

GILFORD POLICE DEPARTMENT CITIZEN'S POLICE ACADEMY

APPLICATION FOR ENROLLMENT

- (A) Print this form on your printer.
- (B) Read the form carefully and complete all lines on the application.
- (C) This form must be typed or printed legibly in ink. Illegible or incomplete forms will **NOT** be accepted.
- (D) If there is insufficient space to include all necessary information on any question, continue it on the back of the page. Be sure to indicate the question being answered.
- (E) You must hand deliver this application to the Gilford Police Department at 47 Cherry Valley Road, Gilford, NH 03249, as you will need to be fingerprinted as part of the criminal record check.
- (F) Your application and signed waivers must be received by March 10, 2024.
- (G) A Criminal Record will be conducted prior to the start of classes.
- (H) We cannot accept applications from people with past Felony or Domestic Violence convictions, violent Misdemeanor convictions, Sex Offenders, or Probationers or Parolees.
- (I) Applicants must be at least 21 years of age.

Full Name (First, Middle, Last):

Mr./Mrs./Ms. _____

Home Street Address: _____

City: _____ Zip: _____

Home Phone: (____) _____ Email: _____

Date of Birth: Mo. _____ /Day _____ /Yr. _____

Height: _____ Weight: _____ Eye Color: _____ Hair: _____

Scars, Marks, Tattoos: _____

Drivers License # _____ State: _____

Social Security Number # _____

List all other names or aliases you have had: _____

Occupation: _____

Employers Name and Address: _____

City: _____ Zip: _____

Business Phone: (_____) _____

Email Address: _____@_____

Have you ever been fingerprinted? Yes No if yes, please explain:

Do you personally know anyone who is or has been employed by the Gilford Police Department?

If yes, _____

How did you first hear about the Citizens Police Academy?

Has there been anything in your past, which you believe may disqualify you from participating in the Citizens Police Academy? If yes, please explain:

Do you have any Law Enforcement Experience? Yes No If yes, please explain:

Have you ever been arrested for any reason? Yes No If yes, please explain:

Have you ever been convicted of a crime? Yes No If yes, please explain:

Why would you like to participate in the Citizens Police Academy?

MEDICAL HISTORY:

List any medical information that you feel the Gilford Police Department should be aware of.

List two immediate family members or close friends who may be contacted in the event of an emergency.

Name	Address	Phone
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PLEASE REVIEW YOUR ANSWERS CAREFULLY AND READ THE STATEMENT BELOW BEFORE SIGNING THIS APPLICATION.

I hereby certify that all statements made on this application are true and complete and there are no willful misrepresentations, omissions, or falsifications in the foregoing statements or answers to questions. I understand that any omissions, falsifications, or misrepresentations shall be sufficient cause of rejection for enrollment in or dismissal from the Gilford Police Citizen's Police Academy.

If Accepted as a student, I agree to abide by all of the rules and regulations, and attend at least 75% of the class schedule.

Signature

Date

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

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this authorized release will be considered in determining my suitability for participation in the program. I also certify that any persons, agencies, or businesses who may furnish such information concerning me shall not be held accountable for releasing said information, and I do hereby release said persons, agencies, or businesses from any and all liability which may be incurred as a result of furnishing such information.

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

Signature: _____ **Date:** _____ / _____ / _____

Address: _____ **Phone:** _____

DOB: _____

State of New Hampshire)
County of Belknap) SS.

Subscribed and Sworn to before me on this the _____ day of _____, 200_

Justice of the Peace/Notary

Commission expires

