

**GILFORD POLICE DEPARTMENT  
CITIZEN'S POLICE ACADEMY**

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**APPLICATION FOR CPA ENROLLMENT**

- A. Print application.
  - B. Read application carefully and complete ALL items.
  - C. Application must be typed or legibly printed in ink. Illegible/incomplete forms will NOT be accepted.
  - D. Should there be insufficient space to include ALL necessary information to any question then please continue onto back of application page, making sure to indicate which question is being answered.
  - E. Applications can be submitted electronically via the GPD website or dropped off/mailed to: Gilford Police Department Citizen's Academy, 47 Cherry Valley Rd., Gilford, NH 03249
  - F. Applications and signed waivers must be received at GPD by **Tuesday, February 27, 2018, at 4pm.**
  - G. A background check, to include one for criminal history, WILL be conducted on all applicants prior to CPA participation approval.
  - H. GPD cannot accept applications from applicants with domestic violence and/or felony convictions, violent misdemeanor convictions, sex offenders, or those on probation or parole.
  - I. Applicants must be at least 21 years of age.
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**Applicant's Full Name (First, Middle, Last):**

Mr./Mrs./Ms.: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

**If you currently rent your residence then please provide the following information about your landlord:**

Name: \_\_\_\_\_ Tel. # (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Applicant's Personal Information:**

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair: \_\_\_\_\_

Scars, Marks, Tattoos: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State Issued In: \_\_\_\_\_

Social Security Number # (used only to correctly identify applicants): \_\_\_\_\_

All other names (maiden, etc.) or aliases had: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer's Name & Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_

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**General Questions:**

Have you ever been fingerprinted? Yes No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you personally know anyone who is/has been employed by the Gilford Police Department? Yes No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about the Citizen's Police Academy?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there anything in your past that you believe may disqualify you from participating in the CPA? Yes No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Do you have any law enforcement experience?    Yes    No

If yes, please explain: \_\_\_\_\_

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Have you ever been arrested for ANY reason?    Yes    No

If yes, please explain: \_\_\_\_\_

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Have you ever been convicted of a crime?    Yes    No

If yes, please explain: \_\_\_\_\_

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

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**Family Information:**

List names of your: (step)father(s), (step)mother(s) [to include maiden names]), (step)brother(s), (step)sister(s).

PLEASE INCLUDE COMPLETE ADDRESS AND TELEPHONE NUMBERS

<u>Relationship</u>	<u>Name</u>	<u>Address/Phone</u>

**Previous Employment:**

List all previous employers (going back five years):

<u>Business</u>	<u>Job Title</u>	<u>Address</u>	<u>Phone</u>

**Previous Addresses:**

List all previous addresses (going back five years):

<u>Address</u>	<u>Dates Resided There</u>	<u>Landlord Name/Phone</u>

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**Medical History:**

List any medical information you feel GPD should be aware of:

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**In case of an emergency, please list two immediate family members/friends we may contact:**

<u>Name</u>	<u>Address</u>	<u>Phone</u>

**BEFORE SIGNING APPLICATION PLEASE REVIEW YOUR ANSWERS CAREFULLY AND READ THE BELOW STATEMENT.**

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 Department's Citizen's Police Academy.

*If accepted as a CPA participant I agree to abide by all rules and regulations, as well as to attend at least 75% of classes.*

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*Signature*

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*Printed Name*

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*Date*

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**RELEASE & WAIVER**

I, \_\_\_\_\_, do hereby authorize a review 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.

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, records of loans, records of commercial or retail credit agencies, credit reports and/or ratings, and other financial and/or statements and records wherever filed, medical and psychiatric treatment and/or consultation, hospitals, clinics, private practitioners, and the U.S. Veteran's Administration, employment and pre-employment records, background reports, efficiency ratings, complaints or grievances filed by or against me, and records and collections of attorneys at law, or of other counsel representing me or another person in any criminal or civil case in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation 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.

_____	_____	_____
<i>Signature</i>	<i>Printed Name</i>	<i>Date</i>

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

**State of New Hampshire)  
County of Belknap) SS.**

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

_____	_____
<i>Justice of the Peace / Notary</i>	<i>Commission Expires</i>

