



Candia Volunteer Fire Department

11 Deerfield Road
Candia, New Hampshire 03034
(603) 483-2202 (603) 483-2311 (fax)
www.CandiaVFD.org



Application Checklist: Applicant

Applicant Name: _____

<u>ITEM</u>	<u>COMPLETE</u>
1. CVFD Application for Appointment	_____
2. Resume	_____
3. Copy of Certifications	_____
4. Copy of Driver's License	_____
5. Copy of Social Security Card OR Current US Passport	_____
6. Federal Employment Eligibility Verification Form I-9	_____
7. Federal Employee's Withholding Allowance Certificate Form W-4	_____
8. NH State Reduced Fee Request Form	_____
9. NH State Release of Motor Vehicle Records Form DSMV 505*	_____
10. NH State Criminal Record Release Authorization Form	_____
11. NH State Municipal Employee Background Check*	_____
12. Candia Consent to Background Investigation*	_____
13. Candia Permission to Retain Copy of Driver's License as Identification	_____

* Requires signature of Notary Public.



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Application for Appointment

Date: _____

PERSONAL INFORMATION

First Name: _____ MI: _____ Last Name: _____

DOB: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ eMail: _____

SSN: _____ Driver's License #: _____

EDUCATION & TRAINING

High School: _____ Graduation Date: _____

Town: _____ State: _____ Zip: _____

College: _____ Graduation Date: _____

City: _____ State: _____ Zip: _____

Major: _____ Degree: _____



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NEW HAMPSHIRE FIRE FIGHTER CERTIFICATIONS

(Note: Enter date of course completion and provide a copy of completion certificate for each level checked; if certification(s) obtained in another state/jurisdiction, please indicate):

FF I: _____ FF II: _____ FF III: _____ Career FF: _____

Other Fire Certs: _____

NATIONAL REGISTRY EMERGENCY MEDICAL TECHNICIANS & OTHER EMS CERTIFICATIONS

(Note: Enter year of initial certification, date of expiration and submit copies of valid certifications and licenses):

EMR: _____/_____ EMT: _____/_____ EMT-I: _____/_____

AEMT: _____/_____ EMT-P: _____/_____ BLS: _____/_____

ACLS: _____/_____ PALS: _____/_____

NH License # and Expiration: _____/_____

Other EMS Certs: _____

Please list any other related training, education and/or skills that should be considered in reviewing your application (Note: Provide copies of appropriate completion and/or certification certificate):

(Use additional sheets as needed)



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EMPLOYMENT HISTORY

Present/Most Recent Employer

Department/Employer Name: _____

Address: _____ City: _____ State: _____

Supervisor's Name and Title: _____

May We Contact: **[YES]** **[NO]** Telephone Number: _____

Dates of Employment: From: _____ To: _____

Reason for Leaving: _____

Prior Employer

Department/Employer Name: _____

Address: _____ City: _____ State: _____

Supervisor's Name and Title: _____

May We Contact: **[YES]** **[NO]** Telephone Number: _____

Dates of Employment: From: _____ To: _____

Reason for Leaving: _____

Prior Employer

Department/Employer Name: _____

Address: _____ City: _____ State: _____

Supervisor's Name and Title: _____

May We Contact: **[YES]** **[NO]** Telephone Number: _____

Dates of Employment: From: _____ To: _____

Reason for Leaving: _____



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PERSONAL REFERENCES

Name: _____ Telephone: _____

Address: _____ City: _____ State: _____

Relationship: _____

Name: _____ Telephone: _____

Address: _____ City: _____ State: _____

Relationship: _____

Name: _____ Telephone: _____

Address: _____ City: _____ State: _____

Relationship: _____

NH STATE FIREMEN'S ASSOCIATION

A \$20 membership fee is paid by the Town of Candia

An enrollment form for the NH State Firemen's Association will be filled out for you and sent in by *Andrea Bickum* after you are sworn in and have become an official member of the CVFD.

