



# TOWN OF ASHLAND, NEW HAMPSHIRE POLICE DEPARTMENT



P.O Box 885  
20 Highland Street  
Ashland, New Hampshire 03217

Chief William R Ulwick  
Tel: (603)968-4000  
Fax: (603) 968-4009

## PERSONAL HISTORY STATEMENT

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 employment.

- 1) Your Personal History Statement should be printed legibly in ink. Answer all questions to the best of your ability.
- 2) If a question is not applicable to you, enter N/A in the space provided.
- 3) 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.
- 4) YOU ARE RESPONSIBLE FOR OBTAINING CORRECT ADDRESSES. IF YOU ARE NOT SURE OF AN ADDRESS, CHECK IT BY PERSONAL VERIFICATIONS. Your local library may have a directory service or copies of local phone directories.
- 5) 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.
- 6) An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification. Include copies of transcripts or certificates for any course after High School.



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Please return your completed Personal History Statement to:

**Chief William R. Ulwick**  
**Ashland Police Department**  
**P.O. Box 885, 20 Highland Street**  
**Ashland, NH 03217**

### Personal History Statement

**A. Application Identification:** Information provided in this section is used for identification purposes only.

1. Name: \_\_\_\_\_  
Last First Middle

2. Address: \_\_\_\_\_  
(number) (street) (city) (state) (zip)

3. Telephone: \_\_\_\_\_

4. Date of birth: \_\_\_\_\_

5. Nickname(s), maiden name, or other names by which you have been known: \_\_\_\_\_  
\_\_\_\_\_

6. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

7. Place of Birth: \_\_\_\_\_  
(city) (county) (state)

8. Are you a U.S Citizen? Yes ( ) No ( )

9. Driver's License Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

10. Height: \_\_\_\_\_ 11. Weight \_\_\_\_\_ 12. Eyes \_\_\_\_\_ 13. Hair \_\_\_\_\_

11. Scars, Tattoos, or other distinguishing marks: \_\_\_\_\_

B. **Residences** : List all addresses where you have lived during the past ten (10) years Beginning with present addresses. List dates by month and year and attach extra pages if necessary.

From \_\_\_\_\_ To \_\_\_\_\_  
(number) (street) (town) (state)

From \_\_\_\_\_ To \_\_\_\_\_  
(number) (street) (town) (state)

From \_\_\_\_\_ To \_\_\_\_\_  
(number) (street) (town) (state)

From \_\_\_\_\_ To \_\_\_\_\_  
(number) (street) (town) (state)

C. **Work History:** Beginning with your present or most recent job, list all employment held for the past 15 years including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra pages if necessary. Please indicate if you are fearful that your present job would be in jeopardy if inquiries are made. **Include any and prior law enforcement employment.**

1. Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
(number) (street) (city) (state)

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Co-Worker: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

2. Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
(number) (street) (city) (state)

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Co-Worker: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

3. Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
(number) (street) (city) (state)

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Co-Worker: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

4. Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
(number) (street) (city) (state)  
 Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
 Name of Co-Worker: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

5. Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
(number) (street) (city) (state)  
 Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
 Name of Co-Worker: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

6. Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
(number) (street) (city) (state)  
 Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
 Name of Co-Worker: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

**E. Education History:**

1. High School: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Graduated Yes ( ) No ( )

2. College/University: \_\_\_\_\_  
(town) (state)  
 Units Completed: \_\_\_\_\_ Major/Minor: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Degree received: Yes ( ) No ( )

3. College/University: \_\_\_\_\_  
(town) (state)  
 Units Completed: \_\_\_\_\_ Major/Minor: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Degree received: Yes ( ) No ( )

4. List other schools attended (trade, vocational, business, etc.)

Name: \_\_\_\_\_

\_\_\_\_\_  
(number) (street) (town) (state)

From: \_\_\_\_\_ To: \_\_\_\_\_ Degree Received: YES ( ) No ( )

Diploma/ Certificate Received: Yes ( ) No ( )

**F. Special Qualifications and Skills**

1. List any special licenses you hold (such as pilot, radio operator, scuba, etc.)

Licensing Authority: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Exp: \_\_\_\_\_

Licensing Authority: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Exp: \_\_\_\_\_

Licensing Authority: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Exp: \_\_\_\_\_

