

EMPLOYMENT HISTORY (Current and Last)

Date of Employment	Job Title/Position	Name of Employer	Employer's Address & Phone Number
From: To:			
From: To:			

RESIDENCE HISTORY (Current and Last)

Dates _____ Landlord/Neighbor (name, address, phone #)

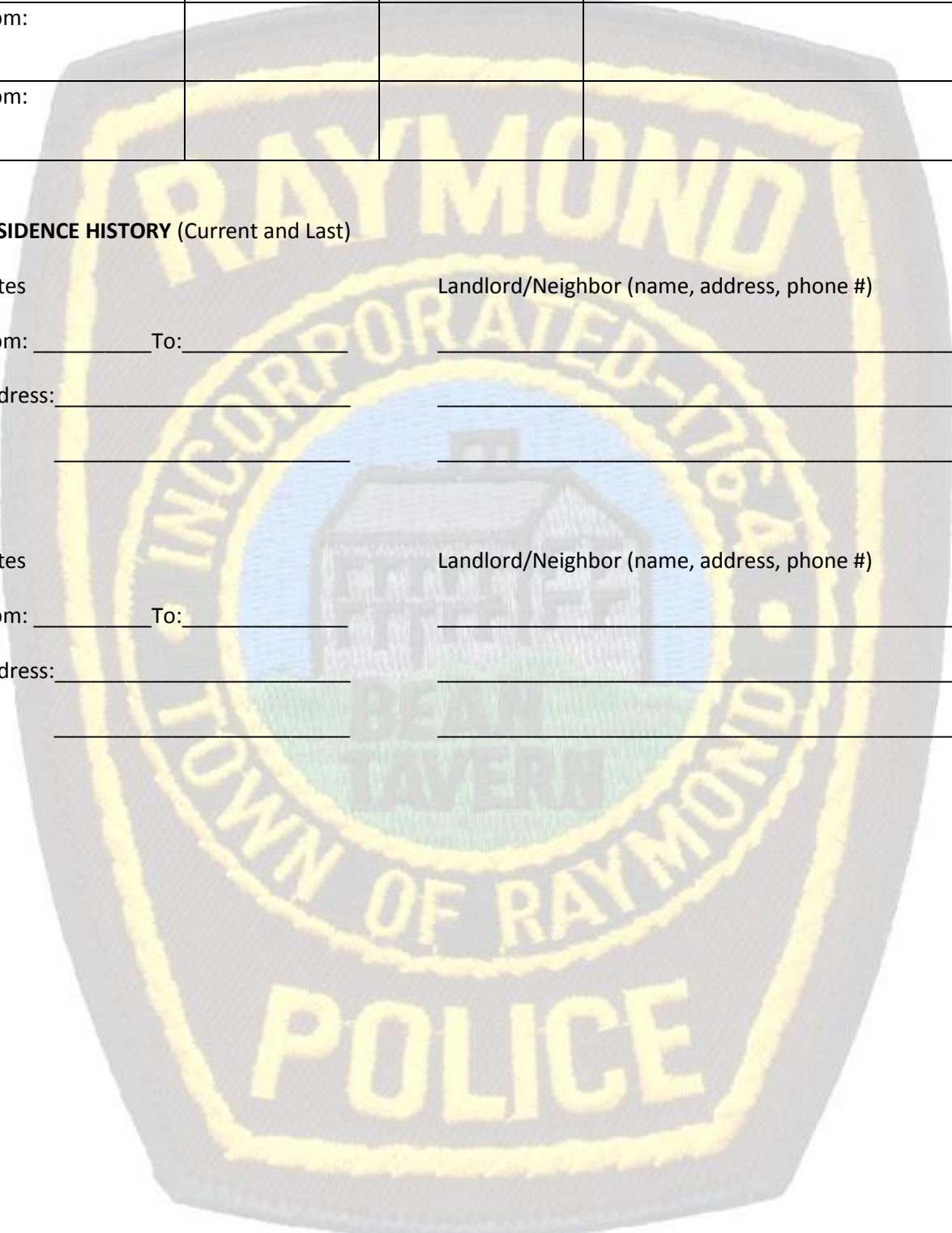
From: _____ To: _____

Address: _____

Dates _____ Landlord/Neighbor (name, address, phone #)

From: _____ To: _____

Address: _____



REFERENCES-PROFESSIONAL AFFILIATIONS

Provide the information requested on three (3) references, not related by blood or marriage, not former employers and not mentioned elsewhere on this form, who have known you well for at least (5) years. These references may include but are not limited to: teachers, counselors, members of the clergy, and business people.

