



**Town of Lee Police
20 George Bennett Road
Lee, New Hampshire 03861**

APPLICATION for EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, gender, sexual preference, religion, national origin, disability or other protected classifications.

First Name _____ Middle Initial _____ Last Name _____ Date _____

Address _____

Telephone number _____ street _____ city _____ state _____ zip _____
Are you over 18 years old? Yes No

Are you authorized to work in the U.S. on an unrestricted basis? Yes No

Have you worked here before? Yes No

For what position are you applying? _____

How did you learn of this opening? _____

Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job? Yes No

If so, can you perform these essential functions of the job? Yes No

If No but you could perform the essential functions with some accommodation, what accommodations would you need?

If the position for which you are hired requires driving of a Town vehicle, you must produce an appropriate, valid driver's license. Your driving record will be reviewed if your position requires driving a Town vehicle. Your driving record must be within the standards set by the Town's insurance company and the Town in order for you to be permitted to operate a Town vehicle

Are there any hours, shifts, or days you cannot or will not work? Yes No

If yes, please list: Part-Time _____ Full-Time _____

Are you willing to work overtime as required? Yes No

Have you ever been arrested for or convicted of a crime that has not been annulled/expunged by a court? Yes No

(Conviction will not necessarily disqualify an applicant for employment.) If yes, describe conditions:

EDUCATION	NAME AND LOCATION OF SCHOOL	MAJOR	DIPLOMA/DEGREE
High School			
College/University			
College/University			
Other Training/Education			

In addition to your work history (below), what other experiences, skills or qualifications would especially fit you for work with us?

When can you start? _____ Salary Desired _____

WORK HISTORY

May we contact your present employer?

Yes

No

Most Recent Employer	Address	Telephone
Date Started	Starting Position	
Date Left	Position on Leaving	
Name and Title of Supervisor		
Description of Duties	Reason for Leaving	

Previous Employer	Address	Telephone
Date Started	Starting Position	
Date Left	Position on Leaving	
Name and Title of Supervisor		
Description of Duties	Reason for Leaving	

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements or misrepresentations may result in my dismissal. I authorize the Town of Lee to make an investigation of any of the facts set forth in this application and release the Town of Lee, its officers, and employees from any liability.

I understand that employment with the Town of Lee is "at-will," which means that either I or the Town of Lee can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of the Town of Lee, other than the Board of Selectmen in a signed writing, has any authority to alter the foregoing.

Date: _____ Applicant's Signature _____

VOLUNTARY DATA RECORD

To enable the Town of Lee to meet statistical reporting regulations, applicants are requested (but not required) to complete this Personal Data Sheet. Information will be used solely for reporting purposes. This portion of your application will be detached and, if hired, will not become a part of your employee record. It will not be used as selection criteria and will be treated as personal and confidential.

Date: _____

Position applied for: _____

Date of Birth: _____ Check one: Male Female

Check one of the following (race/ethnic category descriptions are on the reverse side of this form):

Hispanic Native American Asian/Pacific Islander White Black

Are you a Veteran? No Yes Vietnam Era Veteran? No Yes

If yes, dates of active duty: From _____ To _____ Type of discharge or release _____

TO ALL APPLICANTS

Section 503 of the Rehabilitation Act of 1973, the Americans With Disabilities Act Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended, provide for employers to take affirmative action to employ and advance qualified disabled individuals, qualified disabled veterans, and veterans of the Vietnam Era respectively. If you would like to be considered under any of these Affirmative Action programs, please complete the information below.

Submission of this information is voluntary and refusal to provide it will not prevent consideration of employment.

Your information will be kept confidential and used only for the purpose of the Acts and the regulations issued under them, except (a) Supervisors and managers may be informed regarding restrictions on your work or duties and necessary accommodations; (b) safety personnel may be informed, as appropriate, if the condition might require emergency treatment; and (c) government officials investigating compliance with the Acts shall be informed.

If you are disabled and/or a veteran of the Vietnam Era, we would like to assist you in making appropriate career decisions. It would be helpful if you would complete the information below.

- I am disabled and would like assistance in appropriate employment placement.
- I am a Vietnam Era Veteran and would like assistance in appropriate employment placement.
- I am a disabled veteran and would like assistance in appropriate employment placement.

This is a list of my special skills, knowledge, or experience which may qualify me for the positions that I might not otherwise be able to do because of my disability. This will permit my being considered for any position of that kind.

The following accommodations, if made, would enable me to perform the job for which I am applying successfully and safely:

RACE/ETHNIC CATEGORY DESCRIPTIONS

White (not of Hispanic origin)

All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black (not of Hispanic origin)

All persons having origins in any of the Black racial groups of Africa.

