

MILFORD POLICE DEPARTMENT CITIZENS POLICE ACADEMY

NAME: _____
(FIRST) (MIDDLE) (LAST)

DATE OF BIRTH: _____

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 Academy Staff Use Only:

Received By:

Date:

Background Check By;

Approved/Denied