

**FRANCONIA POLICE DEPARTMENT  
816 PROFILE ROAD**



**FRANCONIA, NEW HAMPSHIRE 03580**

**PRELIMINARY APPLICATION  
FOR EMPLOYMENT**

**PAGE ONE**

The Town of Franconia/Franconia Police Department is an Equal Opportunity Employer.

It is the Policy of the Franconia Police Department to comply with all applicable State and Federal Laws prohibiting discrimination in employment based upon race, religion, age, color, gender, sexual preference, national origin, disability or other protected classification.

DATE: \_\_\_\_\_

1. POSITION YOU ARE APPLYING FOR: \_\_\_\_\_
2. FULL TIME: \_\_\_\_\_ PART TIME: \_\_\_\_\_
3. NAME: \_\_\_\_\_
4. ADDRESS: \_\_\_\_\_
5. CITY/TOWN: \_\_\_\_\_
6. STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ TELE. #: (\_\_\_\_) \_\_\_\_\_
7. ARE AUTHORIZED TO WORK IN THE U.S. ON AN UNRESTRICTED BASIS? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YOU ANSWERED NO, PLEASE EXPLAIN \_\_\_\_\_
8. SALARY DESIRED: \_\_\_\_\_ PER HOUR
9. ARE YOU OVER 21 YEARS OF AGE? YES \_\_\_\_\_ NO \_\_\_\_\_
10. ARE YOU WILLING TO WORK OVERTIME, IF REQUIRED? YES \_\_\_\_\_ NO \_\_\_\_\_
11. HAVE YOU EVERY BEEN EMPLOYED BY THE TOWN OF FRANCONIA ? YES \_\_\_\_\_ NO \_\_\_\_\_
12. IF SO, DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_ DEPT \_\_\_\_\_
13. HAVE YOU EVER BEEN CONVICTED OF A CRIME (MISDEMEANOR OR FELONY)? \_\_\_\_\_
14. IF SO, PLEASE DESCRIBE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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15. HAVE YOU EVER BEEN IN THE ARMED SERVICE? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES, WHAT BRANCH OF THE ARMED SERVICE \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ TYPE OF DISCHARGE \_\_\_\_\_  
WHAT WERE YOUR DUTIES IN THE ARMED SERVICE (INCLUDE SPECIAL TRAINING)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16.WORK HISTORY: (STARTING WITH PRESENT EMPLOYER)

EMPLOYER NAME: \_\_\_\_\_ DATE STARTED \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ STARTING SALARY \_\_\_\_\_  
CITY/TOWN: \_\_\_\_\_ CURRENT SALARY \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP \_\_\_\_\_ TEL. #: (\_\_\_\_\_) \_\_\_\_\_  
DESCRIPTION OF DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER: YES \_\_\_\_\_ NO \_\_\_\_\_

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EMPLOYER NAME: \_\_\_\_\_ DATE STARTED \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ STARTING SALARY \_\_\_\_\_  
CITY/TOWN: \_\_\_\_\_ CURRENT SALARY \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP \_\_\_\_\_ TEL. #: (\_\_\_\_\_) \_\_\_\_\_  
DESCRIPTION OF DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER: YES \_\_\_\_\_ NO \_\_\_\_\_

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WORK HISTORY CONTINUED

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EMPLOYER NAME: \_\_\_\_\_ DATE STARTED \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ STARTING SALARY \_\_\_\_\_  
CITY/TOWN: \_\_\_\_\_ CURRENT SALARY \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP \_\_\_\_\_ TEL. #: (\_\_\_\_\_) \_\_\_\_\_  
DESCRIPTION OF DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_  
MAY WE CONTACT THIS EMPLOYER: YES \_\_\_\_\_ NO \_\_\_\_\_

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EMPLOYER NAME: \_\_\_\_\_ DATE STARTED \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ STARTING SALARY \_\_\_\_\_  
CITY/TOWN: \_\_\_\_\_ CURRENT SALARY \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP \_\_\_\_\_ TEL. #: (\_\_\_\_\_) \_\_\_\_\_  
DESCRIPTION OF DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_  
MAY WE CONTACT THIS EMPLOYER: YES \_\_\_\_\_ NO \_\_\_\_\_

**FOR OTHER PREVIOUS EMPLOYERS PLEASE ATTACH AN ADDITIONAL PAGE**

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17. EDUCATION:

	NAME OF SCHOOL & SCHOOL LOCATION	NUMBER OF YEARS ATTENDED	GRADUATED	DIPLOMA OR DEGREE
HIGH SCHOOL				
COLLEGE/UNIV.				
COLLEGE/UNIV.				

OTHER TRAINING/EDUCATION, LICENSES: \_\_\_\_\_

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

18. I CERTIFY THAT THE FACTS SET FORTH IN THIS APPLICATION FOR EMPLOYMENT WITH THE FRANCONIA POLICE DEPARTMENT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I AM EMPLOYED, BY THE FRANCONIA POLICE DEPARTMENT, FALSE STATEMENTS, OMISSIONS OR MISREPRESENTATIONS MAY RESULT IN MY DISMISSAL. I AUTHORIZE THE FRANCONIA POLICE DEPARTMENT TO COMPLETE AN INVESTIGATION OF ANY OF THE FACTS SET FORTH IN THIS APPLICATION AND RELEASE THE TOWN OF FRANCONIA, THE FRANCONIA POLICE DEPARTMENT, ITS OFFICERS, AND/OR EMPLOYEES FROM ANY LIABILITY.

