



LITTLETON POLICE DEPARTMENT
2 KITTRIDGE LANE, LITTLETON, NH 03561

APPLICANT AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, do hereby authorize the Littleton New Hampshire Police Department to conduct a pre-employment personal history investigation. I further authorize the release of information contained in records, reports and statements. In addition, I authorize the Littleton Police Department to conduct such character reference interviews as may be deemed necessary by the department to determine my fitness for the position for which I have applied.

Authorization is specifically granted to investigate and obtain records and information concerning the following:

- 1. Previous employment history.
2. Records of any criminal convictions that have not been annulled.
3. Motor vehicle driver history in this or any other state.
4. Credit history.
5. Record of any issued protective orders relative to domestic violence.
6. Any other data or information which has a direct bearing on the suitability for employment.

I hereby release said person(s), agencies or businesses that furnished or obtained such personal history information from any and all liability which may have been incurred as the result of this personal history investigation.

A photocopy of this information release authorization will constitute as a valid document.

Signature \_\_\_\_\_ Date \_\_\_\_\_
Print Name \_\_\_\_\_ Date of Birth \_\_\_\_\_
Address \_\_\_\_\_ Social Security Number \_\_\_\_\_
Address \_\_\_\_\_ Telephone Number \_\_\_\_\_
State of New Hampshire County of Grafton
Sworn and subscribed before me this \_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Public or Justice of the Peace

My Commission Expires: (Affix Seal)

# LITTLETON NEW HAMPSHIRE POLICE DEPARTMENT EMPLOYMENT APPLICATION



**THIS APPLICATION MUST BE TYPED OR PRINTED IN BLACK INK**

Position applying for:

- Command Staff
- Police Officer, Full Time
- Police Officer, Part Time
- Parking Enforcement
- Auxiliary
- Other \_\_\_\_\_

The Littleton Police Department is an equal employment opportunity employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, handicap, marital status, religion, or any other legally protected status.

**PERSONAL HISTORY**

1. Full Name:

Last Name	First	Middle
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Residence Address

City	County	State	Zip Code
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Mailing Address (if different from above)

( ) Telephone Number (Home)	( ) (Other Contact Number)
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Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
City
State
County
Country (If not United States)

2. List all other names you have used including circumstances and time periods you used them. (For example: maiden name, former name(s), alias(es), or nickname(s).

Name	Circumstance	Dates From Mo./Yr.	Dates To Mo./Yr.

**PERSONAL HISTORY (CONTINUED)**

Are you a United States Citizen?  YES  NO

Are you prevented from lawfully becoming employed in the country because of Visa or Immigration Status?  YES  NO

Do you have or have you ever applied for a passport?  YES  NO Number \_\_\_\_\_

Can you travel if your job requires it?  YES  NO

Have you ever filed an application with us before?  YES  NO Date\_\_\_\_\_

Are you a returning employee?  YES  NO

Height: \_\_\_\_\_ Weight: \_\_\_\_\_(Used for background purposes only)

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_(Used for background purposes only)

**EDUCATION**

High School Name/Address	Dates Attended Mo./Yr. From / To	Years Completed	Did You Graduate?	Type of Diploma
College / University Name/Address	Dates Attended Mo./Yr. From / To	Credit Hrs. Earned Qtr. / Sem.	Did You Graduate?	Type of Diploma

**\*Attach diploma or official transcript from last institution of higher education attended.**

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

**MILITARY HISTORY**

**IF YOU HAVE NEVER SERVED IN THE U.S. MILITARY, PLEASE SIGN THE STATEMENT BELOW:**

I, \_\_\_\_\_, have never served in any branch of the United States Military Service.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**IF YOU HAVE SERVED IN THE ARMED FORCES OF THE UNITED STATES, PLEASE COMPLETE THE FOLLOWING QUESTIONS:**

Are you now or have you ever been a member of a reserve unit or the National Guard?