Please fill out the beneficiary information below; name, date of birth & relationship to you.

You can find out more about the benefit program at <http://nhsfa.org>

Beneficiary: _____ DOB: _____ Relationship: _____

Beneficiary: _____ DOB: _____ Relationship: _____

Beneficiary: _____ DOB: _____ Relationship: _____



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APPLICANT'S STATEMENT

Do you agree to, after employment, submit verification of your identity and legal right to work in the United States? *(circle one)* **[Yes]** **[No]**

Have you ever been charged or convicted of a felony? *(circle one)* **[Yes]** **[No]**
(If yes, provide a full explanation on a separate sheet of paper)

I certify that answers given are true and complete.

I authorize investigation of all statements and information contained in this application as may be necessary in arriving at an employment decision including, but not limited to, a criminal, financial or other personal background check.

I agree to provide, at my expense, a current copy of my driving record in the State of New Hampshire or other jurisdiction as appropriate and a Criminal Record Certificate.

I agree that any appointment is subject to a medical examination attesting to my ability to perform the required functions of the Department.

I agree that, if I am not currently certified as a least a NH PS & T Level I Firefighter and/or a Nationally Registered First Responder, I will obtain certification of a least one level within two year appointment.

I agree to abide by all Policies and Procedures governing the operation of the Department.

I acknowledge that this appointment is without term, and revocable at will by the appointing authority of the Town of Candia.

Print Name: _____

Signature: _____

Date: _____



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CONSENT TO BACKGROUND INVESTIGATION

I, _____, born at _____,

on _____, having filed application for appointment with the Town of Candia Volunteer Fire Department, consent herein to have an investigation made as to my moral character, reputation, and fitness for the position for which I have applied. Furthermore, I agree to give any additional information that may be required during the Conduct of that investigation.

I also authorize and request every person, firm, company, corporation, partnership, Government agency, court, association, medical profession *, medical facility or Institution*, school, college, or branch of the military having control of any documents, records, reports, or other written information pertaining to me, to cooperate and allow inspection or provide copies of such documents, records, reports, or other written information to the Candia Police Department or any of its agents or representatives.

I hereby release, exonerate and discharge the Candia Police Department, its agents and Representatives, and any person or entity so furnishing information from any and all liability of every nature and kind arising out of furnishing or inspection of such written documents, records, reports, or other written information to the Candia Police Department or its agents or representatives.

It has been explained to me, and I fully understand, that refusal to grant this authorization will void my application for appointment.

This authority shall continue for one year from the below date, unless sooner revoked by me in writing.

Applicant Signature: _____ Date: _____

Acknowledgments

State of New Hampshire County of _____.

This instrument was acknowledged before me this _____ (date)

by _____ (name of applicant).

(seal)

(Signature of notarial officer)

[My commission expires _____]



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PERMISSION TO RETAIN COPY OF DRIVER'S LICENSE AS IDENTIFICATION

For the I9 employment eligibility verification form we are required to view various forms of identification produced by the employee at the onset of their employment. Our practice is to photocopy each of the identification forms used in the verification process. These are retained with the completed I9 form.

NH RSA 263.12, section X states that we must obtain the employee's permission to photocopy their driver's license.

I give permission for the Town of Candia to retain a copy of my driver's license or non-driver identification. I understand that they will keep this information in a confidential file.

Applicant Name: _____

Signature: _____

Date: _____

Town of Candia Representative: _____

Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: { • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G _____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
	For accuracy, complete all worksheets that apply. { • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.				2017
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____		
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____		
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2017 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note: Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note: If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



State of New Hampshire Criminal Records Unit

Department of Safety
DIVISION OF STATE POLICE

33 Hazen Drive, Concord, NH 03305

NEW HAMPSHIRE MUNICIPAL EMPLOYEE BACKGROUND CHECKS EMPLOYEE/VOLUNTEER CANDIDATE BACKGROUND CHECKS NH RSA 41:9-b

INSTRUCTIONS

NH RSA 106-B:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Individuals requesting their own record in person need only to complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized.

