

VILLAGE OF RED HOOK  
**POLICE DEPARTMENT**

INCORPORATED 1894 — DUTCHESS COUNTY

7467 SOUTH BROADWAY  
RED HOOK, NEW YORK 12571



VILLAGE OF RED HOOK POLICE

EMPLOYMENT APPLICATION  
AND  
PERSONAL HISTORY STATEMENT

**Please supply the Police Department with the following:**

- #1. Birth Certificate
- #2. Naturalization Papers
- #3. Driver's License
- #4. High School Diploma or GED Certificate
- #5. High School Transcript
- #6. College Diploma
- #7. Transcripts of all college or university work completed
- #8. Resume

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

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Signature of Applicant

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Date

## INSTRUCTIONS

**ORIGINAL**

### **READ THESE INSTRUCTIONS CAREFULLY** **BEFORE PROCEEDING**

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

- Your Personal History Statement should be printed legibly in ink. Answer all questions to the best of your ability.
- If a question is not applicable to you, enter N/A in the space provided.
- 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.
- You are responsible for obtaining correct addresses. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories.
- If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
- An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.



B. **RESIDENCES** - List all addresses where you have lived during the past 10 years, beginning with present address. List date by month and year, attach extra page if necessary.

<u>FROM</u>	<u>TO</u>	<u>ADDRESS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. **WORK HISTORY** - Beginning with your present or most recent job, list all employment held for the past ten years, including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra pages if necessary. Please indicate if you are fearful that your present job would be in jeopardy if inquiries are made.

1. FROM \_\_\_\_\_ TO \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ JOB TITLE \_\_\_\_\_  
DUTIES \_\_\_\_\_  
\_\_\_\_\_  
SUPERVISOR \_\_\_\_\_ NAME OF CO-WORKER \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

2. FROM \_\_\_\_\_ TO \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ JOB TITLE \_\_\_\_\_  
DUTIES \_\_\_\_\_  
\_\_\_\_\_  
SUPERVISOR \_\_\_\_\_ NAME OF CO-WORKER \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

3. FROM \_\_\_\_\_ TO \_\_\_\_\_ EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ JOB TITLE \_\_\_\_\_

DUTIES \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ NAME OF CO-WORKER \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

4. FROM \_\_\_\_\_ TO \_\_\_\_\_ EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ JOB TITLE \_\_\_\_\_

DUTIES \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ NAME OF CO-WORKER \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

5. FROM \_\_\_\_\_ TO \_\_\_\_\_ EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ JOB TITLE \_\_\_\_\_

DUTIES \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ NAME OF CO-WORKER \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

6. FROM \_\_\_\_\_ TO \_\_\_\_\_ EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ JOB TITLE \_\_\_\_\_

DUTIES \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ NAME OF CO-WORKER \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

**D. MILITARY RECORD**

1. HAVE YOU SERVED IN THE U.S. ARMED FORCES? \_\_\_\_\_ YES \_\_\_\_\_ NO

2. DATE OF SERVICE: FROM \_\_\_\_\_ TO \_\_\_\_\_

BRANCH OF SERVICE \_\_\_\_\_

UNIT DESIGNATION \_\_\_\_\_

MILITARY SERVICE NUMBER \_\_\_\_\_

HIGHEST RANK HELD \_\_\_\_\_

TYPE OF DISCHARGE \_\_\_\_\_

3. WERE YOU EVER DISCIPLINED WHILE IN THE MILITARY SERVICE (INCLUDE COURT-MARTIAL, CAPTAIN'S MASTS, COMPANY PUNISHMENT, ETC.)? \_\_\_\_\_ YES \_\_\_\_\_ NO

<u>CHARGE</u>	<u>AGENCY</u>	<u>DATE</u>	<u>AGE AT TIME</u>	<u>DISPOSITION</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**E. EDUCATIONAL HISTORY**

<b>1. HIGH SCHOOL</b>		<b>DATES ATTENDED</b>	<b>GRADUATED</b>
<b><u>ATTENDED</u></b>	<b><u>CITY &amp; STATE</u></b>	<b><u>FROM</u>    <u>TO</u></b>	<b><u>YES</u>    <u>NO</u></b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. (a) COLLEGE OR UNIVERSITY ATTENDED \_\_\_\_\_  
CITY & STATE \_\_\_\_\_ DATES ATTENDED \_\_\_\_\_  
UNITS COMPLETED \_\_\_\_\_ MAJOR/MINOR \_\_\_\_\_  
DEGREE RECEIVED, IF ANY, & DATE \_\_\_\_\_

