



Hartford Police Department
812 V. A. Cutoff Road
White River Junction, Vermont 05001
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Hartford Police Department

The Hartford Police Department is a public safety leader, empowering the community through partnerships that establish civility, promote stewardship, and secure the public peace.

We are responsive to calls from the community, providing voice and a professional response in their time of need. We are committed to excellence in delivering comprehensive police services, with a focus on prevention. We are proactive, partnering with the criminal justice system in applying innovative practices that reduce victimization, holding offenders accountable in an environment that reduces recidivism and promotes their successful return to the community.

We employ and develop knowledgeable employees that are reflective of our diverse, inclusive community. The application and management of our resources, including the establishment of a friendly and service-focused environment that promotes the professional development of all staff, is a shared priority. Together with our community and professional partners, we improve the quality of life and promote the best environment to live, learn, work, and visit.

At the crossroads of Interstates 89 and 91 in the Upper Valley of Vermont and New Hampshire, the Town of Hartford is the gateway to Vermont commerce and the Green Mountain State's many year-round recreation areas. The Town of Hartford Police Department provides a full range of community-oriented police services to area residents. Our Emergency Communications Center functions as a Primary Public Safety Answering Point (911-PSAP) dispatching police, fire, and EMS personnel for several East-Central Vermont communities including the villages of Hartford, West Hartford, Quechee, White River Junction, and Wilder.

We operate under the Community Policing model where the community is a partner with the police department and shares in the process to reduce crime, fear, and the conditions that create both. Community Policing uses community partnerships along with problem-solving strategies to make our Town a safe place to live, learn, work, and visit. Through collaborative partnerships with the individuals and organizations with whom we serve, the police department works to build trust and understanding with and within the community, by encouraging the sharing of information, ideas, and resources in an effort to improve the quality of life for our residents and guests.

INSTRUCTIONS

Note: READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING.

These instructions are provided as a guide to assist you in properly completing your application. It is essential that the information be accurate in all respects as it will be used as the basis for a background investigation that will determine your eligibility for employment.

1. Your application must be printed in ink. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct addresses. If you are not sure of an address, check it by personal verification.
5. If there is insufficient space on this form for you to include all the required information, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
6. An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Hartford Police Department, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners and the U. S. Veteran's Administration employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil in which I presently have or have had an interest.

I understand that any information obtained by a background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Hartford Police Department. I also certify that any person/s, agencies or business who may furnish such information.

A photocopy of this release will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature: _____

Subscribed and sworn to before
me on this ____ day of _____, 20____

Maiden Name: _____

Notary Public

Date of Birth: _____

Social Security #: _____

Mailing Address: _____

Physical Address: _____

Home Telephone: _____ Cell Phone: _____

E-mail Address: _____

PERSONAL HISTORY STATEMENT

APPLICANT IDENTIFICATION

Position: Police Officer/Admin Civilian

Information provided in this section is used for identification purposes only.

LAST NAME _____ FIRST _____ MIDDLE _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

SOCIAL SECURITY NUMBER _____ US CITIZEN? Yes _____ No _____

DRIVER'S LICENSE NUMBER _____ STATE _____

MAILING ADDRESS _____

PHYSICAL ADDRESS: _____

HOME TELEPHONE: _____ OTHER TELEPHONE: _____

HEIGHT _____' _____" WEIGHT _____ COLOR EYES _____ COLOR HAIR _____

SCARS, MARKS OR OTHER DISTINGUISHING MARKS _____

NICKNAME, MAIDEN NAME, OR OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN:

RESIDENCE: List all addresses where you have lived during the past 10 years beginning with your current address. List dates by month and year.

From	To	Street / City / State
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WORK HISTORY: Beginning with your present or most recent job, list all employment held for the past 10 years, including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra pages if necessary.

