



LITCHFIELD POLICE DEPARTMENT

TOWN OF LITCHFIELD
2 LIBERTY WAY, SUITE 2
LITCHFIELD, NH 03052
Phone: (603)424-4047 Fax: (603)424-3423



Benjamin E. Sargent
Chief of Police

EMPLOYMENT APPLICATION

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

PERSONAL INFORMATION

FULL NAME: _____ DATE: _____

Last First MI

ADDRESS: _____ SS#: _____

Street Address

City State Zip

Home Phone: (____) _____ Alternate Phone: (____) _____

Have you ever applied here before? Yes _____ No _____ If yes when? _____

Are you currently employed as a police officer? Yes _____ No _____

Are you currently a NH Certified police officer? Yes _____ No _____

Are you 18 years old or older? Yes _____ No _____

Have you ever been convicted of a FELONY? Yes _____ No _____

If yes give Court, Date, Charge and Disposition: _____

EMERGENCY CONTACT INFORMATION

FULL NAME: _____
Last First MI 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: _____

MILITARY SERVICE

BRANCH: _____ FROM: _____ TO: _____

RANK AT DISCHARGE: _____ TYPE OF DISCHARGE: _____

IF OTHER THAN HONORABLE, PLEASE EXPLAIN: _____

Full name and address of Reserve or National Guard Unit or last duty station:

EMPLOYMENT DESIRED

POSITION: _____ FULL-TIME: _____ PART-TIME: _____ EITHER: _____

START DATE: _____

DESIRED SALARY: _____

EXPERIENCE

EMPLOYMENT RECORD: Start with current employment. A detailed resume may be attached to provide additional job information. Please account for ALL previous employment.

COMPANY: _____ PHONE: (____) _____

ADDRESS: _____ SUPERVISOR: _____

JOB TITLE: _____ START SALARY: _____ END SALARY: _____

JOB DUTIES: _____

FROM: _____ TO: _____ REASON FOR LEAVING: _____

MAY WE CONTACT YOUR SUPERVISOR? YES ____ NO ____

COMPANY: _____ PHONE: (____) _____

ADDRESS: _____ SUPERVISOR: _____

JOB TITLE: _____ START SALARY: _____ END SALARY: _____

JOB DUTIES: _____

FROM: _____ TO: _____ REASON FOR LEAVING: _____

MAY WE CONTACT YOUR PREVIOUS SUPERVISOR? YES ____ NO ____

COMPANY: _____ PHONE: (____) _____

ADDRESS: _____ SUPERVISOR: _____

JOB TITLE: _____ START SALARY: _____ END SALARY: _____

JOB DUTIES: _____

FROM: _____ TO: _____ REASON FOR LEAVING: _____

MAY WE CONTACT YOUR PREVIOUS SUPERVISOR? : YES ____ NO ____

DISCLAIMER AND SIGNATURE

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 from employment.

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

APPLICANT SIGNATURE: _____ DATE: _____

Revised: 2019