

## MILFORD POLICE DEPARTMENT CITIZEN'S POLICE ACADEMY

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

ADDRESS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ DRIVER'S LIC: \_\_\_\_\_ STATE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_  
(STREET CITY STATE ZIP)

HAVE YOU BEEN ARRESTED FOR ANY OFFENSE OTHER THAN TRAFFIC? YES ( ) NO ( )

IF YES: WHAT FOR? \_\_\_\_\_ WHEN? \_\_\_\_\_ WHERE? \_\_\_\_\_

PLEASE BRIEFLY LIST OR DESCRIBE ANY CIVIC ACTIVITIES/ORGANIZATIONS YOU ARE INVOLVED IN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT EXPERIENCE HAVE YOU HAD WITH LAW ENFORCEMENT? (circle one) POSITIVE NEGATIVE

BRIEFLY EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BRIEFLY EXPLAIN YOUR INTEREST IN THE CITIZEN'S ACADEMY?  
\_\_\_\_\_  
\_\_\_\_\_

WHAT DO YOU EXPECT TO GAIN FROM ATTENDING THIS ACADEMY?  
\_\_\_\_\_  
\_\_\_\_\_

WILL YOU BE ABLE TO ATTEND ALL OF THE CLASS SESSIONS?  
(SEE ATTACHED SCHEDULE) YES ( ) NO ( )

LIST PERSON TO BE CONTACTED IN CASE OF EMERGENCY DURING YOUR ATTENDANCE AT THE CITIZEN'S POLICE ACADEMY:

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. YOU ARE HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION OF MY PERSONAL HISTORY DEEMED NECESSARY FOR CONSIDERATION TO ATTEND THE CITIZEN POLICE ACADEMY.

\_\_\_\_\_  
SIGNATURE (Applicant) DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE (Notary Public) DATE: \_\_\_\_\_

CITIZEN POLICE ACADEMY STAFF USE ONLY		
Received by:	Date:	
Background check by:	Date:	Recommend / Disapproval