YES  NO

Branch of Service: \_\_\_\_\_ Date/Type of Discharge: \_\_\_\_\_

Active Duty Dates: From \_\_\_\_\_ To \_\_\_\_\_, From \_\_\_\_\_ To \_\_\_\_\_

If yes, state the branch of service, name and location of your unit.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you ever court-martialed, tried on charges, the subject of a summary court or received an Article 15?  YES  NO

If yes, provide details: Date(s): \_\_\_\_\_ Place: \_\_\_\_\_

Nature of Offense and action taken: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY**

We must contact your present employer prior to accepting you for employment. May we contact your present employer now?  YES  NO

Have you EVER been dismissed or asked to resign from any place of employment?  
 YES  NO

Have you EVER had any disciplinary action taken against you from any employer?  
 YES  NO

Have you EVER been forced to resign or resigned following allegations of misconduct or unsatisfactory job performance?  YES  NO

**Provide complete details on a separate sheet if you answer yes to any of these questions.**

List all Law Enforcement Agencies to which you have applied within the past year. Include dates and the status of your application.

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Have you ever applied to and been rejected by any Law Enforcement Agency?  
 YES  NO

If yes, give details and name and location of agency(ies).

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**EMPLOYMENT HISTORY (CONTINUED)**

List chronologically all employment beginning with present employment, including summer, part-time, and while attending school. **All time must be accounted for.** If unemployed for a period of time, list dates of unemployment.

Name & Address of Employer	Dates Worked Mo./Y r.	Salary	Title or Position	Name of Supervisor	Reason for Leaving
	From    To				
Name Address City, State, Zip Area Cod. & Phone No.			<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Name Address City, State, Zip Area Cod. & Phone No.			<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Name Address City, State, Zip Area Cod. & Phone No.			<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Name Address City, State, Zip Area Cod. & Phone No.			<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
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Name Address City, State, Zip Area Cod. & Phone No.			<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
	Dates Worked		Title	Name	Reason

Name & Address of Employer	Mo./Y r.	Salary	or Position	of Supervisor	for Leaving
	From <sup>1</sup> To				
Nam. Address City, Sate, Zip Aru Cod. & Phon. No.			<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Name Address City, Sate, Zip Aru Cod. & Phon. No.			<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Nam. Address O<y. Sa... Zip Aru Cod. & Phon. No.			<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Name Address City. Sat., Zip Area Cod. & Phon. No.			<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Name Address City, Sate, Zip Area Cod. & Phon. No.			<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Name Address City, Sate, Zip Area Cod. & Phone No.			<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Name Address Oty, Sate, Zip Area Cod. & Phone No.			<input type="checkbox"/> Full <input type="checkbox"/> Part-time		

**PLEASE USE SUPPLEMENTAL PAGE FOR ADDITIONAL EMPLOYEMENT HISTORY, IF NEEDED**



**DRIVING HISTORY**

Are you a licensed New Hampshire automobile operator?  YES  NO

License Number \_\_\_\_\_ Date of Expiration \_\_\_\_\_

Restrictions \_\_\_\_\_

Have you EVER had your driver’s license suspended or revoked in this state or any other state?  YES  NO

(Provide details on a separate sheet if needed)

Do you now have any unpaid fines or outstanding summons against you for any traffic violation?  YES  NO

If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MISCELLANEOUS INFORMATION**

Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?  YES  NO

Have you ever made a financial or other material contribution to any organization of the type described above?  YES  NO

At the time of your membership, participation, contribution, did you know of any unlawful aims of the organization?  YES  NO

Did you intend to promote any unlawful aims of the organization?  YES  NO

Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages?  
 YES  NO

Are you now issued or have you ever been issued a license to engage in a business or profession?  YES  NO

Have you ever been arrested?  YES  NO

**If YES to any of the above questions please provide complete details on a separate sheet.**

## DRUG INVOLVEMENT HISTORY

Have you **illegally** used any drugs or controlled substances in the past (12) months.

- Yes
- No

Have you EVER been involved with **ANY** of the following drugs other than those prescribed for you by a licensed physician:

(\* Note: Involved means smoking, inhaling, swallowing, placing to gums, lips or tongue, injecting or ingesting by any other means.)