SECTION I (PLEASE PRINT CLEARLY)

Last Name _____ First Name _____ Maiden _____ MI _____
Address _____ City _____ State _____ Zip _____
Date of Birth _____ Hair Color _____ Eye Color _____ Male Female
Driver's License Number _____ State _____

My signature below signifies I am the individual listed above and the information provided is true.

Signature _____ Date _____
Signed under penalty of unsworn falsification pursuant to RSA 641:13

SECTION II

I hereby authorize the release of my criminal record conviction(s), if any, to the following: Town of Candia Police Department

Address _____ City _____ State _____ Zip _____

Your Signature _____ Date _____

Notary's Signature _____

(AFFIX SEAL)

Signature of person/entity to receive record _____ Date _____

RECORD CHALLENGE

Saf-C 5703.12 Procedure for Correcting a CHRI (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

FEES

LIVESCAN - \$37.00 (\$47.00 if printed at a state police livescan site) INKED - \$47.00 VOLUNTEERS - \$30.75 (Livescan or Ink)

NOTE: Make checks payable to: State of NH – Criminal Records NH Only- \$25.00

Applicant fingerprint card must be submitted at the same time as payment and this form.



New Hampshire Department of Safety
DIVISION OF STATE POLICE
Central Repository for Criminal Records
33 Hazen Drive, Concord, NH 03305

REDUCED FEE REQUEST FORM

SECTION 5703.07 **Fee Exemption** of the *Rules and Regulations for the Operation of the Central Repository*: (d) Volunteers for public or private not-for-profit agencies that provide services to the elderly, the disabled or children shall be charged \$10.00 for each criminal record check requested.

PLEASE PRINT OR TYPE CLEARLY

NAME Candia Volunteer Fire Department - c/o Town of Candia
ORGANIZATION OR AGENCY

ADDRESS 74 High Street Candia NH 03034
STREET CITY STATE ZIP CODE

TELEPHONE NUMBER 603-486-8588 **FAX NUMBER** 603-483-0252

IS AGENCY OR ORGANIZATION NON-PROFIT? YES X NO _____

IS THE REQUESTED PERSON(S) A VOLUNTEER? YES X NO _____

WILL THE SERVICES BE TO THE ELDERLY, THE
DISABLED, OR CHILDREN? YES X NO _____

The Identity of the volunteer for whom this reduced fee is requested:

NAME OF VOLUNTEER (please print)

who will be working with:

- Elderly
- Disabled
- Children

THE ABOVE INFORMATION IS ACCURATE AND TRUE:

Authorized Signature _____ **Date** _____

FOR THE AGENCY OR ORGANIZATION
Signed under penalty of unsworn falsification pursuant to RSA 641:3

NOTE: This form *must* be accompanied by a completed Criminal Record Release Authorization Form.

Effective 1/01/2009

RELEASE OF MOTOR VEHICLE RECORDS

Pursuant to (RSA 260:14)



NH DEPARTMENT OF SAFETY Division of Motor Vehicles

23 Hazen Drive, Concord, NH 03305

Telephone: Driver Records/Accidents (603) 227-4040
 Registration (603) 227-4030
 Title (603) 227-4150
 Fax (603) 271-1061(all areas)



Form DSMV 505 (Rev. 05/16)

I. Requested Information: Are you requesting:

- A. Your Motor Vehicle Record?
- B. Another person's Motor Vehicle Record?
The back of this form must be completed and notarized by the owner of the record.
- C. Another person's Motor Vehicle Record as an authorized agent of your employer or a company?
A Certificate of Authority must accompany this request, or one must be on file with the Division of Motor Vehicles.

