



PENACOOK RESCUE SQUAD

APPLICATION CHECK LIST

Thank you for your interest in becoming a member of the Penacook Rescue Squad. Prior to being considered for a per-diem or volunteer position you must fill out and submit the following forms with your application:

Penacook Rescue Squad application for employment (regardless of per-diem or volunteer status).

New Hampshire Dept. Of Safety Criminal Record Release Authorization Form -- Sections I & II.

New Hampshire Dept. Of Safety Release Of Motor Vehicle Records -- Section VI

In addition to the above, please provide a copy (photocopy is acceptable) of:

Valid state issued driver license.

NREMT Card.

CPR Card.

State issued provider license (if applicable).

Please be sure to provide one or more telephone numbers where you can be reached, in the event we have additional questions or to request an interview.

Optional:

Additional certifications.

You may personally deliver, or mail the above referenced documents to the Penacook Rescue Squad, attention Richard Oberman, Director. The squad building is located at 1 Oak Street, Boscawen, NH. The mailing address is 1 Oak St. Boscawen, NH 03303. The telephone number of the Penacook Rescue Squad is: 603-753-1142.

Last Name

First Name

Middle Name

EMPLOYMENT HISTORY

Name of employer: _____ Type of business: _____
 Address: _____ Phone: _____
 Dates employed: From (mo/yr) ___/___ To (mo/yr) ___/___ Position: _____
 Name of supervisor: _____ Reason for leaving: _____
 Provide a brief description of your duties: _____

Name of employer: _____ Type of business: _____
 Address: _____ Phone: _____
 Dates employed: From (mo/yr) ___/___ To (mo/yr) ___/___ Position: _____
 Name of supervisor: _____ Reason for leaving: _____
 Provide a brief description of your duties: _____

Name of employer: _____ Type of business: _____
 Address: _____ Phone: _____
 Dates employed: From (mo/yr) ___/___ To (mo/yr) ___/___ Position: _____
 Name of supervisor: _____ Reason for leaving: _____
 Provide a brief description of your duties: _____

Summarize periods of unemployment not accounted for above:

APPLICANTS STATEMENT

___ (please initial) I certify that answers given herein are true and complete to the best of my knowledge, and understand and agree that any misrepresentation or omission on my application or related papers, or made during my oral interview, or employment may result in refusal of employment or be considered grounds for dismissal.

___ (please initial) Penacook Rescue Squad may make an investigation of my history and may verify all data given in my application of employment, related papers, or oral interview. I allow such investigation and release from liability Penacook Rescue Squad and/or any other person or company giving or refusing such information.

___ (please initial) I understand and agree that if hired, my employment is at will, for no definite period, and may be terminated at any time without prior notice, without liability of wages, salary, or any other benefits except those earned up to the date of termination. If employed by Penacook Rescue Squad I agree to undergo medical examinations including drug and alcohol testing at any time at the option of Penacook Rescue Squad.

I have read and agree to the above:

Signature _____ Date _____



State of New Hampshire

DEPARTMENT OF SAFETY

John J. Barthelmes, Commissioner of Safety

Division of State Police

James H. Hayes Safety Building, 33 Hazen Drive, Concord, NH 03305

271-2575

Speech/Hearing Impaired
TDD Access: Relay NH
1-800-735-2964

Colonel Frederick H. Booth

Dear Sir/Madam:

The Criminal Records Central Repository collects and distributes criminal history record information (CHRI). CHRI consists of descriptions and notations of arrests, detentions, indictments, information's, formal criminal charges and subsequent dispositions. CHRI is forwarded to the repository from criminal justice agencies throughout the state. In addition, the repository tracks information pertaining to sentencing, correctional supervision and release.

Several tiers of rules govern the collection and dissemination of CHRI including the Code of Federal Regulations, the New Hampshire Code of Administrative Rules and state statutes to include RSA 106-B:14 and RSA 106-B:7,1(b). Based upon these rules, law enforcement personnel, or an individual requesting his or her own CHRI, will receive both non-conviction and conviction data. Additionally, any individual or agency may receive the **CONVICTION INFORMATION** of another, provided they produce a notarized **CRIMINAL RECORD RELEASE AUTHORIZATION FORM** signed by the individual whose record is sought.