DRUG	SLANG	# OF TIMES	LAST TIME	CIRCLE ONE
Marijuana or any type of derivative	Pot, Grass, Hash or THC			YES      NO
Cocaine, crack or any type of cocaine derivative	Snow, powder, nose candy or toot			YES      NO
LSD	Acid, blotter or orange sunshine			YES      NO
PCP	Angel dust			YES      NO
Opium				YES      NO
Barbiturates	Valium, downers, barbs, phennies, yellow jackets, Quaaludes or exstacy			YES      NO
Amphetamines	Speed, bennies, uppers or white crosses			YES      NO
Methamphetamine	Crank, crystal or ice			YES      NO
Psilocybin	Mushrooms			YES      NO
Steroids	Human performance drugs			YES      NO
Narcotics	Opium, morphine, codeine, thebaine, heroin, hydromorphone, oxycodone, etc.			
Inhalants	Glue, paint, etc.			YES      NO
Other				YES      NO

## REQUIRED DOCUMENTS

Please Provide copies of any of the documents in the list below that are marked with an, "X" and return them with your application.

- |   |  |
|---|--|
| X | Birth Certificate  |
|   | Naturalization Papers, (if applicable)                             |
| X | Social Security Card   |
| X | A Driver's License (Must be NH by hire date)                       |
| X | High School Diploma or GED Scores                                  |
| X | College or higher education degrees and/or transcripts             |
| X | Completed fingerprint cards (Enclosed)                             |
| X | All diplomas for Basic Law Enforcement/ Basic Corrections Training |
| X | If NH certified, NH PSTC Exam Scores                               |
| X | All other training certificates                                    |
| X | Military form DD214, discharge papers, (if applicable)             |
| X | Two (2) passport sized photos                                      |
|   | Other _____  |
|   |  |

**IF YOU HAVE ANY QUESTIONS, OR ARE HAVING TROUBLE OBTAINING THE REQUIRED DOCUMENTS, PLEASE CONTACT OUR OFFICE.**

Littleton Police Department  
Administrative Services  
2 Kittridge Lane  
Littleton, NH 03561  
603-444-7711

**CERTIFICATES / TRAINING**

Indicate any law enforcement education/training and any type of special licenses such as pilot, radio operator, etc. Give state and date of license issue: \_\_\_\_\_

\_\_\_\_\_

List any computer and special skills: \_\_\_\_\_

\_\_\_\_\_

Do you speak, read or write any foreign languages?  YES  NO

\_\_\_\_\_

What languages? \_\_\_\_\_

Are you available to work (check all that apply):

- Full-time
- Part-time
- Nights/Weekends

Typing words per minute: \_\_\_\_\_

When are you available to start work? \_\_\_\_\_

**APPLICANT’S CERTIFICATION**

I understand that my employment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Littleton Police Department. I agree to the conditions and certify that all statements made by me on this application are true, correct and complete, to the best of my knowledge. I further fully understand and consent to a polygraph examination concerning the veracity of my responses to the information requested on this application or which is discovered as a result of the background investigation, or any physical examination or drug test. I also understand that I may be fingerprinted. I understand that this employment application shall become the property of the Littleton Police Department and that it and the information received in response to the background examination are public record.

I further understand and agree that my employment will be contingent upon the results of a complete drug test.

I understand that the use of drugs or alcohol is not permitted, during work or duty time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees or appointees.

I understand that my continued employment may be contingent upon the results of medical and/or psychological examinations that I may be required to take during the term of my employment.

I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment with the Littleton Police Department and I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the Littleton Police Department.

If hired, I agree to conform to the rules, regulations and orders of the Littleton Police Department and acknowledge that these rules, regulations and orders may be changed, interpreted, withdrawn or added to by the Littleton Police Department, at its discretion, at any time.

