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.
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: _______


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.

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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:__________________________________________________________

__________________________________________________________________________

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:

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<th>Language</th>
<th>FAIR</th>
<th>GOOD</th>
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<td>Writing</td>
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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

Name: ___________________________ Relationship: ________________________________
Address: ________________________________________________________________
        Number   Street       Town       State

Name: ___________________________ Relationship: ________________________________
Address: ________________________________________________________________
        Number   Street       Town       State
6. **List Other Relatives:**

   **Father:** __________________________ Telephone: __________________________
   
   Present Address: __________________________________________________________
   
   **Mother (include maiden name):** __________________________ Telephone: ______
   
   Present Address: __________________________________________________________
   
   **Brother/Sister:** __________________________ Telephone: __________________________
   
   Present Address: __________________________________________________________
   
   **Brother/Sister:** __________________________ Telephone: __________________________
   
   Present Address: __________________________________________________________

**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: __________________________________________________________
   
   **Business Name:** __________________________ Telephone: __________________________
   
   Present Address: __________________________________________________________
   
   Years Known: __________

   **Name:** __________________________ Telephone: __________________________
   
   Present Address: __________________________________________________________
   
   **Business Name:** __________________________ Telephone: __________________________
   
   Present Address: __________________________________________________________
   
   Years Known: __________
Name: _______________________________ Telephone: __________________
Address: ____________________________________________________________

Business Name: _______________________________ Telephone: __________________
Address: ____________________________________________________________

Years Known: ____________
________________________

Name: _______________________________ Telephone: __________________
Address: ____________________________________________________________

Business Name: _______________________________ Telephone: __________________
Address: ____________________________________________________________

Years Known: ____________
________________________

Name: _______________________________ Telephone: __________________
Address: ____________________________________________________________

Business Name: _______________________________ Telephone: __________________
Address: ____________________________________________________________

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 #:________________________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: __________

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: _________
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: ________________________________
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: ________________