



GLOUCESTER TOWNSHIP POLICE DEPARTMENT CITIZEN POLICE ACADEMY APPLICATION

Personal Information

Name _____

Date of Birth _____

Home Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____ Email Address: _____

Employer's Name: _____

Employer's Address: _____

City: _____ State _____ Zip: _____ Phone: () _____

Job Description: _____

Driver's License #: _____ State: _____ Expiration Date: _____ Valid ___ Yes ___ No

Education Level (Circle last year completed) High School: 1 2 3 4 College: 1 2 3 4 Graduate 1 2 3 4 +

Background

Have you ever been arrested or convicted of a crime? (Check one) _____ Yes _____ No _____

If yes, list date of conviction, state in which conviction occurred and final disposition: _____

Have you ever attended a Citizen's Academy presented by a Police Department? _____ Yes _____ No

If yes, list what city, state or jurisdiction: _____

Certification

I certify that all statements made on this application are true and complete. I authorize any individual, company , organization or institution to release any and all information concerning statements made by me on this application, and I do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information. I agree and understand that any deliberate misstatement or omission of material facts may disqualify me to attend Gloucester Township Police Department's Citizen Police Academy. My signature below acknowledges my understanding and agreement with the material provided.

Signature: _____ Date: _____

Return completed application to:
Gloucester Township Police Department
Community Relations Unit
P.O. Box 8
Blackwood, NJ. 08012

Please indicate Tee shirt size

_____ S _____ M _____ L _____ XL _____ XXL