BEDFORD POLICE DEPARTMENT 55 CONSTITUTION DRIVE BEDFORD, NEW HAMPSHIRE 03110-5400

Telephone: 472-5113 *Equal Opportunity Employer*

APPLICATION FOR GENERAL EMPLOYENT

Instructions:

- Return completed application to: Bedford Town Offices, Personnel Office, 24 North Amherst Road, Bedford, NH 03110 Telephone: 472-9869
- 2. Print in ink or type information requested.

V 1	-	
POLICE OFFICER:	DISPATCHER:	CLERICAL:
Name:		
Address:		
(Telephone) Home #:	Work #:	Cell #:
Date of Birth:	(requi	red only if applying for Police Officer position
Telephone/name/address	of person to notify in en	nergency:
Are you a United States	citizen: Yes No Soci	ial security #:
Length of residency in N	ew Hampshire: Years: _	Months:
Length of residency at co	urrent address: Years: _	Months:
	pardoned or annulled?	f any local, state or federal law which Yes No
If applying for part-time	employment, what days	and hours are you available?
Days:		Hours:
What is the lowest hourl	y rate or salary that you v	vill accept? \$

EDUCATION AND TRAINING:

Name/location of high school:	Graduation Year:					
If you did not graduate from high school	l, do you have a GED? Yes No					
(If "Yes", enter date and location of GE	D obtained)					
(======================================	Date Location					
Name of College:	Name of College:					
Location:	Location:					
Major:	Major:					
Year(s) Attended:	Year(s) Attended:					
Credits Earned:	Credits Earned:					
Degree Attained:	Degree Attained:					
Year of Graduation:	of Graduation: Year of Graduation:					
List any additional Educational Qualific	ations (seminars, etc):					
Are you a Certified Police Officer in Ne	w Hampshire or any other State? Yes No					
The you a certified Folice Officer in the	w Hampsinic of any other state: Tes 140					
(if "Yes" please specify)						
MILITARY EXPERIENCE:						
Are you a veteran? Yes No						
Service #:	Branch: Rank:					
Date of Entry:	Date of Discharge:					
Are you a current member of any compo						
Date of Discharge:						

EMPLOYMENT RECORD

List below, in order, your work experience, starting with your current employment. Give complete answers on all positions held. For "Specific Duties" list volume and type of work, and the number of other employees supervised, if any. Emphasize your own specific tasks.

CURRENT EMPLOYMENT Firm Name:	PLOYMENT: Tel #:						
Street:	City: _		State:	Zip:			
Title:		Full tin	No:				
Time Employed: Years:	Months:	_ Start Pay: \$	End Pa	ıy: \$			
Specific Duties:							
Reason for leaving:							
PREVIOUS EMPLOYMENT Firm Name:	Γ (1):	Tel #:					
Street:	City:		State:	Zip:			
Title:		Full tin	ne? Yes	No:			
Time Employed: Years:	Months:	_ Start Pay: \$	End Pa	ıy: \$			
Specific Duties:							
Reason for leaving:							
PREVIOUS EMPLOYMENT	Γ (2):						
Firm Name:		Tel #:					
Street:	City:		State:	Zip:			
Title:		Full tin	ne? Yes	No:			
Time Employed: Years:	Months:	_ Start Pay: \$	End Pa	ıy: \$			
Specific Duties:							
Reason for leaving:							
Are you willing to have your							

USE THIS SPACE FOR ADDITIONAL INFORMATION OR TO CONTINUE ANY ANSWERS FROM PREVIOUS QUESTIONS. REFERENCES: List three individual not related to you. Name:	WHY DO YOU WANT DEPARTMENT?	TO BECOME A MEM	BER OF TH	E BEDF	ORD P	OLICE
ANSWERS FROM PREVIOUS QUESTIONS. REFERENCES: List three individual not related to you. Name:						
Name:			RMATION (OR TO CO	ONTIN	IUE ANY
Street: City: State: Zip: Relationship: Name: Tel #: () Street: City: State: Zip: State: Zip: Street: City: State: Zip: State: State	REFERENCES: List three	ee individual not related	d to you.			
Relationship: Tel #: () Street:	Name:		Tel #: ()		
Name: City: State: Zip: Relationship: Tel #: () State: Zip: State:	Street:	City:		Sta	ıte:	Zip:
Street:	Relationship:					
Relationship:	Name:		Tel #: ()		
Name:	Street:	City:		Sta	ıte:	Zip:
Street:	Relationship:					
APPLICANT'S STATEMENT & AGREEMENT I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that, should investigation disclose such misrepresentations or falsifications my application shall be rejected, and should I be employed by the Bedford Police Department at the time of such discovery, my services shall be immediately terminated. I understand that any employment is conditioned on a background check. I authorize the Bedford Police Department to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Bedford Police Department without giving me prior notice of such disclosure. In addition, I release the Bedford Police Department, any former employers and all references listed above from any and all claims, demands, or liabilities arising out of or relat4ed to such investigation or disclosure. DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT	Name:		Tel #: ()		
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Signature of Applicant: Date:	DO NOT SIGN UNTI	L YOU HAVE READ T	HE ABOVE	STATEN	MENT &	& AGREEMENT
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