

Citizen's Police Academy Application

	Date of application:		
Name:	Date of birth:		
Address:			
City/State/Zip:			
	Email:		
Soc /Sec#	Driver's Lic#		
Employer:	Occupation:		
Employer's address:			
Are you an earlier graduate	of a previous Citizen Police Acad	emy Class:Yes _	No
Have you been arrested for	any offense other than traffic?	Yes	No
If yes, what for?	When?	Where?	
·	e any civic activities/organizations	•	
•	had with law enforcement? (Circle	one) Positive Neg	gative
Briefly explain:			
Briefly explain your interest	in the Falmouth Police Academy:		

What do you expect to gain from attending this academy?		
Will you be able to attend all of the class sessions?YesNo		
How did you hear of the academy?		
Person to be contacted in case of emergency during your attendance at the Academy:		
Name:		
Address:		
Relationship:Telephone:		
Liability Waiver		
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 Falmouth Police Academy.		
Signature: Date:		