, marital or veteran's status or any other legally protected status.

NAME: _____ DATE : _____
 ADDRESS: _____ PHONE: _____
 CITY/STATE: _____ ZIP: _____ EMAIL: _____
Position Title: _____ Full-time Part-time Temporary/Seasonal
 Are you a US citizen? Yes No If not, do you have the legal right to work in the US? Yes No (Visa type _____)
 Are you at least 18 years of age? Yes No
 Have you ever worked for the Town of Hudson? Yes No If yes, When? _____
 What Department? _____ Supervisor _____
 Are you currently employed? Yes No If employed, why do you wish to change positions? _____

Type of School	Name/Address	Course/Major	Last Yr Completed	Graduate?	List Degree
High School			9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
Trade/Technical			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
College			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
Post Graduate			5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	

Provide additional information such as special skills, equipment operation, languages, supervisory experience, training or other qualifications helpful to us in considering you for this position.

List volunteer experience you have as it relates to this position.

Agency Name _____ From _____ To _____
 Address _____ Hours per week _____
 Duties _____

Have you ever been convicted of any violation of the law (misdemeanor or felony) that has not been officially annulled? Yes No If yes, state date, place and nature of conviction (a conviction will not necessarily disqualify an applicant from employment, as each case is considered individually) _____

Valid Motor Vehicle Operator's License? Yes No What State? _____
 Do you possess a Commercial Driver's License? Yes No Type? _____ What State? _____
 List other valid licenses, registrations or certificates you possess _____

PRIOR WORK RECORD (start with most recent or current employer and work back at least **ten years**). Resumes may be attached, **but not in lieu of completing this section**. Incomplete employment history and/or statements such as "refer to resume" will be cause for disqualification. If more space is needed, please complete and attach a separate page.

Application must be signed and dated on Page 3 to be considered valid and complete.

Current Employer _____ Tel. # _____ Part time Full Time
Address _____ Date Hired _____ Date Left _____
Supervisor (Name/Position) _____ Number of People You Supervise _____
Job Title _____ Duties _____
Reason for leaving _____

Previous Employer _____ Tel. # _____ Part time Full Time
Address _____ Date Hired _____ Date Left _____
Supervisor (Name/Position) _____ Number of People You Supervise _____
Job Title _____ Duties _____
Reason for leaving _____

Previous Employer _____ Tel. # _____ Part time Full Time
Address _____ Date Hired _____ Date Left _____
Supervisor (Name/Position) _____ Number of People You Supervise _____
Job Title _____ Duties _____
Reason for leaving _____

Previous Employer _____ Tel. # _____ Part time Full Time
Address _____ Date Hired _____ Date Left _____
Supervisor (Name/Position) _____ Number of People You Supervise _____
Job Title _____ Duties _____
Reason for leaving _____

Previous Employer _____ Tel. # _____ Part time Full Time
Address _____ Date Hired _____ Date Left _____
Supervisor (Name/Position) _____ Number of People You Supervise _____
Job Title _____ Duties _____
Reason for leaving _____

PRIOR WORK RECORD (continued)

Previous Employer _____ Tel. # _____ Part time Full Time
Address _____ Date Hired _____ Date Left _____
Supervisor (Name/Position) _____ Number of People You Supervise _____
Job Title _____ Duties _____
Reason for leaving _____

Previous Employer _____ Tel. # _____ Part time Full Time
Address _____ Date Hired _____ Date Left _____
Supervisor (Name/Position) _____ Number of People You Supervise _____
Job Title _____ Duties _____
Reason for leaving _____

Previous Employer _____ Tel. # _____ Part time Full Time
Address _____ Date Hired _____ Date Left _____
Supervisor (Name/Position) _____ Number of People You Supervise _____
Job Title _____ Duties _____
Reason for leaving _____

Have you ever been discharged or asked to resign from any job? Yes No Explain _____

APPLICATION AGREEMENT AND CERTIFICATION

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Hudson Police Department and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the Hudson Police Department retains the same right.

I understand that prior to being offered employment with the Hudson Police Department, I may be requested to take pre-employment exams and/or tests. In the event I have a disability which will affect my ability to take the test, I will so inform the Hudson Police Department prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. The Hudson Police Department reserves the right to require medical documentation concerning the need for the accommodation. I understand that if employed, policies and rules which are issued are not conditions of employment and that the Hudson Police Department may revise policies or procedures, in whole or part, at any time.

SIGNATURE _____ DATE _____