To assist you with this transaction, I have enclosed a copy of the required **CRIMINAL RECORD RELEASE AUTHORIZATION FORM**. ***FAX OR TELEPHONE REQUESTS WILL NOT BE ACCEPTED.*** Requests by mail **MUST HAVE SECTION II COMPLETED.** You may copy the Criminal Record Release Authorization Form as your needs dictate. A fifteen dollar (\$15.00) fee is charged for **EACH** record request. Please make checks payable to **NHSP-CRIMINAL RECORDS**.

To expedite the return of your request, please include a *typed* self-addressed envelope.

Please feel free to visit our website at www.nh.gov/safety/nhsp, or if you have any questions, please call (603) 271-2538. Thank you for your anticipated cooperation.

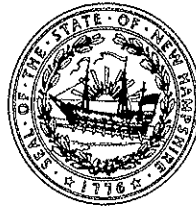
Sincerely,

Jeffrey R. Kellett, Chief Administrator
State Police Criminal Records Unit

Enclosure

RELEASE OF MOTOR VEHICLE RECORDS

(Pursuant to RSA 260:14)



NH DEPARTMENT OF SAFETY Division of Motor Vehicles

23 Hazen Drive, Concord, NH 03305

Tele: Driver Records (603) 271-2322
 Registration (603) 271-2251
 Repro/Accidents (603) 271-2128
 Title (603) 271-3111
 Fax (603) 271-1061 (all areas)

Form DSMV 505 (Rev. 03/05)

<p>I. Requested Information: Are you requesting:</p> <p>A. <input type="checkbox"/> Your Motor Vehicle Record?</p> <p>B. <input type="checkbox"/> Another person's Motor Vehicle Record? <small>The back of this form must be completed and notarized.</small></p> <p>C. <input type="checkbox"/> Another person's Motor Vehicle Record as an authorized agent of your employer or a company? <small>A Certificate of Authority must accompany this request, or one must be on file with the Division of Motor Vehicles.</small></p>	<p>II. Requestor Information:</p> <p><i>Name of Requestor:</i> _____</p> <p>Employer/Company (if applicable): _____</p> <p>Address: _____ Tele.#: _____</p> <p>City: _____ State: _____ Zip: _____</p>
<p>III. Requested Records:</p> <p><input type="checkbox"/> Driver Record (Certified copy): \$ 10.00</p> <p><input type="checkbox"/> Driver Record (Non-Certified copy): \$ 8.00</p> <p><input type="checkbox"/> Driver Record (Insurance copy): \$ 8.00</p> <p><input type="checkbox"/> Registration Listing (Current Information Only): \$ 5.00</p> <p><input type="checkbox"/> Registration (Certified copy): \$ 10.00</p> <p><input type="checkbox"/> Title Search: \$ 20.00</p> <p><input type="checkbox"/> License Applications and Letters of Verification: \$ 10.00</p> <p><input type="checkbox"/> Insurance Card (Accident use only): \$ 1.00</p> <p><input type="checkbox"/> Accident Report (Requestor will be notified of cost): \$ 1.00 per page (\$5.00 minimum)</p> <p><input type="checkbox"/> Other: _____: \$ _____</p> <p>Make checks payable to "State of NH - DMV"</p>	<p>IV. Intended Use of Information:</p> <p><u>IMPORTANT: To be completed only if you checked Box C above</u></p> <p><input type="checkbox"/> For use in connection with any civil, criminal, administrative or arbitral proceeding. Docket # _____ Court: _____ [RSA 260:14 V (a)(2)].</p> <p><input type="checkbox"/> By a bank or similar institution to verify the accuracy of personal information submitted by the individual to the bank [RSA 260:14 V (a)(3)].</p> <p><input type="checkbox"/> For providing notice to the owner(s) of a towed or impounded vehicle [RSA 260:14 V (a)(5)].</p> <p><input type="checkbox"/> For use by any private investigative agency or security service licensed by this state for any purpose permitted pursuant to RSA 260:14, V (a), other than for bulk distribution for surveys, marketing or solicitations pursuant to RSA 260:14, V (a)(8) _____ [RSA 260:14 V (a)(6)]. <small>Indicate specific reason here</small></p> <p><input type="checkbox"/> By an employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver's license [RSA 260:14 V (a)(7)].</p> <p><input type="checkbox"/> By a public utility to perform its public service obligation provided the individual has given their express consent [RSA 260:14, V (a)(9)].</p> <p><input type="checkbox"/> For an insurance company or by its authorized agent [RSA 260:14 IV (a)(2)].</p> <p><input type="checkbox"/> Vehicle or boat information only.</p> <p><input type="checkbox"/> For use by a life insurance company authorized to write life insurance policies in New Hampshire, or its authorized agent. In checking off this box, I represent that the named person's written consent to the release of the record has been obtained and that the record will be used solely in connection with claims investigation, rating, and underwriting. _____ [(RSA 260:14, V(a)(10)) <small>(initial here)</small></p>
<p>V. Search For (provide all applicable information):</p> <p>Name: _____</p> <p>Date of Birth: _____</p> <p>Registration/Plate #: _____</p> <p>Driver License/I.D. #: _____</p> <p>Vehicle Identification #: _____</p>	<p>Last Known Address: _____</p> <p>Date of Accident: _____</p> <p>Location of Accident: _____ <small>Route/Street City/Town</small></p> <p>Other Identification Information: _____</p>