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Applicant Full Name Date

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Signature as Usually Written Date

Sworn to and subscribed before me  
at \_\_\_\_\_ this  
\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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Notary Public or Justice of the Peace  
(SEAL)

My commission expires:

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## CREDIT REPORT REQUEST

TransUnion  
Post Office Box 2000  
Chester, PA 19022

To Whom It May Concern,

Please accept this letter as my written request for a copy of my credit report. My information is as follows:

NAME: (Print) \_\_\_\_\_  
*Last First Middle*

SOCIAL SECURITY #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*mm dd yy*

ADDRESS: 1) \_\_\_\_\_  
*# Street (Or P.O. Box) Apt.#*

2) \_\_\_\_\_  
*Town / City State Zip Code*

I have enclosed payment in the amount of \$9.50. Please send the report to the address shown above. Thank you for your assistance.

Sincerely,

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*



# APPLICANT DATA RECORD

As employers/government contractors, we comply with government regulations and affirmative action responsibilities. Solely to help us comply with government record keeping, reporting and other legal responsibilities, please fill out this Data record. This data is for periodic government reporting and will be kept separate from the Application for employment.

## PLEASE PRINT

Name: \_\_\_\_\_ Date: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

### **Position (s) Applied for:**

- Police Officer, Full Time
- Police Officer, Part Time
- Administrative Services Staff, Full Time
- Administrative Services Staff, Part Time
- Parking Enforcement
- Auxiliary
- Other \_\_\_\_\_

### **How did you hear about this position at the Littleton Police Department?**

- Relative \_\_\_\_\_
- Telephone Inquiry \_\_\_\_\_
- Organization \_\_\_\_\_
- Employment Flyer \_\_\_\_\_
- Employment Agency \_\_\_\_\_
- Friend \_\_\_\_\_
- Advertisement \_\_\_\_\_
- Internet Website \_\_\_\_\_
- College \_\_\_\_\_
- Other \_\_\_\_\_

### **RACE / ETHNIC GROUP**

- African American
- Asian/ Pacific Islander
- Hispanic
- Caucasian

### **SEX**

- Male
- Female



## **REFERENCES**

The reference packet includes an explanation cover letter and a questionnaire that needs to be completed by the person providing the reference. You will note at the top of the reference page, the first four lines need to be filled in by you, as the applicant, PRIOR to distribution to your reference.

Upon completion, the Reference Form must be returned to the Littleton Police Department in the attached self addressed postage paid envelope. Your background investigation will not be considered for final approval without completed references. Therefore, it is imperative that you, as the applicant, take the appropriate measure to insure these forms are completed.

### **Instructions to Applicant:**

#### **Sworn and Non Sworn Positions**

##### **PERSONAL REFERENCES**

Enclosed you will find three (3) Personal Reference forms, with a cover letter. Personal references shall be provided by (3) persons who have known you for a minimum of (5) years (preferably longer), excluding relatives.

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#### **Sworn Position Only**

##### **NEIGHBORHOOD REFERENCES**

You will also find three (3) sets of Neighborhood Reference forms with a cover letter. You should distribute these to the neighbors on each side of your residence and (if applicable), to those neighbors directly across or behind your residence.

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##### **ACADEMY REFERENCE**

In addition, if you have graduated from an academy or have taken the State Examination within the past four (4) years, you must have the Training Director of the Training Center that you attended complete the attached Academy Reference Form. All references to the Academy **MUST** be accompanied with the attached authorization to release information form.



**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 mv 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 12month 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

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Print Street Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Work Tel #





LITTLETON POLICE DEPARTMENT  
2 KITTRIDGE LANE, LITTLETON, NH 03561

Dear Sir or Madam:

The person, whose name appears on the attached page, has applied for a position with the Littleton Police Department.

Our goal in the Police Department is to provide the best possible service to the public. This objective may only be accomplished through employment of the best candidates. Therefore, we earnestly request you help in our search for employees of the highest caliber. To assist us, please answer the questions about this candidate on the attached questionnaire.

You may be assured that any information given will be used only by the Littleton Police Department to determine the fitness of this applicant for this position. Please return the completed questionnaire to the Littleton Police Department in the attached self addressed postage paid envelope.

Thanks for you assistance.

Sincerely,

A handwritten signature in black ink that reads "Paul J. Smith". The signature is written in a cursive style.