Hispanic

All persons of Mexican Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Asian or Pacific Islander

All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

American Indian or Alaskan Native

All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Name: _____

LEE POLICE DEPARTMENT

APPLICATION TO PARTICIPATE IN POLICE OFFICER ENTRANCE TEST
PURPOSE: TO ESTABLISH AN ELIGIBILITY LIST

INSTRUCTIONS TO APPLICANTS: **READ CAREFULLY**

THIS APPLICATION MUST BE FILLED OUT COMPLETELY – TYPEWRITTEN OR LEGIBLY PRINTED
IN INK – **NOTARIZED**

Upon completion of this application, have it attested to by a Notary Public or Justice of the Peace, in the space provided.

Failure of the applicant to furnish all information requested, or making or causing to be made any false statement on this application form, or in any subsequent communication with this department relating to his/her candidacy, may constitute cause for rejection of the application.

“AN EQUAL OPPORTUNITY EMPLOYER”

APPLICATION FOR POLICE OFFICER EXAMINATION FULL-TIME

Please PRINT CLEARLY

NAME: _____
LAST FIRST MIDDLE INITIAL

LIST ANY OTHER NAME USED _____

MAILING ADDRESS _____
STREET

TOWN/CITY STATE ZIP CODE

SOCIAL SECURITY NUMBER: _____ - _____ - _____ HOME TELEPHONE _____

WORK TELEPHONE _____

ANSWER THE FOLLOWING QUESTIONS:

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | ARE YOU A UNITED STATES CITIZEN? |
| <input type="checkbox"/> | <input type="checkbox"/> | DO YOU HOLD A VALID DRIVER'S LICENSE?
STATE: _____ LICENSE # _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | ARE YOU A HIGH SCHOOL GRADUATE OR DO YOU HAVE A GED? |
| <input type="checkbox"/> | <input type="checkbox"/> | ARE YOU AT LEAST 20½ YEARS OF AGE? (New hires must be 21 years of age at the time of hire.) |
| <input type="checkbox"/> | <input type="checkbox"/> | HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR THAT HAS NOT BEEN ANNULLED OR EXPUNGED? |
| <input type="checkbox"/> | <input type="checkbox"/> | DO YOU OR HAVE YOU HAD A RESTRAINING ORDER AGAINST YOU?
TOWN/CITY _____ STATE _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | HAVE YOU EVER BEEN CONVICTED OF DRIVING WHILE INTOXICATED? |

APPLICANTS MUST MEET MINIMUM PHYSICAL REQUIREMENTS SET BY NEW HAMPSHIRE POLICE STANDARDS AND TRAINING COUNCIL. (See Enclosed)

**AFFIRMATION
(MUST BE READ, SIGNED AND WITNESSED)**

I certify that there are no willful misrepresentations in, or falsifications of, any of the above statements and answers to questions. I understand that, should an investigation disclose such misrepresentations or falsifications, my application may be rejected, and should I be employed, my services may be terminated.

SIGNATURE

DATE

JUSTICE OF THE PEACE/NOTARY PUBLIC

DATE

**MAIL COMPLETED FORM TO:
TOWN OF LEE
POLICE DEPARTMENT
20 GEORGE BENNETT ROAD
LEE, NEW HAMPSHIRE 03861**

PHYSICAL AGILITY TEST WAIVER

In consideration of my participation in the Physical Agility Test administered by the Lee Police Department, I _____, for myself, my heirs, executors and administrators, hereby release and forever discharge the Lee Police Department, the Town of Lee, and their agents, representatives, and assignees, from all liabilities, actions, claims, demands, damages, costs and expenses, which I may now or in the future have against them, as agencies or individuals, arising out of, or in any way connected with my participation in or the operation of the Lee Police Physical Agility Test and including, but not limited to, all injuries that may be suffered by me. I understand that this waiver includes, but is not limited to, any claims that are based on any alleged negligence or other action or inaction by any of the above parties.

I attest and verify that, to the best of my knowledge, my physical condition and fitness are adequate for me to safely participate in this Physical Agility Test and all portions thereof, and that no physician or other qualified individual had advised me against participating in this test or any portion thereof.

DATE: _____ SIGNATURE: _____

Where did you hear of this position?

- Foster's Daily Democrat
- Family Member
- Former Lee Police Department Employee
- Current Lee Police Department Employee
- On the Web
- Word of Mouth

- Driver's License/Photo ID
- High School Diploma/GED
- Birth Certificate