

DEERFIELD POLICE DEPARTMENT

P.O. BOX 357
DEERFIELD, NEW HAMPSHIRE 03037
(603) 463-7258 • Fax (603) 463-2822



**TOWN OF DEERFIELD POLICE DEPARTMENT
POST OFFICE BOX 357
DEERFIELD, NH 03037
(603) 463-7258**

APPLICATION FOR EMPLOYMENT

The Town of Deerfield is an Equal Opportunity Employer which prohibits discrimination because of age, sex, race, color, marital status, condition of handicap, religious creed, sexual orientation, national origin, or any other non-merit factor. Reasonable accommodations will be made for handicapped persons upon request.

GENERAL INSTRUCTIONS:

1. PRINT IN INK OR TYPE INFORMATION REQUIRED
2. Failure of the applicant to furnish all information and records requested below may result in rejection of the application. ALL INFORMATION IS SUBJECT TO VERIFICATION.
3. Should additional space be needed to fully complete any part of this application, continue on plain white (8 ½ x 11) paper identifying the question being continued. Place your name on the paper along with the position applying for.

The minimum qualifications that all participants for the position of police officer must meet include:

1. Minimum age of 21 years.
2. Uncorrected vision of 20/40 or better in each eye, or correctable 20/20.
3. Passing a medical exam conducted by a physician.
4. High school graduate or equivalent.
5. Passing a backgrounds investigation, which includes a check of school records, credit history, inquiry as to character and reputation, health history, and a fingerprint-based criminal records check.
6. Passing an interview
7. Meeting any other standards set by the New Hampshire Police Standards and Training Council, such as psychological testing, polygraph exam, physical agility testing, etc.
8. Successfully completing any other tests or examinations as may be required by the Chief of Police, such as an Oral Board.

The applicant must perform the following:

1. Complete a written application and resume and submit it to the Chief of Police.
2. Arrange with the Chief of Police to take any required tests and appear for an interview.
3. Schedule a physical examination with a physician selected by the Chief of Police. The Town shall pay for the physical examination.

DEERFIELD POLICE DEPARTMENT

PERSONAL DATA QUESTIONNAIRE

INSTRUCTIONS:

Read the entire questionnaire thoroughly and answer ALL relevant questions fully. Type or print in black ink. If more space is required to answer any question, you may use additional paper.

It is important for you to remember that ALL statements will be investigated thoroughly by the Deerfield Police Department and any misrepresentations on your part will be cause for your application as a Deerfield Police Officer to be rejected. Further, if you have attained employment as a Deerfield Police Officer, and an investigation discloses misrepresentation, your employment may be terminated.

PERSONAL DATA QUESTIONNAIRE

Section I	Identification Data
Section II	Marital and Family Status
Section III	Financial Status
Section IV	Automobile and Drive's License
Section V	Military Service
Section VI	Education (All)
Section VII	Employment
Section VIII	Arrest Data/Personal Practices
Section IX	Volunteer Service
Section X	Hobbies/Athletics
Section XI	Special Skills
Section XII	Medical History

SECTION II – MARITAL & FAMILY STATUS

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position of a Deerfield Police Officer. Inquiries will be confined to job-relevant matters.

Please supply the requested appropriate information in the spaces provided below. If a category is not applicable, write N/A.

Present Status (Check one) Single: ___ Married: ___ Separated: ___ Divorced: ___

The following information must be completed where applicable

Father's Name: _____ Address: _____ DOB: _____

Mother's Name: _____ Address: _____ DOB: _____

Brothers and/or Sisters:

Name: _____ Age: _____ Address: _____

Name: _____ Age: _____ Address: _____

Name: _____ Age: _____ Address: _____

Name: _____ Age: _____ Address: _____

Name of Spouse: _____ DOB: _____ Marriage Date: _____

Spouse's Maiden Name: _____

Spouse's Address: _____

Children:

Name: _____ Age: _____ Address: _____

Name: _____ Age: _____ Address: _____

Name: _____ Age: _____ Address: _____

Name: _____ Age: _____ Address: _____

If divorced (Complete the following information)

Name of Former Spouse: _____ DOB: _____

Former Spouse's Present Name: _____

Present Address: _____

Date of Divorce: _____ Place: _____ Court: _____

Are you currently or have you ever been found to be delinquent in either making court ordered support payments or adhering to any other provision of the decree for divorce? YES _____ NO _____

If yes, please provide details:

Has any member of your family ever been arrested for any offense other than minor motor vehicle offenses? YES _____ NO _____

If your answer to the above question is "yes", supply all pertinent information regarding same – who, charges, dates, jurisdictions, and dispositions.