I FURTHER UNDERSTAND THAT I MAY BE REQUIRED TO COMPLETE ADDITIONAL PAPERWORK WHICH WILL BE USED IN CONDUCTING MY BACKGROUND INVESTIGATION.

DATE: \_\_\_\_\_ APPLICANT'S SIGNATURE: \_\_\_\_\_

**BUSINESS: 603-823-7025**

**FAX: 603-823-7006**

**There are several items that would prevent you from being hired as a police officer in the State of NH. The following is a list of these automatic disqualifiers per NHPSTC ADMIN RULES, Technical Assistance Manual, Pol 301.05(g)(1) through (16):**

- (1) Suffer from a **Mental disorder** for which you have not undergone effective rehabilitation, which would affect your ability to perform law enforcement duties?
- (2) Ever been **convicted of a Felony** by a civilian or military court?
- (3) Ever been **convicted of a Misdemeanor** for which you have not received a pardon, which offense would cause a reasonable person to doubt your character, honesty, ability?
- (4) Been **convicted of Multiple misdemeanors of violations** for which you did not receive a pardon and which would indicate a pattern of disregard for the law?
- (4) Convicted of a Misdemeanor w/in last 10 years which resulted in serious bodily injury to another?
- (5) Dishonorable military discharge:
  - (7) Discharge from military under less than honorable conditions where circumstances cast doubt on fitness to be a police officer:
- (8) Ever illegally manufactured, transported for sale, or sold a controlled substance:
  - (9) Illegally used a controlled substance other than marijuana within the last 36 months. If under age 21, use within last 24 months:
  - (9) Used marijuana within last 12 months:
- (11) Ever illegally used a controlled substance while employed in LE capacity:
- (12) Knowingly made a material false statement in the application process:
- (13) Ever been discharged or resigned in lieu of discharge as police, corrections, probation/parole officer for reasons of moral character or for acts/omissions which cause doubt as to honesty, fairness, respect for rights of others:
- (14) Has a history of illegal drug use which would cast doubt on fitness to be a police officer:
- (15) Excessive use of alcohol or legal drugs:
- (16) General character and reputation in the community cast doubt that applicant would conduct him/herself with honesty, integrity, and uphold the rule of law:

If you answered yes to any of the above, speak with Chief Monaghan @ FPD as soon as possible to determine if you should continue with the application process. As stated above, if you have done any of the above you can not be hired as a police officer in the State of NH.

# FRANCONIA POLICE DEPARTMENT

## AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_, BORN IN \_\_\_\_\_  
HAVING FILED AN APPLICATION FOR EMPLOYMENT WITH THE FRANCONIA 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 AUTHORIZED AND REQUEST EVERY PERSON, FIRM, COMPANY, CORPORATION, PARTNERSHIP, GOVERNMENTAL AGENCY, COURT, ASSOCIATION, MEDICAL PROFESSIONAL\*, MEDICAL FACILITY OR INSTITUTION\*, SCHOOL, COLLEGE, OR BRANCH OF THE MILITARY HAVING CONTROL OF ANY DOCUMENTS, RECORDS, REPORTS, OR OTHER WRITTEN INFORMATION PERTAINING TO ME, TO COOPERATE AND ALLOW INSPECTION OR PROVIDE COPIES OF SUCH DOCUMENTS, RECORDS, REPORTS, OR OTHER WRITTEN INFORMATION TO THE FRANCONIA POLICE DEPARTMENT OR ANY OF ITS AGENTS OR REPRESENTATIVES.

I HEREBY RELEASE, EXONERATE AND DISCHARGE THE FRANCONIA POLICE DEPARTMENT, ITS AGENTS 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 WRITTEN INFORMATION TO THE SAID HAVERTHILL POLICE DEPARTMENT OR ITS AGENTS OR REPRESENTATIVES.

FRANCONIA POLICE DEPARTMENT

IT HAS BEEN EXPLAINED TO ME, AND I FULLY UNDERSTAND, THAT A REFUSAL TO GRANT THIS 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.

\_\_\_\_\_, NEW HAMPSHIRE  
(APPLICANT SIGNATURE) (CITY/TOWN)  
COUNTY OF \_\_\_\_\_

PERSONALLY APPEARED THE ABOVE-NAMED \_\_\_\_\_ (PRINT APPLICANT NAME)  
BEFORE ME, \_\_\_\_\_, AND ACKNOWLEDGED THE  
(NOTARY PUBLIC/JUSTICE OF THE PEACE NAME)

FOREGOING TO BE HIS/HER VOLUNTARY ACT AND DEED.

\*MEDICAL RECORDS WILL NOT BE SOUGHT UNLESS AND UNTIL YOU HAVE BEEN GIVEN A CONDITIONAL OFFER OF PROBATIONARY EMPLOYMENT.