



Christopher D. Moore
Chief of Police

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



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

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