SECTION III – FINANCIAL STATUS

Name of Creditor	Address, City, State Zip Code	Total Owed	Payments Per Month	Type of Loan

Savings Account(s):

Bank Name: _____ Balance: _____

Bank Name: _____ Balance: _____

Checking Account(s):

Bank Name: _____ Balance: _____

Bank Name: _____ Balance: _____

Do you own your own home? _____ Rent? _____ Monthly Payment: _____

Have you ever filed for or declared bankruptcy? YES _____ NO _____

If yes, please give details (include when, where, why):

Have any of your bills ever been turned over to a collection agency? YES _____ NO _____
If yes, please give details:

Have you ever had purchased goods repossessed? YES _____ NO _____
If yes, please give details (include when, firms involved, and circumstances):

Have your wages ever been garnished YES _____ NO _____
If yes, please give details (include when, where, why):

Have you ever been delinquent on income or other tax payments? YES _____ NO _____
If yes, please give details (include when, where, why):

SECTION IV – AUTOMOBILE & DRIVER'S LICENSE

Operation of a motor vehicle is an integral part of the position of a Deerfield Police Officer. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information:

Do you currently own a motor vehicle(s): YES _____ NO _____

If yes, please provide the following vehicle information:

MAKE _____ MODEL _____ YEAR _____

COLOR _____ REG NUMBER _____ STATE _____

Do you possess a valid license? YES _____ NO _____ Type _____ State _____

License Number: _____ Expiration date: _____

Name under which license was granted: _____

Please list other states where you were issued a driver's license:

State: _____ Name under which license was granted: _____

State: _____ Name under which license was granted: _____

State: _____ Name under which license was granted: _____

Have you ever been refused a driver's license by any state? YES _____ NO _____

If yes, please explain (include when, where, why)

Please list all traffic citations (excluding parking citations) you have received within the last 7 years:

TYPE OF VIOLATION	LOCATION (CITY)	APPROX DATE	FINDING/FINE

Have you ever been involved as a driver in a motor vehicle accident within the last 7 years? YES _____
 NO _____ If yes, please give details for each accident.

DATE	LOCATION	INJURY NON-INJURY	INVESTIGATING AGENCY

Has your license ever been suspended or revoked? YES _____ NO _____
 If yes, please give details (what, when, where, why)

Have you ever been refused insurance for any reason other than failure to pay a premium?

YES _____ NO _____

If yes, please give details (include company name, address, date and reason)

SECTION V – MILITARY SERVICE

Have you ever served in the armed forces, National Guard, or military reserves?

YES _____ NO _____

If yes, please supply the following information:

BRANCH OF SERVICE	SERVICE NUMBER	DATES OF SERVICE	TYPE OF DISCHARGE
		TO	

Please attach a copy of you DD214

Are you *currently* participating in any military reserve or National Guard program?

YES _____ NO _____

If yes, please specify.

BRANCH OF SERVICE	SERVICE NUMBER	ENLISTMENT DATE	LENGTH OF OBLIGATION
LOCATION OF SERVICE OBLIGATION	COMMANDING OFFICER'S NAME		

Have you ever been subject to any judicial or non-judicial disciplinary action while in the military, National Guard, or military reserve? YES _____ NO _____

If yes, please give details (include branch of service, when, where, circumstances):

SECTION VI – EDUCATION (ALL)

Please indicate below all the schools you have attended beginning with high school. During the backgrounds investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts. To expedite the review of these records, please attach a copy of any diplomas, GED certificates, etc.

HIGH SCHOOL

DATE COMPLETED

COLLEGE

DATE COMPLETED

Degree: Associates _____ Bachelors _____ Masters _____ Major _____

Degree: Associates _____ Bachelors _____ Masters _____ Major _____

Additional Training (list courses, institutions, and dates of completion)

SECTION VII – EMPLOYMENT

Beginning with your most current employment, please list all employment, (including part-time, temporary, and voluntary positions) you have held in the past 10 years. For identification and verification, please indicate the nature of the activity, i.e. full-time, part-time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided.