Paul J. Smith,  
Chief of Police

Enclosures

## PERSONAL REFERENCE

Concerning the application of: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

Address: \_\_\_\_\_

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Phone: \_\_\_\_\_

1. What is your relationship to the applicant? \_\_\_\_\_

2. How many years have you known the applicant? \_\_\_\_\_

3. How did you become acquainted with the applicant? \_\_\_\_\_

4. Does the applicant have an interest in people? \_\_\_\_\_

5. Does he/she make friends easily? If not, state reasons. \_\_\_\_\_

6. Would you describe the applicant as having integrity? \_\_\_\_\_

7. Does the applicant tend to take an irrational position in controversial discussions? \_\_\_\_\_

8. How does the applicant confront people? \_\_\_\_\_

9. Have you ever observed the applicant become upset or lose his/her temper? If so, under what circumstances? \_\_\_\_\_

10. Have you ever observed the applicant under stress? If so, under what circumstances? \_\_\_\_\_

11. Is the applicant dependable? \_\_\_\_\_

12. Can you trust the applicant with confidential matters? If not, explain. \_\_\_\_\_

13. Are you aware of the applicant ever being arrested for, or convicted of any crime? If so, when, where, and for what offense(s)? \_\_\_\_\_

14. Has the applicant ever discussed his/her ambitions with you? If so, what were they? \_\_\_\_\_

15. Are you aware of anything that might disqualify the applicant for public service? \_\_\_\_\_

COMMENT: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



LITTLETON POLICE DEPARTMENT  
2 KITTRIDGE LANE, LITTLETON, NH 03561

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Sincerely,

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Paul J. Smith,  
Chief of Police

Enclosures

## PERSONAL REFERENCE

Concerning the application of: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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1. What is your relationship to the applicant? \_\_\_\_\_
2. How many years have you known the applicant? \_\_\_\_\_
3. How did you become acquainted with the applicant? \_\_\_\_\_
4. Does the applicant have an interest in people? \_\_\_\_\_
5. Does he/she make friends easily? If not, state reasons. \_\_\_\_\_  
\_\_\_\_\_
6. Would you describe the applicant as having integrity? \_\_\_\_\_  
\_\_\_\_\_
7. Does the applicant tend to take an irrational position in controversial discussions? \_\_\_\_\_  
\_\_\_\_\_
8. How does the applicant confront people? \_\_\_\_\_  
\_\_\_\_\_
9. Have you ever observed the applicant become upset or lose his/her temper? If so, under what circumstances? \_\_\_\_\_
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\_\_\_\_\_
15. Are you aware of anything that might disqualify the applicant for public service? \_\_\_\_\_  
\_\_\_\_\_

COMMENT: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



LITTLETON POLICE DEPARTMENT  
2 KITTRIDGE LANE, LITTLETON, NH 03561

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Thanks for you assistance.

Sincerely,

A handwritten signature in black ink that reads "Paul J. Smith". The signature is written in a cursive style with a large initial "P".

Paul J. Smith,  
Chief of Police

Enclosures



## PERSONAL REFERENCE

Concerning the application of: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

---

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\_\_\_\_\_
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\_\_\_\_\_
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\_\_\_\_\_
14. Has the applicant ever discussed his/her ambitions with you? If so, what were they? \_\_\_\_\_  
\_\_\_\_\_
15. Are you aware of anything that might disqualify the applicant for public service? \_\_\_\_\_  
\_\_\_\_\_

COMMENT: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



LITTLETON POLICE DEPARTMENT  
2 KITTRIDGE LANE, LITTLETON, NH 03561

Dear Sir or Madam:

A former or present neighbor of yours, whose name appears on the attached page, has applied for a position with the Littleton Police Department.

Our goal in the Police Department is to provide the best possible service to the public. This objective may only be accomplished through employment of the best candidates. Therefore, we earnestly request you help in our search for employees of the highest caliber. To assist us, please answer the questions about this candidate on the attached questionnaire.

You may be assured that any information given will be used only by the Littleton Police Department to determine the fitness of this applicant for this position. Please return the completed questionnaire to the Littleton Police Department in the attached self addressed postage paid envelope.

Thanks for you assistance.

Sincerely,

A handwritten signature in black ink that reads "Paul J. Smith".