2. List any specialized machinery or equipment you can operate: \_\_\_\_\_  
\_\_\_\_\_

3. If you are fluent in a foreign language, indicate in each area your degree of fluency:

	FAIR	GOOD	EXCELLENT
Language	( )	( )	( )
Reading	( )	( )	( )
Speaking	( )	( )	( )
Understanding	( )	( )	( )
Writing	( )	( )	( )

4. List any other special skills or qualifications you may possess:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**G. Convictions, Arrest, Detentions and Litigation:**

1. Have you ever been convicted, arrested, detained by police or summonsed into court?

Yes ( ) No ( )

If yes, complete the following (list juvenile as well as adult occurrences):

Police Agency: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Crime Charged: \_\_\_\_\_ Date: \_\_\_\_\_

Police Agency: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Crime Charged: \_\_\_\_\_ Date: \_\_\_\_\_

2. Have you ever been involved as a party in civil litigation? Yes ( ) No ( )

If yes, give details: \_\_\_\_\_

**H. Traffic Record:**

1. Has your driver's license ever been suspended or revoked? Yes ( ) No ( )

If yes, give date, location and reason: \_\_\_\_\_

2. Name of your auto insurance carrier: \_\_\_\_\_

Branch: \_\_\_\_\_ Telephone: \_\_\_\_\_

3. List to the best of your recollection all driving citations you have received as a juvenile and adult, excluding parking tickets.

Month and Year Charge, City and State, and disposition:

\_\_\_\_\_  
\_\_\_\_\_

4. Describe in a brief narrative any traffic accidents in which you have been involved, giving approximate dates and location: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**I. Marital and family History:**

Are You: Single ( ) Married ( ) Separated ( ) Divorced ( ) Widowed ( )

2. If Married: Spouse's Name: (wife maiden name) \_\_\_\_\_

Dated Married: \_\_\_\_\_ City and State: \_\_\_\_\_

Present Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

3. Ex-Spouse's Name: (wife maiden name) \_\_\_\_\_

Dated Married: \_\_\_\_\_ City and State: \_\_\_\_\_

Present Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

State Which: Separation ( ) Divorced ( ) Annulment ( )

Date of Order: \_\_\_\_\_ Court and State: \_\_\_\_\_

4. List all children related to you or your spouse (natural, step-children, adopted and foster children)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Number

Street

Town

State

Date of Birth: \_\_\_\_\_ Supported By: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Number

Street

Town

State

Date of Birth: \_\_\_\_\_ Supported By: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Number

Street

Town

State

Date of Birth: \_\_\_\_\_ Supported By: \_\_\_\_\_

5. List all other dependents:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Number

Street

Town

State

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Number

Street

Town

State

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Number

Street

Town

State

**6. List Other Relatives:**

Father: \_\_\_\_\_ Telephone: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Number Street Town State

Mother (include maiden name) \_\_\_\_\_ Telephone: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Number Street Town State

Brother/Sister: \_\_\_\_\_ Telephone: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Number Street Town State

Brother/Sister: \_\_\_\_\_ Telephone: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Number Street Town State

**J. Reference or Acquaintances:**

List five persons who know you well enough to provide current information about you. Do not list relatives or former employers.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Number Street Town State

Business Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Number Street Town State

Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Number Street Town State

Business Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Number Street Town State

Years Known: \_\_\_\_\_



Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Number

Street

Town

State

Business Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Number

Street

Town

State

Years Known: \_\_\_\_\_

---

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Number

Street

Town

State

Business Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Number

Street

Town

State

Years Known: \_\_\_\_\_

---

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Number

Street

Town

State

Business Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Number

Street

Town

State

Years Known: \_\_\_\_\_

**K. Financial History:**

1. What is your present salary or wages? \_\_\_\_\_

2. Do you have income from any source other than your principal occupation?

Yes ( ) No ( )

If yes, how much? \_\_\_\_\_ How Often? \_\_\_\_\_

The Source: \_\_\_\_\_

3. Do you own any real estate? Yes ( ) No ( )

Location: \_\_\_\_\_ Value: \_\_\_\_\_

4. Do you own any bonds, government or other? Yes ( ) No ( )

Value: \_\_\_\_\_

5. Do you own any corporate stock? Yes ( ) No ( )

Value: \_\_\_\_\_

6. Do you have a bank account? Yes ( ) No ( )

Checking Name: \_\_\_\_\_ Average Balance: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street Town State

Savings Name: \_\_\_\_\_ Average Balance: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street Town State

7. **Financial Obligations:** Give names and addresses of the individuals, companies, or others to whom you are indebted, and the extent of your debt, including rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts and payments. Include account numbers where applicable.