Dates of Employment: From _____ to _____

Full Time _____ Part Time _____ Voluntary _____ Military _____ Unemployed _____

Name, Address, Telephone Number of Employer:

Name of Supervisor: _____

Your Title/Duties: _____

Reason for leaving: _____

Dates of Employment: From _____ to _____

Full Time _____ Part Time _____ Voluntary _____ Military _____ Unemployed _____

Name, Address, Telephone Number of Employer:

Name of Supervisor: _____

Your Title/Duties: _____

Reason for leaving: _____

Dates of Employment: From _____ to _____

Full Time _____ Part Time _____ Voluntary _____ Military _____ Unemployed _____

Name, Address, Telephone Number of Employer:

Name of Supervisor: _____

Your Title/Duties: _____

Reason for leaving: _____

Dates of Employment: From _____ to _____

Full Time _____ Part Time _____ Voluntary _____ Military _____ Unemployed _____

Name, Address, Telephone Number of Employer:

Name of Supervisor: _____

Your Title/Duties: _____

Reason for leaving: _____

Dates of Employment: From _____ to _____

Full Time _____ Part Time _____ Voluntary _____ Military _____ Unemployed _____

Name, Address, Telephone Number of Employer:

Name of Supervisor: _____

Your Title/Duties: _____

Reason for leaving: _____

Dates of Employment: From _____ to _____

Full Time _____ Part Time _____ Voluntary _____ Military _____ Unemployed _____

Name, Address, Telephone Number of Employer:

Name of Supervisor: _____

Your Title/Duties: _____

Reason for leaving: _____

Would any problem result if your present employer was contacted during the course of the background investigation? YES _____ NO _____

If no, when should such contact be made? _____

If you have had no prior employment, please explain in the space below:

Have you ever been involuntarily terminated or asked to resign from any place of employment? YES _____ NO _____

If yes, please give details (include when, where, circumstances)

Have you ever been disciplined by your present employer or by any of your past employers? YES _____ NO _____

If yes, please explain in detail:

Is there anything in your backgrounds that, if brought to the attention of the Deerfield Police, would jeopardize your candidacy as a Deerfield Police Officer? YES _____ NO _____

If yes, please explain in detail:

Have you ever applied for any other Law Enforcement position? YES _____ NO _____

If yes, list the names of all departments you have applied to, dates of application, and state whether hired or not.

SECTION VIII – ARREST DATA/PERSONAL PRACTICES

Have you ever been arrested, detained, or charged with a crime? YES _____ NO _____
If yes, for what?

Have you ever been convicted of a crime which has not been annulled? YES _____ NO _____
If yes, for what?

Describe your gambling experiences/habits:

SECTION IX – VOLUNTEER SERVICE

(Examples: Scout Leader, 4-H Leader, Youth League Coach, etc.)

SECTION X – HOBBIES/ATHLETICS

List past and present hobbies. List any athletics participated in individually or as a member of a team.

SECTION XI – SPECIAL SKILLS

(Examples: Aircraft pilot, mechanic, medical training, etc.)

SECTION XII – MEDICAL HISTORY

Name and address of your family doctor:

NAME: _____

ADDRESS: _____

ALL APPLICANTS MUST SIGN THE FOLLOWING CERTIFICATION:

I certify that there are no misrepresentations and/or falsifications of the above statements and answers to questions. I understand that should an investigation disclose misrepresentations and/or falsifications, my application will be rejected and should I be employed, my services will be terminated. You are hereby authorized to make any investigation of my personal and employment history and financial and credit records including the services of any investigative, credit agencies or bureaus of your choice. I also certify that any addendums to this application are truthful.

I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, and personal characteristics.

Signature of Applicant

Date

Town of Deerfield, New Hampshire
Deerfield Police Department
P.O. 357
8 Raymond Road
Deerfield, NH 03037
603-463-7258 Phone - 603-463-2822 Fax

AUTHORITY FOR RELEASE OF INFORMATION

DATE: _____

I, _____, born in _____ on _____, having filed an application for employment with the **Deerfield Police Department**, consent to have an investigation made as to my moral character, reputation, and fitness for the position to which I have applied. Furthermore, I agree to give any additional information as may be required during the conduct of that investigation.