Paul J. Smith,  
Chief of Police

Enclosures

**NEIGHBORHOOD CHECK**

APPLICANT'S NAME: \_\_\_\_\_

APPLICANT'S ADDRESS: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

NEIGHBOR'S NAME: \_\_\_\_\_

NEIGHBOR'S ADDRESS: \_\_\_\_\_

1) Are you acquainted with the applicant? \_\_\_\_\_

2) How long have you known the applicant? \_\_\_\_\_

\_\_\_\_\_

3) How does he/she get along with the neighbors? \_\_\_\_\_

\_\_\_\_\_

4) Does he/she seem to have self-control? \_\_\_\_\_

5) Is there any reason you feel the applicant would not be qualified? \_\_\_\_\_

\_\_\_\_\_

6) If your neighbor is appointed as an officer with this Department, would you have confidence in his/her ability and integrity to perform their assigned duties? \_\_\_\_\_

\_\_\_\_\_

7) Can you suggest any others to contact about this applicant? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

DATE



LITTLETON POLICE DEPARTMENT  
2 KITTRIDGE LANE, LITTLETON, NH 03561

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Comments: \_\_\_\_\_

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SIGNATURE

\_\_\_\_\_

DATE

# **FITNESS TESTING**

## ***Introduction***

Dear Applicant:

Enclosed please find a copy of the pre-employment physical fitness test that will be administered by this agency. This test has been designed to measure your muscular and cardiovascular endurance, fitness and strength, and it is job-related.

We are sending you this information so that you may prepare for the test. Failure to meet these standards of physical fitness will disqualify you from employment.

.

,



# ***LITTLETON POLICE DEPARTMENT PHYSICAL FITNESS TEST***

## **Preparing For The Physical Fitness Test**

It must be emphasized that regardless of a person's level of fitness, a person should be in good health before beginning any physical training program. Preparation for the physical fitness test can be accomplished by a physical training program that emphasizes cardio-respiratory (heart/lung) fitness, strength, and muscular endurance and flexibility. It is especially important that small framed individuals and individuals whose jobs do not require physical exertion prepare more conscientiously for the test. Generally these individuals are not in as high a level of physical fitness and have less strength than more physically active people. However, most people can improve their level of physical fitness through an intensive training program that includes running for cardio-respiratory fitness, weight lifting to develop muscular strength, and stretching exercises to increase flexibility.

## **How To Evaluate Your Level Of Physical Fitness**

From a training standpoint, you should gradually work up to the point where you can run 1.5 miles in 12 minutes or less to establish your cardio-respiratory fitness. Your strength should be gradually developed to where you can do 30 push-ups, and 40 sit-ups with comparative ease. This is about the minimum fitness level for a candidate to safely complete the physical fitness test. It must be emphasized that following the guidelines is no guarantee for passing the test. However, your chances for passing will be greatly increased if adequate preparatory physical training has taken place.

## **What Is Cardio-Respiratory Fitness?**

Cardio-respiratory fitness is the ability of the heart to deliver oxygen to the muscles and other tissues. This is called "aerobic power." Simply stated, the ability to perform exercise and/or physical work is directly dependent upon how well the body delivers oxygen to the working muscles. A highly fit person will be able to deliver large amounts of oxygen to the muscles and therefore, be capable of prolonged muscular exercise (for example, police work.) On the other hand, the out-of-shape individual will not be capable of delivering adequate amounts of oxygen to the muscles and therefore, will fatigue quickly and be forced to stop working much sooner.

## **What About Muscular Strength?**

Strength can be defined as the ability to apply force. Since nearly all movements are performed against some resistance, a certain degree of muscular strength is needed to perform any activity. A police officer performs activities against much greater resistance than the average individual. Therefore, the officer must have above average muscular strength, endurance and power in order to effectively and safely handle any situation at any given time and perform all police related duties.

## **What About Flexibility?**

Flexibility allows the individual to perform required moves without causing injury. Police work has many extremely vigorous activities and can be performed more safely if the person has good flexibility.

