

COLONIAL REGIONAL POLICE DEPARTMENTS' CITIZEN'S POLICE ACADEMY APPLICATION

APPLICANT'S INFORMATION

Last, First, Middle:

Address:

Municipality where you live:

Phone:

DOB:

Shirt Size:

Driver's License No:

Social Security No:

Email Address:

HAVE YOU EVER BEEN ARRESTED FOR, CONVICTED OF, OR CITED FOR ANY OFFENSE, OTHER THAN TRAFFIC FINES OF \$200 OR LESS:

YES NO

If Yes, Explain:

PERSONAL REFERENCES (LIST TWO IMMEDIATE FAMILY MEMBERS OR CLOSE FRIENDS THAT CAN BE CONTACTED IN THE EVENT OF AN EMERGENCY:

Name:

Phone:

Cell:

E-mail:

Relationship:

Name:

Phone:

Cell:

E-mail:

Relationship:

How did you learn about the Citizen's Police Academy?

AGREEMENT

1. I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to these questions.
2. By signing below I grant permission to the Colonial Regional Police Department to conduct a confidential criminal records check.
3. This application must be received by **August 23, 2017**. Email, mail, or hand delivered:
Attention : Lee McGuigan
248 Brodhead Road, Bethlehem, PA 18017

APPLICANT'S SIGNATURE

Sign:

Date: