



HUDSON POLICE DEPARTMENT *A Nationally Accredited Agency*

Police Officer Position(s) Available

Final-Filing Date: **Applications for the Police Officer Written Exam will not be accepted if postmarked after April 4th, 2015.**

- Once your application is received, you will receive written notification that you have been scheduled for a written examination/physical fitness assessment.

Salary:

- \$41,142.90 to \$61,441.12
****Salary includes 11 paid holidays****

Job Announcement:

The Hudson, New Hampshire Police Department, *A Nationally Accredited Agency*, is seeking qualified applicants to establish a hiring list for the position of Police Officer.

As a Hudson Police Officer, you will be responsible for the enforcement of criminal laws, motor vehicle laws, and local ordinances. Duties will include but are not limited to:

- Traffic enforcement
- Accident investigations
- Criminal investigations
- Answering calls for service
- Report writing
- Arresting suspected criminal violators
- Other related duties

Ideal Candidate:

REQUIREMENTS:

- Minimum age: 21 years old at the time of hire.
- Height must be proportionate to weight.
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- High school graduate or New Hampshire approved GED equivalency certificate.
- Must be a United States Citizen
- Eyesight must be corrected to 20/20. Normal color vision and depth perception are also required.
- Possession of a valid motor vehicle operator's license.
- Normal hearing in both ears (corrected or uncorrected).

Other Requirements:

- Must be able to pass all stages of the hiring process in order to be eligible for employment with the Hudson Police Department.
- Must satisfactorily complete 14 weeks of mandatory training provided by the New Hampshire Police Standards and Training Council.

Applications may be obtained at the Hudson Police Department, 1 Constitution Drive, Hudson, NH 03051; or by visiting our website at www.hudsonpd.com. If you have any further inquiries, please contact Sgt. David Cayot or Master Patrol Officer Christopher Cavallaro, Support Services/Training Division at (603) 886-6011.

Directions for the Application for Written Examination:

1. Complete the application for the Written Examination and Physical Fitness Assessment Waiver Form (pages 3, 4, 5, & 6). **DO NOT SEND RESUMES AS THEY WILL BE REQUESTED AT A LATER DATE. RESUMES ARE NOT A SUBSTITUTE FOR THIS APPLICATION.**
2. Upon completion of the application, have it signed by a Notary Public or Justice of the Peace (pages 5 & 6).
3. Mail this application along with a non-refundable \$25.00 testing fee in the form of a check or money order **(CASH WILL NOT BE ACCEPTED)** to the following address:

**Hudson Police Department
Attn: Support Services/Training Division
1 Constitution Drive
Hudson, New Hampshire 03051**

- Application must be postmarked by: **April 4th, 2015.**
- Once your application has been received, written notification will be sent to your listed address confirming you test date, time and location.
- The written examination will consist of one hundred (100) multiple choice questions.

The Hudson Police Department reserves the right to limit candidates eligible to continue with the selection process to those individuals scoring 70% or higher on the written examination.

**DIRECTIONS:
Alvirne High School
200 Derry Street
Hudson, New Hampshire 03051**

From Boston, Mass:

- North on Interstate 93 into New Hampshire.
- Take Exit #4.
- Take a Left off of exit ramp and onto Route 102/Nashua Rd. (West).
- Follow Route 102/Nashua Rd. (West) for approximately 7.5 miles into Hudson.
- The Alvirne High School will be on your Right side.
- Park in the main parking lot and enter through the cafeteria doors on the south side of the building. (Look for signs)

From Concord, New Hampshire:

- Travel South on Interstate 93 to Exit #4.
- At the end of ramp, turn Right onto Route 102/Nashua Rd. (West).
- Travel west on Route 102/Nashua Rd. (West) for approximately 7.5 miles into Hudson.
- The Alvirne High School will be on your Right side.
- Park in the main parking lot and enter through the cafeteria doors on the south side of the building. (Look for signs)

CONFIDENTIAL



Town of Hudson, New Hampshire Police Department APPLICATION FOR WRITTEN EXAMINATION

April 11th, 2015

**1 Constitution Drive
Hudson, New Hampshire 03051
603-886-6011 | FAX 603-886-0605**

NAME:
LAST
FIRST
MIDDLE

THE HUDSON POLICE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER. We will not discriminate because of the age, sex, race, color, marital status, physical or mental disability, religious creed, or national origin of any individual, to refuse to hire or employ or to bar or to discharge from employment such individual or to discriminate against such individual in compensation or in terms, conditions or privileges of employment, unless based upon a bona fide occupational qualification. In addition, no person shall be denied the benefit of the rights afforded by this paragraph on account of that person's sexual orientation.

