



Rollinsford Police Department

Dear Applicant,

Thank you for your interest in the Rollinsford Police Department. We are currently seeking to fill the position of full time police officer.

Upon completion of this application, return it no later than March 1, 2021. Along with your application, attach your resume and letter of intent.

Failure to furnish all information requested, or making or causing to be made any false statement on this application form, or in any communication with this department relating to your candidacy may constitute cause for rejection of this application.

Shortly after we receive your application, you will be notified of the testing date. All candidates must participate in a written examination, physical agility test, <https://www.pstc.nh.gov/faq/index.htm#fitnesstest> interview with the Selection Committee and the Chief of Police. The successful candidate after being offered a conditional offer of employment will be subject to a medical examination and a polygraph examination in addition to a full background investigation.

The Rollinsford Police Department is an Equal Opportunity Employer; females and minorities are encouraged to apply.

Best wishes and good luck.

Rollinsford Police Department

APPLICATION for POLICE OFFICER

Name _____
Last First Middle Initial

Address _____
Street City State Zip

Telephone Number _____ Cellphone number _____

Email _____

EDUCATION

High School _____
Graduate YES _____ NO _____ GED _____

College/University _____
Degree Obtained _____ Year _____

Other Training/Education (Please list type, location and date)

In addition to your work history (below) what other experiences, skills, or qualifications do you have that would be beneficial?

WORK HISTORY

Would you like us to delay contacting your present employer? _____ Yes _____ No
If yes, why?

Current Employer _____

Address _____

Supervisor Name _____ Telephone Number _____

Date Started _____ Date Left _____

Description of Duties _____

Reason for Leaving _____

Previous Employer _____

Address _____

Supervisor Name _____ Telephone Number _____

Date Started _____ Date Left _____

Description of Duties _____

Reason for Leaving _____

REFERENCES

List (3) three persons who are not relatives or former employers

Name _____

Address _____

Telephone Number _____

Name _____

Address _____

Telephone Number _____

Name _____

Address _____

Telephone Number _____

Answer the following:

_____ Yes _____ No Are you a United States Citizen?

_____ Yes _____ No Do you have a valid driver' license?

State _____ Number _____

_____ Yes _____ No Are you a high school graduate or have a GED?

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify the facts set forth in this application are true and complete to the best of my knowledge and there are no willful misrepresentations or falsifications to any of the above statements and answers to questions. I understand that should an investigation disclose such misrepresentations or falsifications, my application may be rejected, and should I be employed, my services may be terminated. I authorize the Town of Rollinsford to make an investigation of any facts set forth in this application and release the Town of Rollinsford, its officers, and employees from any liability.

Signature

Date

Send completed application to:

Rollinsford Police Department
P O Box 438, 667 Main Street
Rollinsford, NH 03869

The Rollinsford Police Department is an equal opportunity employer.

Revised: Feb 2021