EMPLOYER: _____

ADDRESS: _____

JOB TITLE: _____ TELEPHONE: _____

SUPERVISOR: _____ TITLE: _____

NAMES OF CO-WORKERS: _____

DATE STARTED: _____ DATE LEFT: _____

REASON FOR LEAVING: _____

Are you fearful that this job would be in jeopardy if inquires is made? Yes ___ No ___

Work history continued:

EMPLOYER: _____

ADDRESS: _____

JOB TITLE: _____ TELEPHONE: _____

SUPERVISOR: _____ TITLE: _____

NAMES OF CO-WORKERS: _____

DATE STARTED: _____ DATE LEFT: _____

REASON FOR LEAVING: _____

Are you fearful that this job would be in jeopardy if inquires is made? Yes ___ No ___

EMPLOYER: _____

ADDRESS: _____

JOB TITLE: _____ TELEPHONE: _____

SUPERVISOR: _____ TITLE: _____

NAMES OF CO-WORKERS: _____

DATE STARTED: _____ DATE LEFT: _____

REASON FOR LEAVING: _____

Are you fearful that this job would be in jeopardy if inquires is made? Yes ___ No ___

EMPLOYER: _____

ADDRESS: _____

JOB TITLE: _____ TELEPHONE: _____

SUPERVISOR: _____ TITLE: _____

NAMES OF CO-WORKERS: _____

DATE STARTED: _____ DATE LEFT: _____

REASON FOR LEAVING: _____

Are you fearful that this job would be in jeopardy if inquires is made? Yes ___ No ___

MILITARY RECORD: HAVE YOU SERVED IN THE US ARMED SERVICES? Yes ___ No ___

DATE OF SERVICE: From: _____ To: _____

BRANCH: _____ UNIT: _____

MILITARY SERVICE #: _____ HIGHEST RANK ACHIEVED: _____

TYPE OF DISCHARGE: _____

Military Record continued:

WERE YOU EVER DISCIPLINED IN THE MILITARY SERVICE? INCLUDE COURT-MARTIAL, CAPTAIN'S MASTS, COMPANY PUNISHMENT, etc. Yes: ____ No: ____ If yes: ...

CHARGE #1: _____ AGENCY: _____

DATE: _____ AGE AT TIME: _____ DISPOSITION: _____

CHARGE #2: _____ AGENCY: _____

DATE: _____ AGE AT TIME: _____ DISPOSITION: _____

IF YOU RECEIVED A DISCHARGE OTHER THAN HONORABLE, GIVE COMPLETE DETAILS:

EDUCATIONAL HISTORY:

HIGH SCHOOL/NAME: _____

ADDRESS: _____

DATES OF ATTENDANCE: From: _____ To: _____

DID YOU GRADUATE? Yes _____ No _____ (ATTACH COPY OF YOUR DIPLOMA)

COLLEGE/UNIVERSITY: _____

ADDRESS: _____

DATES OF ATTENDANCE: From: _____ To: _____

UNITS COMPLETED: _____ MAJOR/MINOR: _____

DID YOU GRADUATE? Yes _____ No _____ (ATTACH COPY OF YOUR DIPLOMA)

COLLEGE/UNIVERSITY: _____

ADDRESS: _____

DATES OF ATTENDANCE: From: _____ To: _____

UNITS COMPLETED: _____ MAJOR/MINOR: _____

DID YOU GRADUATE? Yes _____ No _____ (ATTACH COPY OF YOUR DIPLOMA)

OTHER SCHOOLS, TRADE, VOCATIONAL, BUSINESS, ETC.

NAME: _____

ADDRESS: _____

DATES OF ATTENDANCE: From: _____ To: _____

COURSE OF STUDY: _____

DIPLOMA/CERTIFICATE RECEIVED? Yes: _____ No: _____

SPECIAL QUALIFICATIONS AND SKILLS:

LIST ANY SPECIAL LICENSES YOU HOLD (SUCH AS PILOT, RADIO OPERATOR, SCUBA, ETC.)

LICENSING AUTHORITY: _____

DATE OF ISSUE: _____ EXPIRATION DATE: _____

LIST ANY FOREIGN LANGUAGE THAT YOU ARE FLUENT AND INDICATE YOUR DEGREE OF FLUENCY

(Reading, Writing, and Speaking): _____

LIST ANY OTHER SPECIAL SKILLS OR QUALIFICATIONS THAT YOU POSSESS: _____

CONVICTIONS, ARRESTS, DETENTIONS, AND LITIGATION: Have you ever been detained, summonsed, arrested by police in any court for which the police or court action taken has not been expunged?