*****Reverse Side Must Be Completed Before Processing*****

VI. Signed Authorization:

If you are requesting your record be released to another person, the authorization of the person listed in Section V "Search For" must be acknowledged by a Notary Public or a Justice of the Peace on the back of this form.

<p>Notary Public / Justice of the Peace Acknowledgement:</p> <p>I authorize my record to be released to a third person:</p> <p>_____ Date: _____ (Signature)</p> <p>State of _____, County of: _____ ss Date: _____</p> <p>The above named _____ personally appeared and made oath that the above declaration by him is true.</p> <p>In witness whereof I hereunto set my hand and official seal:</p> <p>_____ Notary Public/Justice of the Peace _____ Commission Expiration</p>	<p>Certification:</p> <p>I have read RSA 260:14 and I understand the limitations placed on the use of information received by the Department of Safety. This form is signed under penalty of unsworn falsification pursuant to RSA 641:3 and subject to the penalties specified in RSA 260:14, IX.</p> <p>_____ Signature of Requestor</p> <p>Date: _____</p>
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VIII. PENALTY CLAUSE:

RSA 260:14, IX states as follows:

(a) A person is guilty of a class B misdemeanor if such person knowingly discloses information from a department record to a person known by such person to be an unauthorized person; knowingly makes a false representation to obtain information from a department record; or knowingly uses such information for any use other than the use authorized by the department. In addition, any professional or business license issued by this state and held by such person may, upon conviction and at the discretion of the court, be revoked permanently or suspended. Each such unauthorized disclosure, unauthorized use or false representation shall be considered a separate offense.

(b) A person is guilty of a class B felony if, in the course of business, such person knowingly sells, rents, offers, or exposes for sale motor vehicle records to another person in violation of this section.

<p>OFFICIAL USE ONLY</p>	
Date Received: _____	Date Sent: _____
Type of Identification: <input type="checkbox"/> Valid Photo Driver License <input type="checkbox"/> State-issued Photo ID <input type="checkbox"/> Valid Military Identification <input type="checkbox"/> Valid Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (specify) _____	
ID Number _____	
Employee Verifying Applicant Identification (Print Name) _____	Signature _____

-----DO NOT WRITE BELOW THIS LINE-----