(b) COLLEGE OR UNIVERSITY ATTENDED \_\_\_\_\_  
CITY & STATE \_\_\_\_\_ DATES ATTENDED \_\_\_\_\_  
UNITS COMPLETED \_\_\_\_\_ MAJOR/MINOR \_\_\_\_\_  
DEGREE RECEIVED, IF ANY, & DATE \_\_\_\_\_

(c) COLLEGE OR UNIVERSITY ATTENDED \_\_\_\_\_  
CITY & STATE \_\_\_\_\_ DATES ATTENDED \_\_\_\_\_  
UNITS COMPLETED \_\_\_\_\_ MAJOR/MINOR \_\_\_\_\_  
DEGREE RECEIVED, IF ANY, & DATE \_\_\_\_\_

3. LIST OTHER SCHOOLS ATTENDED (TRADE, VOCATIONAL, BUSINESS, ETC.)  
GIVE NAME AND ADDRESS OF SCHOOL, DATES ATTENDED, COURSE OF  
STUDY, CERTIFICATE, AND ANY OTHER PERTINENT INFORMATION.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**F. SPECIAL QUALIFICATIONS & SKILLS**

1. LIST ANY SPECIAL LICENSES YOU HOLD (SUCH AS PILOT, RADIO OPERATOR, SCUBA, ETC.). SHOWING LICENSING AUTHORITY, ORIGINAL DATE OF ISSUE, AND DATE OF EXPIRATION.

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2. LIST ANY SPECIALIZED MACHINERY OR EQUIPMENT WHICH YOU CAN OPERATE.

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3. IF YOU ARE FLUENT IN A FOREIGN LANGUAGE, INDICATE IN EACH AREA YOUR DEGREE OF FLUENCY (EXCELLENT, GOOD, FAIR).

**LANGUAGE    READING    SPEAKING    UNDERSTANDING    WRITING**

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4. LIST ANY OTHER SPECIAL SKILLS OR QUALIFICATIONS YOU MAY POSSESS.

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**G. CONVICTIONS, ARRESTS, DETENTIONS AND LITIGATION**

1. HAVE YOU EVER BEEN CONVICTED, ARRESTED, DETAINED BY POLICE OR SUMMONSED INTO COURT? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, COMPLETE THE FOLLOWING (LIST JUVENILE AS WELL AS ADULT OCCURRENCES).

<b><u>CRIME CHARGED</u></b>	<b><u>POLICE AGENCY CITY &amp; STATE</u></b>	<b><u>DATE</u></b>	<b><u>DISPOSITION OF CASE</u></b>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. HAVE YOU EVER BEEN INVOLVED AS A PARTY IN CIVIL LITIGATION?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, GIVE DETAILS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**H. TRAFFIC RECORD**

1. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, GIVE DATE, LOCATION AND REASONS \_\_\_\_\_  
\_\_\_\_\_

2. WITH WHAT COMPANY DO YOU CARRY AUTO INSURANCE? \_\_\_\_\_  
\_\_\_\_\_

3. LIST TO THE BEST OF YOUR MEMORY ALL DRIVING CITATIONS YOU HAVE RECEIVED AS AN ADULT OR JUVENILE, EXCLUDING PARKING TICKETS.

<u>MONTH &amp; YEAR</u>	<u>CHARGE</u>	<u>CITY &amp; STATE</u>	<u>DISPOSITION</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. DESCRIBE IN A BRIEF NARRATIVE ANY TRAFFIC ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED, GIVING APPROXIMATE DATES AND LOCATIONS.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I. MARITAL & FAMILY HISTORY**

1. ARE YOU? \_\_\_\_\_ SINGLE  
\_\_\_\_\_ MARRIED  
\_\_\_\_\_ SEPARATED  
\_\_\_\_\_ DIVORCED  
\_\_\_\_\_ WIDOWED

2. IF MARRIED:

DATE \_\_\_\_\_

CITY & STATE \_\_\_\_\_

SPOUSE'S NAME (WIFE'S MAIDEN NAME) \_\_\_\_\_

3. IF EVER SEPARATED, DIVORCED OR WIDOWED:

DATE OF MARRIAGE \_\_\_\_\_

CITY AND STATE \_\_\_\_\_

SPOUSE'S NAME  
(WIFE'S MAIDEN NAME) \_\_\_\_\_

PRESENT ADDRESS  
& PHONE \_\_\_\_\_

SEPARATED, DIVORCED  
OR ANNULLED  
(STATE WHICH) \_\_\_\_\_

DATE OF ORDER  
OR DECREE \_\_\_\_\_

COURT & STATE  
WHERE ISSUED \_\_\_\_\_

4. LIST ALL CHILDREN RELATED TO YOU OR YOUR SPOUSE (NATURAL, STEP-CHILDREN, ADOPTED & FOSTER CHILDREN).

<u>NAME</u>	<u>RELATION</u>	<u>DATE OF BIRTH</u>	<u>ADDRESS</u>	<u>SUPPORTED BY WHOM</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. LIST ALL OTHER DEPENDENTS.