Yes: ____ No: ____

If Yes, complete the following:

POLICE AGENCY: _____

ADDRESS: _____

CRIME CHARGED: _____ DATE: _____

DISPOSITION: _____ DATE: _____

POLICE AGENCY: _____

ADDRESS: _____

CRIME CHARGED: _____ DATE: _____

DISPOSITION: _____ DATE: _____

HAVE YOU EVER BEEN OR ARE YOU NOW A PARTY IN ANY CIVIL LITIGATION? Yes: ____ No: ____

If yes, give details: _____

MOTOR VEHICLE/TRAFFIC RECORD: Has your right to operate a vehicle ever been suspended or revoked? Yes: ____ No: ____

If yes, give details: _____

LIST ALL DRIVING CITATION/S THAT YOU HAVE EVER RECEIVED. IF NONE, SO STATE.

Month/Year	Offense/Violation	City/State	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DESCRIBE IN A BRIEF NARRATIVE ANY CRASH (TRAFFIC ACCIDENT) IN WHICH YOU WERE INVOLVED IN AS THE OPERATOR OF A VEHICLE. List approximate dates and locations: _____

NAME OF AUTOMOBILE INSURANCE COMPANY: _____

LOCAL AGENCY: _____ TELEPHONE: _____

MARITAL AND FAMILY HISTORY:

Are you? Single () Married () Divorced () Separated () Widowed ()

If married:

SPOUSE'S NAME (include Maiden Name) _____

DATE MARRIED: _____ CITY/STATE: _____

EX-SPOUSE'S NAME (include Maiden Name) _____

DATE MARRIED: _____ CITY/STATE: _____

PRESENT ADDRESS: _____ TELEPHONE: _____

STATE WHICH: Separation () Divorced () Annulment ()

DATE OF ORDER: _____ COURT/STATE: _____

LIST ALL CHILDREN RELATED TO YOU OR YOUR SPOUSE (natural, step-children, adopted and foster)

NAME: _____ RELATION: _____

DATE OF BIRTH: _____ SUPPORTED BY: _____

NAME: _____ RELATION: _____

DATE OF BIRTH: _____ SUPPORTED BY: _____

NAME: _____ RELATION: _____

DATE OF BIRTH: _____ SUPPORTED BY: _____

NAME: _____ RELATION: _____

DATE OF BIRTH: _____ SUPPORTED BY: _____

LIST ALL OTHER DEPENDENTS:

NAME: _____ RELATION: _____

DATE OF BIRTH: _____ SUPPORTED BY: _____

NAME: _____ RELATION: _____

DATE OF BIRTH: _____ SUPPORTED BY: _____

NAME: _____ RELATION: _____

DATE OF BIRTH: _____ SUPPORTED BY: _____

LIST RELATIVES:

FATHER'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ TELEPHONE: _____

Step-FATHER'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ TELEPHONE: _____

MOTHER'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ TELEPHONE: _____

Step-MOTHER'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ TELEPHONE: _____

BROTHER/SISTER'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ TELEPHONE: _____

BROTHER/SISTER'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ TELEPHONE: _____

BROTHER/SISTER'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ TELEPHONE: _____

BROTHER/SISTER'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ TELEPHONE: _____

BROTHER/SISTER'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ TELEPHONE: _____

BROTHER/SISTER'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ TELEPHONE: _____

REFERENCES OR ACQUAINTENCES: List five persons who know you well enough to provide current information about you. Do not list relatives or current/past employers:

NAME: _____ TELEPHONE: _____

ADDRESS: _____ YEARS KNOWN: _____

NAME: _____ TELEPHONE: _____

ADDRESS: _____ YEARS KNOWN: _____

NAME: _____ TELEPHONE: _____

ADDRESS: _____ YEARS KNOWN: _____

NAME: _____ TELEPHONE: _____

ADDRESS: _____ YEARS KNOWN: _____

FINANCIAL INFORMATION:

DO YOU HAVE A SAVINGS ACCOUNT? Yes: ____ No: ____ If yes:

NAME OF BANK: _____

ADDRESS: _____ TELEPHONE: _____

DO YOU HAVE A CHECKING ACCOUNT? Yes: ____ No: ____ If yes:

HAVE YOU'VE MISSED MAKING PAYMENTS OR BEEN LATE MAKING PAYMENTS, OR CURRENTLY DELIQUENT WITH ANY FINANCIAL OBLIGATION? IF YES, PLEASE BRIEFLY EXPLAIN:

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to the questions contained in this questionnaire. I am fully aware that any such misrepresentations, omissions or falsifications will be grounds for immediate rejection or termination of employment.

Applicant Signature: _____

Date: _____