



# Weare Police Department

144 North Stark Highway  
Weare, New Hampshire 03281  
Phone 603 -529- 7755 Fax 603- 529-0606



**Sean F. Kelly**  
Chief of Police

**Frank A. Hebert**  
Lieutenant

## EMPLOYMENT APPLICATION

*Please complete all sections completely and accurately.*

### I. General Information

Position Applied for : \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

*Permanent Address:*

Street \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number(s): Residence ( ) \_\_\_\_\_ Daytime Telephone ( ) \_\_\_\_\_

*Mailing Address (if different):*

Street/P.O. Box \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### II. Employment History

*Begin with your most recent employer. Explain any gaps in your employment history. If additional space is needed please attach additional sheets.*

Company Name	Position Held	Address/Telephone	Employed Dates From/To	Final Hour Pay	Reason for Leaving
May we contact? Yes [ ] No [ ]					
May we Contact? Yes [ ] No [ ]					
May we Contact? Yes [ ] No [ ]					
May we Contact? Yes [ ] No [ ]					

### III. Military Service



*A CALEA Accredited Agency of Law Enforcement Excellence*

Service Branch	Years of Service	Rank Obtained	Present Status
			<input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Retired

**IV. Education and Training**

Grade Level	Location	Grade Completed	Subject or Major
Grammar			
High School			
College			
Trade, Business, Correspondence School			

*Please describe any qualifications you may have for this position:*

**V. References**

*Please list three references (non-relative) that can address your abilities and qualifications for the position.*

Name	Relationship	Address/Day Time Telephone	Years Known

**VI. Attachments**

Attach a letter of intent for the position you are applying for and a resume. Completed applications should be delivered to the Office of the Chief of Police.

**VII. Acknowledgement**

I have completed the above application to the best of my knowledge and hold that the statements incorporated herein are truthful. I understand that if any information is misrepresented or omitted by me, my application may no longer be considered valid and/or my employment may be terminated immediately.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