## **What About Body Fat?**

An excess accumulation of body fat is undesirable for a variety of reasons. From a health standpoint, medical problems exist in which obesity or "overfatness" is considered a risk factor, and for which a reduction in excess fat is desirable. From a physical performance standpoint, excess fat is like carrying dead weight and can only hinder physical performance. Since police work, at times, requires a near maximal effort from the heart and other related tissues, additional fat weight adds an extra burden to the cardiovascular system and thus, the overfat police officer puts himself/herself in a potentially dangerous situation when doing police work.

## **THE PHYSICAL FITNESS TEST**

**Do not take the physical fitness test lightly.** It is more difficult than it appears. Your chances for passing the test will be greatly increased if adequate preparatory training has been undertaken. Physical training should emphasize cardio-respiratory (heart/lung) fitness, strength and muscular endurance and flexibility. Running, weight training, and stretching exercises are three of the best approaches.

# TEST BATTERY

**Candidates must pass ALL 4 EVENTS in order to pass the test.**

## **I. One-Repetition Bench Press.**

This is a test of adequate muscular strength, or the amount of tension a muscle can exhibit in one maximal contraction. Since the bench press goes through the full range of motion, it correlates well with total body strength criterion. The equipment required is either a barbell bench and a barbell set, or a Universal D.V.R., with adequate weight capacity. The person in charge estimates the weight that an individual can press in one maximum effort, by loading the weights to either about one-half the estimated maximum weight, or for males, two-thirds of their body weight; or for females, one-half of their body weight. The individual is then instructed to press this weight once, for an easy warm-up. The weight is then increased to the target weight. The person will attempt to lift the target weight once. The person will then be asked to lift weights one time in additional increments until they reach the maximum effort. The score is the maximum pounds lifted in one repetition.

### ONE-REPETITION BENCH PRESS

	MALES	FEMALES
AGE	ENTRY	ENTRY
18-29	.96	.58
30-39	.86	.52
40-49	.78	.48
50-59	.70	.43
60+	.65	.41

(MULTIPLY X BODY WEIGHT)

## 2. Push-Ups.

These test muscular endurance, or the ability to contract the muscles repeatedly over a period of time, which indicates efficiency in movement and the capacity to do work. It focuses on the shoulder girdle (deltoids, pectorals, and triceps) that is important in defensive tactics, handcuffing, and rescue operations. Candidates must keep their legs and back straight and knees off the ground at all times and from the "up" position, lower themselves to the floor until their chest touches to within 3", then push to the "up" position again. The total number of push-ups with correct form are recorded as the score. **There is no time limit on this test.** Females are allowed to use the modified female push-up position (knees touching floor and feet crossed).

### PUSH-UPS

	MALES	FEMALES
AGE	ENTRY	ENTRY
18-29	27	22
30-39	21	17
40-49	16	11
50-59	11	10
60+	9	4

3. **Sit-Ups.**

This event measures the muscular endurance of the abdominal area, which is important in the prevention of injuries while doing police work. The candidate lies on his/her back, knees bent, heels flat on the floor, with a partner holding the feet down, then does as many sit-ups in correct form as possible in one minute. Starting in the "up" position, with hands cupped around the ears, candidates must touch their elbows to their knees, and both shoulders should touch the floor in the "down" position. If the hands come off the ears, the sit-up is not counted. The score is the number of correct sit-ups **in one minute**.

SIT-UPS

	MALES	FEMALES
AGE	ENTRY	ENTRY
18-29	37	31
30-39	33	24
40-49	28	19
50-59	22	12
60+	18	5

**(IN 60 SECONDS)**

**4. 1.5 mile timed run.**

This is a test of the aerobic power that is so important to police officers when responding physically in an emergency situation. This test requires a nearly exhaustive effort, or at least at the level of the higher intensities at which the individual has been training. It takes place on an indoor or outdoor track or other suitable, relatively level running area, and is measured with a stopwatch. Participants should not eat for at least two hours before the test. The individual should do some stretching and warm-up exercises prior to the test, and allow adequate time for cool-down by walking or jogging at a slow pace following the test.

1.5 MILE TIMED RUN

	MALES	FEMALES
AGE	ENTRY	ENTRY
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