I also authorize and request every person, firm, company, corporation, governmental agency, court, association, medical facility, or institution having control of any documents, records, or other written information pertaining to me, to cooperate and allow inspection or provide copies of said documents, records, or other written information to the **Deerfield Police Department** or any of its agents or representatives.

I hereby release, discharge, and exonerate the **Deerfield Police Department**, its agents and representatives, and any person, or any entity so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such written documents, records, or other written material to the said **Deerfield Police Department**, or its agents or representatives.

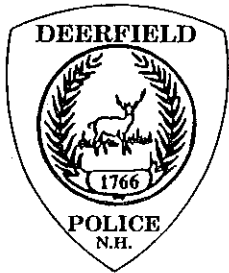
I have had it explained to me, and I fully understand that refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application.

This authority shall continue for one year from the above date unless sooner revoked by me in writing.

Signed: _____

Witnessed: _____

Have Signatures Notarized:



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Medical Clearance

Dear Doctor _____ :

_____ is an applicant for a position with the Deerfield Police Department and will be required to pass a physical fitness test, a copy of which is attached. Prior to being allowed to participate in testing, the applicant must furnish a certificate from a licensed physician, physician's assistant, or registered nurse practitioner, who has conducted a medical examination of the applicant, certifying that, in the opinion of the examiner, the applicant is physically capable of participating in the physical fitness test.

Thank you for your cooperation in this matter.

Patient Name: _____

_____ I know of no reason why the applicant may not participate

_____ I believe the applicant can participate can participate, but I urge caution because:

_____ The applicant should not engage in the following activities:

_____ I recommend that application NOT participate.

Signature: _____ Date: _____

Type or Print Name: _____

Address: _____

Telephone: _____



**State of New Hampshire
POLICE STANDARDS & TRAINING COUNCIL
Arthur D. Kehas
Law Enforcement Training Facility & Campus
17 Institute Drive -Concord, NH 03301-7413
TEL 603-271-2133 FAX 603-271-1785**



Sheriff Michael L. Prozzo, Jr.
Chairman

Donald L. Vittum
Director

AUTHORIZATION TO RELEASE INFORMATION

I hereby request and authorize full disclosure and release with any and all information they may request concerning my work record, educational history, military record, financial status, criminal record, general reputation, and past or present medical condition. Below please list name of person, department or organization that is to receive information requested.

Name/organization/department receiving information

Agency Telephone #: _____

Street

City, State & Zip

- This authorization is specifically intended to include any and all information of a confidential or privileged nature **as well as photocopies** of such documents, if requested. The information will be used for the purpose of determining my **eligibility for employment** as a law enforcement officer.
- This authorization is specifically intended to obtain **a copy of my training records** with Police Standards & Training, to be **considered as transcripts to a learning institution**. Please check copies requested.
- Employment History Course Completions CEU's
- Certificate(s) Evaluations Grades

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as a law enforcement officer.

NOTE: *I understand I am entitled to one copy of my training record per year, and additional copies within a 12-month period are available to me for a \$15.00 fee.*

This release will expire sixty days after the date signed. A photocopy of this release form will be as valid as an original.

Signature Date

Print full name

Social Security Number Date of Birth

Print street address

City, State & Zip

Work Tel # Home Tel #

PHYSICAL AGILITY STANDARDS

1.5 MILE TIMED RUN

AGE	MALE 35%	FEMALE 35%
18-29	12:53	15:32
30-39	13:25	16:43
40-49	14:10	17:38
50-59	15:53	19:43
60+	17:49	22:03

PUSH-UPS (in 60 seconds)

AGE	MALE 35%	FEMALE 35%
18-29	27	22
30-39	21	17
40-49	16	11
50-59	11	10
60+	9	4

SIT-UPS (in 60 seconds)

AGE	MALE 35%	FEMALE 35%
18-29	37	31
30-39	33	24
40-49	28	19
50-59	22	12
60+	18	5

Source: Cooper Institute of Aerobic Research