

ROCHESTER POLICE 2024 CITIZEN'S POLICE ACADEMY APPLICATION

Name: _____ DOB: _____

Address: _____ SS# _____

City/State/Zip: _____

Best contact phone number _____ Best time to contact _____

Email address _____

Why do you wish to participate in the Rochester Police Department's Citizen's Police Academy?

How did you hear about the Academy? _____

Have you ever been arrested? Y N (not an automatic disqualifier)

If yes, when, why, where?

Are you aware there will be a brief background investigation on all eligible applicants? Y N

Have you filled out the Release of Information Authorization form? Y N (This form is to be mailed along with the application.)



ROCHESTER POLICE DEPARTMENT

23 WAKEFIELD STREET
ROCHESTER NH, 03867-1933

BUSINESS (603) 330-7127
FAX (603) 330-7159
<https://police.rochesternh.gov>

"Dedication, Pride, Integrity"

POLICE COMMISSION

DAVID R. STEVENS
Chairman
DONNA M. BOGAN
Vice-Chairman
JOHN H. LAROCHELLE
Commissioner

GARY M. BOUDREAU
Chief of Police



RELEASE OF INFORMATION AUTHORIZATION

RE: Name:

DOB:

SSN:

TO WHOM IT MAY CONCERN:

This is to certify that I am applying for the Rochester Police Department's Citizen Police Academy. In connection with this application, I hereby authorize the Rochester Police Department to conduct a criminal records check to prove my fitness for acceptance into the Academy. Those with Felony level convictions, domestic violence related convictions, under NH RSA 318-B; Controlled Drug Act, or any other conviction the department determines renders the applicant unsuitable, will not be allowed to participate in the program.

I understand that the information released may prove unfavorable to me. I agree to hold any source of information blameless for any error in reporting this information. I release all persons whom-so ever from any liability arising out of or resulting from the release of this information.

I am willing that a copy of this authorization be accepted with the same authority as the original.

WITNESS: _____ DATE:

SIGNATURE OF APPLICANT: _____ DATE:

APPLICANT PLEASE NOTE: You are not required to supply the information requested on this form. If you do not furnish the information requested, the processing of your application shall cease and you will receive no further consideration. The information you supply will be used principally as a basis for an investigation to determine your fitness for employment with the City of Rochester, including a security clearance and evaluation of qualifications. The information obtained will be kept in the strictest confidence. No other Agency will have access to same without written permission from you.