



# DERRY POLICE DEPARTMENT

1 Municipal Drive  
Derry, NH 03038

THIS APPLICATION IS ONLY FOR OFFICERS WHO ARE ALREADY FULL-TIME CERTIFIED IN THE STATE OF NEW HAMPSHIRE. PLEASE MAIL TO:

**Derry Municipal Center, Human Resources, 14 Manning St., Derry, NH 03038**

Failure of the applicant to furnish all information requested, or making or causing to be made any false statement on this application form, or in any subsequent communication with this department relation to his/her candidacy, shall constitute cause for rejection of the application

## AN EQUAL OPPORTUNITY EMPLOYER

### APPLICATION FOR NEW HAMPSHIRE FULL-TIME CERTIFIED POLICE OFFICER

NAME: \_\_\_\_\_  
Last First Middle

LIST ANY OTHER NAMES USED: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

DRIVER'S LICENSE NUMBER AND STATE  
\_\_\_\_\_

YES NO

HAVE YOU APPLIED WITH THE DERRY POLICE DEPARTMENT IN THE PAST?

LIST ALL DATES: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

HAVE YOU EVER BEEN CONVICTED OF DRIVING WHILE INTOXICATED?

DATE OF CONVICTION: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR?

HAVE YOU EVER HAD A RESTRAINING ORDER AGAINST YOU?

TOWN/CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

WHAT NEW HAMPSHIRE POLICE DEPARTMENT DO YOU WORK FOR?

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DATE OF FULL-TIME HIRE: \_\_\_\_\_

**APPLICANTS MUST MEET MINIMUM PHYSICAL REQUIREMENTS SET BY NEW HAMPSHIRE POLICE STANDARDS AND TRAINING COUNCIL.**

AFFIRMATION

(MUST BE READ, SIGNED AND WITNESSED)

I certify that there are no willful misrepresentations in, or falsification of, any of the above statements and answers to questions. I understand that should any investigation disclose such misrepresentations or falsification my application may be rejected, and should I be employed, my services may be terminated.

I am fully aware that upon receipt of this application the Derry Police Department may begin a pre-employment background investigation which may explore sensitive and confidential aspects of the applicant's life. This investigation may be terminated at any time if the required criteria are not met.

I hereby authorize the Derry Police Department and/or its agents to proceed with the investigation in its entirety as they deem necessary.

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Signature

Date

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Justice of the Peace/Notary Public

Date

**PLEASE MAIL A RESUME WITH THIS APPLICATION**