



Town of Litchfield Police Department

Two Liberty Way, Suite 2
Litchfield, NH 03102
603-424-4047

Authorization of Release

To whom it may concern:

I, _____, do hereby authorize the Litchfield Police Department, or its agent, to obtain/review information contained in documents pertaining to my contact with your organization. This information is to be used in determining my eligibility as a candidate for the position of Police Officer Dispatcher Prosecutor Other _____ for the Town of Litchfield, New Hampshire. A copy of this authorization shall be as valid as the original.

Date

Signature

Date of Birth

Address

Social Security #

City, State, Zip Code



Town of Litchfield Police Department Employment Application

Litchfield Police Department is an equal opportunity and affirmative action employer. All applicants will be considered for employment without regard to race, color, sex, national origin, age, veteran status, or presence of non-job related handicap.

Personal Information

If employed, this application becomes part of your permanent record. Please fill it out carefully and accurately, any omission of information may delay processing. All information will be treated confidentially.

Full Name: _____
Last First M.I. Date

Address: _____
Street Address Social Security Number

_____ *City State ZIP Code*

Home Phone: () _____ **Alternate Phone:** () _____

Have you ever applied here before? YES NO Are you currently employed as a police officer? YES NO Are you currently a NH certified police officer? YES NO

If yes when: _____

Have you ever been convicted of a felony? YES NO Are you under age 18? YES NO

If yes, give date, place, charge and disposition. _____

Emergency Contact Information

Full Name: _____
Last First M.I. Relationship

Address: _____
Street Address

_____ *City State ZIP Code*

Home Phone: () _____ **Alternate Phone:** () _____

Education

High School: _____ **Address:** _____

From: _____ **To:** _____ **Did you graduate?** YES NO **Degree:** _____

College: _____ **Address:** _____

From: _____ **To:** _____ **Did you graduate?** YES NO **Degree:** _____

Other: _____ **Address:** _____

From: _____ **To:** _____ **Did you graduate?** YES NO **Degree:** _____

Military Service

Branch: _____ **From:** _____ **To:** _____

Rank at Discharge: _____ **Type of Discharge:** _____

If other than honorable, explain: _____

Full name & address of Reserve or National Guard Unit or last duty station.

Employment Desired

Position: _____ Full-Time Part-Time Either Date you can start: _____

Experience

Employment record: Start with latest employment – A detailed resume may be attached to provide additional job information. Please account for all previous employment.

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Description of your Job duties: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Description of your Job duties: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Description of your Job duties: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Experience

I certify that the information contained in this application and any resume provided by me or any party representing my interests is correct and complete to the best of my knowledge. I understand that any false statements or misrepresentation made by me on this application or any supplement thereto will be sufficient grounds for rejection of this application or discharge after employment.

I HEREBY AUTHORIZE Litchfield Police Department to obtain information concerning me from former employers and others and I release all concerned from any liability in connection therewith.

Signature: _____ Date: _____