



BUREAU OF LIQUOR ENFORCEMENT CITIZENS POLICE ACADEMY



APPLICATION FOR ENROLLMENT

- (A) Print this form on your printer.
- (B) Read the form carefully and complete all lines on the application.
- (C) This form must be typed or printed legibly in ink. Illegible or incomplete forms will NOT be accepted.
- (D) If there is insufficient space to include all necessary information on any question, continue it on the back of the page. Be sure to indicate the question being answered.
- (E) Bring in or mail this form to: Bureau of Liquor Enforcement Citizens Academy, PO Box 1795, Concord, NH 03302 Attn: Major Todd Feyrer
- (F) Your application must be received by 4:00 PM on the deadline date to enroll.
- (G) A limited background investigation will be conducted prior to the start of classes. By submitting this application you hereby consent to this investigation taking place. We can not accept applications from people with past Felony or Domestic Violence convictions, violent Misdemeanor convictions, or Probationers or Parolees.

Full Name (First, Middle, Last): _____

Mr./Mrs./Ms. _____

Home Street Address: _____

City: _____ Zip: _____

Home Phone: (_____) _____

If you are currently renting your residence please list the following about your landlord:

Name: _____ Tel. # (_____) _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: Mo. _____/Day _____/Yr. _____

Height: _____ Weight: _____ Eye Color: _____ Hair: _____

Scars, Marks, Tattoos: _____

Drivers License # _____ State: _____

Social Security Number # _____

List all other names or aliases you have had: _____

Occupation: _____

Employers Name and Address: _____

City: _____ Zip: _____

Business Phone: (_____) _____

Email Address: _____@_____

Have you ever been fingerprinted? Please explain: _____

Do you personally know anyone who is or has been employed by the Bureau of Liquor Enforcement?

If yes, _____

How did you first hear about the Citizens Police Academy?

Has there been anything in your past, which you believe may disqualify you from participating in the Citizens Police Academy? If yes, please explain:

Do you have any Law Enforcement Experience? Yes No If yes, please explain:

Have you ever been arrested for any reason? Yes No If yes, please explain:

Have you ever been convicted of a crime? Yes No If yes, please explain:

Why would you like to participate in the Citizens Police Academy?

List 5 personal references:

Name

Address

Phone

My Signature indicates the information I have given is accurate to the best of my knowledge

Signature

Date

RELEASE & WAIVER: I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Bureau of Liquor Enforcement whether said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, records of loans, records of commercial or retail credit agencies, credit reports and/or ratings, and other financial and/or statements and records wherever filed, medical and psychiatric treatment and/or consultation, hospitals, clinics, private practitioners, and the U.S. Veteran's Administration, employment and pre-employment records, background reports, efficiency ratings, complaints or grievances filed by or against me, and records and collections of attorneys at law, or of other counsel representing me or another person in any criminal or civil case in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this authorized release will be considered in determining my suitability for participation in the program. I also certify that any persons, agencies, or businesses who may furnish such information concerning me shall not be held accountable for releasing said information, and I do hereby release said persons, agencies, or businesses from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original, even though said photocopy does not contain an original signature.

Signature: _____ **Date:** _____ / _____ / _____

Address: _____ **Phone:** _____

DOB: _____ **SS#** _____

State of New Hampshire)
County of Merrimack) SS.

Subscribed and Sworn to before me on this the _____ day of _____, 200_

Justice of the Peace/Notary

Commission Expires



**Bureau of Liquor Enforcement
Office of the Chief**

We welcome your interest in the Bureau of Liquor Enforcement CITIZENS POLICE ACADEMY. The goal of this program is to better inform you of the role of this agency in our community.

Please fill out the application and return it by the posted closing date.

Some of the information you will learn may be of a sensitive nature. Therefore, it is necessary that a limited background investigation be conducted. **This must be completed prior to your participation in this program.** Participants must be a minimum of 18 years of age.

It is anticipated that the class will begin on the posted date and will continue for eleven weeks, with a graduation date to follow. The classes will be held on Wednesday evenings from 6:00 PM to 9:00 PM. Upon your acceptance into the program, you can expect an informative session examining many of the duties of the Bureau of Liquor Enforcement. The program will consist of both classroom and demonstration instruction. Additionally, you will be exposed to the glamour and excitement you associate with police work, along with the processes that are less glamorous, but vital to the day to day function of this agency.

It is imperative that you understand this is an informational program. **At no time should you act as a Law Enforcement Official**, as the information you will be learning is not designated for that purpose. It can not be stressed enough that this is an informational program only.

Upon completion of this course, it is our hope that not only will you have a better understanding of our profession, but you will have an interest to contribute to your community by volunteering. It is our desire that your experience with is a positive one. Should you have any questions, please contact Major Todd Feyrer at 603.271.1723.

Sincerely,

Eddie Edwards
Chief of Enforcement

I have read and fully understand the explanation and condition of my participation in the CITIZENS POLICE ACADEMY with the State Bureau of Liquor Enforcement.

Signature of Applicant

Date