Name: \_\_\_\_\_ Type Account: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street Town State

Account #: \_\_\_\_\_ Balance: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_ Reason for Purchase: \_\_\_\_\_

Name: \_\_\_\_\_ Type Account: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street Town State

Account #: \_\_\_\_\_ Balance: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_ Reason for Purchase: \_\_\_\_\_

Name: \_\_\_\_\_ Type Account: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street Town State

Account #: \_\_\_\_\_ Balance: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_ Reason for Purchase: \_\_\_\_\_

Name: \_\_\_\_\_ Type Account: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street Town State

Account #: \_\_\_\_\_ Type Account: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_ Reason for Purchase: \_\_\_\_\_

Name: \_\_\_\_\_ Type Account: \_\_\_\_\_

Address: \_\_\_\_\_

Number

Street

Town

State

Account #: \_\_\_\_\_ Balance: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_ Reason for Purchase: \_\_\_\_\_

Name: \_\_\_\_\_ Type Account: \_\_\_\_\_

Address: \_\_\_\_\_

Number

Street

Town

State

Account #: \_\_\_\_\_ Balance: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_ Reason for Purchase: \_\_\_\_\_

Name: \_\_\_\_\_ Type Account: \_\_\_\_\_

Address: \_\_\_\_\_

Number

Street

Town

State

Account #: \_\_\_\_\_ Balance: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_ Reason for Purchase: \_\_\_\_\_

Name: \_\_\_\_\_ Type Account: \_\_\_\_\_

Address: \_\_\_\_\_

Number

Street

Town

State

Account #: \_\_\_\_\_ Balance: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_ Reason for Purchase: \_\_\_\_\_

Total Debt at this Time: \_\_\_\_\_

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection or termination of employment.

I further understand that if I have attained employment and an investigation discloses misrepresentation, my employment with the Ashland Police Department may be terminated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public: \_\_\_\_\_ Commission Expires: \_\_\_\_\_



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Tel: (603)968-4000  
Fax: (603) 968-4009

## AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_, born in \_\_\_\_\_  
having filed an application for employment with the Ashland Police Department, consent herein to have an investigation made as to my moral character, reputation, and fitness for the position for which I have applied. Furthermore, I agree to give any additional information that may be required during the conduct of that investigation. I also authorize and request every person, firm, company, corporation, partnership, government agency, court, association, medical profession, medical facility or institution, school, college, or branch of the military having control of any documents, cooperate and allow inspection or provide copies of such documents, records, reports, or other written information to the Ashland Police Department or any of its agents or representatives.

I hereby release, exonerate and discharge the Ashland Police Department, its agent and representatives, and any person or entity so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such written documents, records, reports, or other information to the said Ashland Police Department, or its agents or representatives.

It has been explained to me, and I fully understand, that refusal to grant authorization will not necessarily void my application. This authority shall continue for one year from the above date, unless sooner revoked by me in writing.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_, New Hampshire County of \_\_\_\_\_ personally

appeared the above named \_\_\_\_\_ before me, \_\_\_\_\_ and acknowledged the foregoing to be his/her voluntary act and deed.

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



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### WAIVER OF LIABILITY

I, \_\_\_\_\_, understand that I am participating in the "Physical Agility" phase of the Ashland Police Department's pre-employment screening process on a volunteer basis. I also agree that I will release from any and all liability the Town of Ashland. The Ashland Police Department, any corporations or institutions associated with the "Physical Agility" phase of pre-employment screening as well as the individuals employed by said Town of Ashland, The Ashland Police Department or any Institution that are involved in administering the "Physical Agility" phase of the pre-employment screening process.

I understand that my signature below indicates that I agree to the terms of this waiver and agree to voluntarily submit to "Physical Agility" testing as a part of pre-employment screening conducted by the Ashland Police Department.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_