

# GILFORD POLICE DEPARTMENT CITIZEN'S POLICE ACADEMY

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## 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) Bring in or mail this form to: Gilford Police Citizen's Academy, 47 Cherry Valley Road, Gilford, NH 03249
- (F) Your application and signed waivers must be received by **Friday, February 28, 2020.**
- (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.

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**Full Name (First, Middle, Last):**

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

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

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

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

**If you are currently renting your residence please list the following about your landlord:**

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

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

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: \_\_\_\_\_

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

Employers Name and Address: \_\_\_\_\_

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

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

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

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

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

If yes, \_\_\_\_\_

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**How did you first hear about the Citizens Police Academy?**

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**Has there been anything in your past, which you believe may disqualify you from participating in the Citizens Police Academy? 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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**Please list names of your father, mother (maiden name), brother(s), sister(s).  
PLEASE INCLUDE COMPLETE ADDRESS AND TELEPHONE NUMBERS**

Relationship	Name	Address/Telephone
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**List all previous employers for the last 5 years:**

Business	Job Title	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**List all previous addresses you have resided in for the past 5 years:**

Address	Dates Resided	Landlord/Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**MEDICAL HISTORY:**

**List any medical information that you feel the Gilford Police Department should be aware of. Include Doctor information and allergies of any kind.**

\_\_\_\_\_

\_\_\_\_\_

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

Name	Address	Phone
_____	_____	_____
_____	_____	_____

**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.

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 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**