INSTRUCTIONS TO APPLICANTS – READ CAREFULLY:

This application is part of the examination process; therefore it must be filled out completely. Before completing this form, please read the minimum qualifications for the position of *Police Officer*. Your application will not be considered for this position unless you meet these requirements. Print clearly with black ink, or use a typewriter. Notify us promptly of any change of address and/or telephone number. Please mail application along with a \$25.00 non-refundable check or money order to the following address:

**Support Services/Training Division
Hudson Police Department
1 Constitution Drive
Hudson, New Hampshire 03051**

Please make non-refundable check or money order payable to the Town of Hudson.

Answer all questions completely and accurately. Resume may not substitute.

EXACT TITLE OF POSITION APPLIED FOR: *Police Officer*

SOCIAL SECURITY NUMBER

NAME _____
Last Name First Name Middle Name

LIST ANY OTHER NAME USED _____

MAILING ADDRESS _____
Street, Apt #

_____ City State ZIP

_____ County

TELEPHONE:
HOME (____) _____ **CELL** (____) _____ **BUS.** (____) _____

SEX: Female Male

PLEASE ANSWER THE FOLLOWING QUESTIONS:

YES NO ARE YOU A UNITED STATES CITIZEN

YES NO DO YOU HOLD A VALID DRIVERS LICENSE?
If yes, please provide the information requested below:

DRIVER'S LICENSE NUMBER _____ STATE _____ EXPIRATION DATE _____ CLASS _____

ARE YOU A HIGH SCHOOL GRADUATE OR DO YOU HAVE A G.E.D.?

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR LEVEL OFFENSE?

DO YOU OR HAVE YOU HAD A RESTRAINING ORDER AGAINST YOU?
(If yes, please provide further information below).

TOWN/CITY _____ STATE _____

HAVE YOU EVER BEEN CONVICTED OF DRIVING WHILE INTOXICATED?

ARE YOU A CERTIFIED POLICE OFFICER? IF YES, PLEASE INDICATE WHICH JURISDICTION AND STATE.

JURISDICTION _____ STATE _____

Any applicant who fails the written test may apply at the next available testing date. However, no applicant may retest more than one time within one year of the first application date.

(DO NOT SEND A RESUME. ALL RESUMES WILL BE DISCARDED)

AFFIRMATION

(MUST BE READ, SIGNED AND WITNESSED)

I DECLARE THAT ALL ANSWERS AND STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT UNTRUTHFULNESS OR MISLEADING ANSWERS ARE CAUSE FOR REJECTIONS OF THIS APPLICATION, REMOVAL FROM AN ELIGIBLE LIST OR DIMISSAL FROM EMPLOYMENT WITH THE HUDSON POLICE DEPARTMENT.

I UNDERSTAND THAT A THOROUGH BACKGROUND INVESTIGATION, CREDIT CHECK, CRIMINAL CHECK, D.M.V CHECK, POLYGRAPH EXAMINATION, PSYCHOLOGICAL EXAMINATION, AND MEDICAL EXAMINATION WILL BE REQUIRED. I UNDERSTAND THAT THE RESULTS OF ANY OF THE FOREGOING MAY BE GROUNDS FOR DISQUALIFICATION.

Applicant Signature

Applicant Name (Printed)

Date

Sworn before me on this _____ day of _____, in the year 2015.

Notary/Justice of the Peace

Commission Expiration Date

HUDSON POLICE DEPARTMENT
1 Constitution Drive
Hudson, New Hampshire 03051

**PHYSICAL FITNESS ASSESSMENT
WAIVER FORM**

WHEREAS, the undersigned has applied for employment as a police officer for the Town of Hudson, and;

WHEREAS, the Hudson Police Department requires all applicants to take a physical ability test, and in consideration of the acceptance of my application for employment by the Town of Hudson and the administering of the various tests and procedures to process said application; I do for myself, my heirs, executors and administrators, certify to the Town of Hudson that I am in good health and know of no physical or medical reasons why I should not take such physical ability test; and I do release and discharge the Town of Hudson, its officers, employees, servants and agents, of and from any and all claims, demands, actions, causes of actions and suits at law or in equity for any and on account of any and all injuries, disabilities, physical and mental diseases, damage, losses and expenses that may be sustained by me now or hereafter, as a result of my taking said physical ability test.

Testing Date: Saturday, April 11th, 2015

APPLICANT'S NAME: _____

SIGNATURE OF APPLICANT: _____

The above named signed before me _____ this _____
day of _____ 2015.

Justice of the Peace/Notary of the Public

Commission Expires