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. LIST OTHER RELATIVES IN THE FOLLOWING ORDER: FATHER, MOTHER (INCLUDE MAIDEN NAME), BROTHERS & SISTERS. IF DECEASED, SO INDICATE.

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE#</u>	<u>RELATION</u>	<u>AGE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**J. REFERENCES OR ACQUAINTANCES - LIST FIVE PERSONS WHO KNOW YOU WELL ENOUGH TO PROVIDE CURRENT INFORMATION ABOUT YOU. DO NOT LIST RELATIVES OR FORMER EMPLOYERS.**

(1) NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

RESIDENCE PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

YEARS KNOWN: \_\_\_\_\_

(2) NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

RESIDENCE PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

YEARS KNOWN: \_\_\_\_\_

(3) NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

RESIDENCE PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

YEARS KNOWN: \_\_\_\_\_

(4) NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

RESIDENCE PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

YEARS KNOWN: \_\_\_\_\_

(5) NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

RESIDENCE PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

YEARS KNOWN: \_\_\_\_\_

**K. FINANCIAL HISTORY**

**SOURCES OF INCOME**

1. WHAT IS YOUR PRESENT SALARY OR WAGES? \_\_\_\_\_

2. DO YOU HAVE INCOME FROM ANY SOURCE OTHER THAN YOUR PRINCIPAL OCCUPATION? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, HOW MUCH? \_\_\_\_\_

HOW OFTEN? \_\_\_\_\_

THE SOURCE? \_\_\_\_\_

3. DO YOU OWN ANY REAL ESTATE? \_\_\_\_\_ YES \_\_\_\_\_ NO VALUE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

4. DO YOU OWN ANY BONDS, GOVERNMENT OR OTHER?

\_\_\_\_\_ YES \_\_\_\_\_ NO VALUE: \$ \_\_\_\_\_

5. DO YOU OWN ANY CORPORATE STOCK?

\_\_\_\_\_ YES \_\_\_\_\_ NO VALUE: \$ \_\_\_\_\_

6. DO YOU HAVE A BANK ACCOUNT?

\_\_\_\_\_ YES \_\_\_\_\_ NO

**SAVINGS**

AVERAGE BALANCE: \$ \_\_\_\_\_

NAME & ADDRESS OF BANK \_\_\_\_\_

\_\_\_\_\_

**CHECKING**

AVERAGE BALANCE: \$ \_\_\_\_\_

NAME & ADDRESS OF BANK \_\_\_\_\_

\_\_\_\_\_



**L. MEMBERSHIP IN ORGANIZATIONS (PAST AND/OR PRESENT)**

<u>NAME &amp; ADDRESS</u>	<u>TYPE (SOCIAL, FRATERNAL, PROFESSIONAL, ETC.)</u>	<u>FROM</u>	<u>TO</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**M. PERSONAL DECLARATIONS**

1. DESCRIBE IN YOUR OWN WORDS THE FREQUENCY AND EXTENT OF YOUR USE OF INTOXICATING LIQUORS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. HAVE YOU EVER USED MARIJUANA OR ANY OTHER DRUG NOT PRESCRIBED BY YOUR PHYSICIAN? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, WHAT WERE THE CIRCUMSTANCES? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. HAVE YOU EVER SOLD OR FURNISHED DRUGS OR NARCOTICS TO ANYONE? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, EXPLAIN IN DETAIL \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



4. IF IT BECAME NECESSARY TO TAKE A HUMAN LIFE IN THE COURSE OF YOUR DUTIES AS A LAW ENFORCEMENT OFFICER, WOULD ANY RELIGIOUS OR OTHER BELIEFS PREVENT YOU FROM DOING SO? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, EXPLAIN \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. DO YOU HAVE ANY OTHER BELIEFS OR PREJUDICES WHICH WOULD PREVENT YOU FROM FULLY PERFORMING THE DUTIES OF A LAW ENFORCEMENT OFFICER? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, EXPLAIN \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. ARE THERE ANY INCIDENTS IN YOUR LIFE OR DETAILS NOT MENTIONED HEREIN WHICH MAY INFLUENCE THIS DEPARTMENT'S EVALUATION OF YOUR SUITABILITY FOR EMPLOYMENT AS A LAW ENFORCEMENT OFFICER? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, EXPLAIN \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_