II. Requestor Information:

Name of Requestor: Dean Young, Candia Fire Chief

Employer/Company (if applicable): Candia Volunteer Fire Dept. c/o Town of Candia

Address: 74 High Street Tele.#: 603-483-8588

City: Candia State: NH Zip: 03034

III. Requested Records:

- Driver Record (Certified copy): \$ 15.00
- Driver Record (Non-Certified copy): \$ 15.00
- Driver Record (Insurance copy): \$ 15.00
- Registration Listing (Current Information Only): \$ 5.00
- Registration (Certified copy): \$ 15.00
- Title History Search (not a duplicate title): \$ 20.00
- License Applications and Letters of Verification: \$ 15.00
- Insurance Card (Accident use only): \$ 1.00
- Storage/Mechanics Lien (RSA 444:4-a): \$ 0.00
- Accident Report (Requestor will be notified if cost exceeds \$5.00): \$ 5.00
- Other: _____: \$ _____

IV. Intended Use of Information:

IMPORTANT: To be completed only if you checked Box C above

- For use in connection with any civil, criminal, administrative or arbitral proceeding.
 Docket # _____ Court: _____ [RSA 260:14 V (a)(2)].
- 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)].
- For providing notice to the owner(s) of a towed or impounded vehicle [RSA 260:14 V (a)(5)].
- 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)]. Indicate specific reason here
- 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)].
- By a public utility to perform its public service obligation provided the individual has given their express consent [RSA 260:14, V (a)(9)].
- For an insurance company or by its authorized agent [RSA 260:14 IV (a)(2)].
- Vehicle or boat information only.
- 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))]
 (Initial here)

Make checks payable to "State of NH - DMV"

V. Search For (provide all applicable information):

Name: _____

Date of Birth: _____

Registration/Plate #: _____

Driver License/I.D. #: _____

Vehicle Identification #: _____

Last Known Address: _____

Date of Accident: _____

Location of Accident: _____
Route/Street City/Town

Other Identification Information: _____

*****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.

Notary Public / Justice of the Peace Acknowledgement:

I authorize my record to be released to a third person:

_____ Date: _____
(Signature)

State of _____, County of: _____ ss Date: _____

The above named _____ personally appeared and made oath that the above declaration by him is true.

In witness whereof I hereunto set my hand and official seal:

Notary Public/Justice of the Peace

Commission Expiration

Certification:

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.

Signature of Requestor

Date: _____

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.

OFFICIAL USE ONLY

Date Received: _____

Date Sent: _____

Type of Identification: Valid Photo Driver License State-issued Photo ID Valid Military Identification
 Valid Passport Birth Certificate Other (specify) _____

ID Number _____

Employee Verifying Applicant Identification (Print Name)

Signature

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

**NEW HAMPSHIRE DEPARTMENT OF SAFETY
DIVISION OF FIRE STANDARDS & TRAINING AND
EMERGENCY MEDICAL SERVICES**

Location: 222 Sheep Davis Road, Route 106, Concord, New Hampshire
Mailing address: 33 Hazen Drive, Concord, New Hampshire 03305
Telephone: (603) 271-2661 Fax: (603) 271-1091
Toll Free: 1-800-371-4503

Personal Data Sheet

DATE COMPLETED: _____ SOC. SEC. NO.: XXX - XX - _____

NAME: _____
(First) (Middle) (Last)

DATE OF BIRTH: / / SEX: M / F
mm dd yr

COMPLETE THE INFORMATION BELOW IF ANY CHANGES HAVE OCCURRED SINCE LAST FORM WAS COMPLETED:

MAILING ADDRESS: _____
(Street/PO Box)

(City/Town) (State) (Zip)

HOME TELEPHONE: () - _____ WORK TELEPHONE: () - _____

CELL PHONE: () - _____ E-MAIL ADDRESS: _____

PRIMARY FIRE DEPARTMENT OR AGENCY: _____

TITLE OR POSITION HELD: _____

SECONDARY FIRE DEPARTMENT OR AGENCY: _____

TITLE OR POSITION HELD: _____

F.D. STATUS: PERMANENT: _____ CALL: _____ VOLUNTEER: _____