Name: Last, First, M.I.	Residence Address	Home & Work Telephone	Occupation	Name/Address of Employer

REFERENCES-ASSOCIATES/FRIENDS

Provide the information requested on three (3) persons with whom you have been associated with (i.e. persons whom you have seen during the past three (3) years). Exclude mentioned elsewhere on this form.

Name: Last, First, M.I.	Residence Address	Home & Work Telephone	Occupation	Name/Address of Employer

I HEREBY CERTIFY THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS TO QUESTIONS. I AM FULLY AWARE THAT ANY SUCH MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS WILL BE GROUNDS FOR IMMEDIATE REJECTION OR TERMINATION IN PARTICIPATIONS WITH THE CITIZEN POLICE ACADEMY.

SIGNATURE: _____ DATE: _____

RAYMOND, NH POLICE DEPARTMENT

AUTHORIZATION TO RELEASE INFORMATION

I hereby request and authorize you to furnish the **RAYMOND, NH POLICE DEPARTMENT** with any and all information they may request concerning my work record, educational history, military history & records, financial status, criminal record, and general reputation.

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 the Citizen Police Academy.

I hereby release you and your organization from any liability which could result from furnishing the information requested above or from any subsequent use of such information in determining my qualification to serve as a participant of the Citizen Police Academy.

This information is to be considered confidential material between the Raymond, NH Police Department and the organization being requested to furnish the information, exclusively.

This release will expire 120 days after the date signed. A copy of this release shall be valid.

Date Signature Printed Name

Date Signature of Witness Printed Name of Witness

Raymond Police Department

Citizen Police Academy

Waiver of Liability

Name: _____ Date of Birth: _____

Address: _____

Telephone Number: _____

In consideration of being allowed to participate in the Citizen Police Academy

- A. I, _____, binding my heirs, executors, administrators and assigns do hereby release and agree not to hold liable the Town of Raymond, its officers, agents and employees, for any and all actions, causes of actions, claims, demands, costs or damages, both foreseen and unforeseen, arising from or resulting from property damage, personal injuries or death sustained by me or my property or any of my heirs or assigns as a result of my participation in the Citizen Police Academy, whether caused by negligence or an intentional act.
- B. I understand that my participation in this program may include riding in a marked police cruiser with a uniformed officer who will be responding to calls for service and performing other routine police duties. I hereby agree to obey the instructions of any police officer regarding matters affecting police business. I know that, as an inherent incident of my participation in this program, I may at times be placed in unpredictable situations, both foreseeable and unforeseeable, which may be dangerous, and that there is no duty on the part of the Town or any of its officers or employees to protect me from said danger.
- C. I understand that my participation in the Citizen Police Academy may be terminated at any time by the Raymond Police Department if I violate any Department Standard Operating Procedure.
- D. I state that I have carefully read this Release, know the contents thereof and sign my name as a free and knowing act.

CAUTION: This is a complete release of all rights. Read carefully before signing.

Date Signature Printed Name

Date Signature of Witness Printed Name of Witness

**RAYMONDS CITIZEN POLICE ACADEMY
VIDEOTAPING & PHOTOGRAPHING PERMISSION FORM**

Dear Participant

During the Citizen Academy, occasionally we will videotape and/or photograph activities, or we may exhibit original participant-made projects that we feel are worthwhile to display in various public locations outside our department, such as the news media, library, fairs, etc. This form provides us with the necessary permission to include you in these activities. Please initial and sign below indicating your approval or non-approval for each category:



VIDEOTAPING

(please **INITIAL one** choice):

_____ I **DO** give permission for myself to be videotaped during school classroom/activities and to release the use of this tape as noted above.

_____ I **DO NOT** give permission for myself to be videotaped during school classroom/activities and to release the use of this tape as noted above.



PHOTOGRAPHING

(please **INITIAL one** choice):

_____ I **DO** give permission for photographs of myself to be taken and to release the use of these photographs as noted above.

_____ I **DO NOT** give permission for photographs of myself to be taken and to release the use of these photographs as noted above.

(Participant's Signature)

(Date)

(Participant please print your name)